



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

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

Citizens Insurance Company of Ohio

NAIC Group Code	0088 (Current)	0088 (Prior)	NAIC Company Code	10176	Employer's ID Number	38-3167100
Organized under the Laws of	Ohio				State of Domicile or Port of Entry	OH
Country of Domicile	United States of America					
Incorporated/Organized	11/17/1994			Commenced Business	02/13/1995	
Statutory Home Office	4400 Easton Commons Way, Suite 125 (Street and Number)			Columbus, OH, US 43219 (City or Town, State, Country and Zip Code)		
Main Administrative Office	440 Lincoln Street (Street and Number)			508-853-7200 (Area Code) (Telephone Number)		
	Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code)					
Mail Address	440 Lincoln Street (Street and Number or P.O. Box)			Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	440 Lincoln Street (Street and Number)			508-853-7200-8557928 (Area Code) (Telephone Number)		
	Worcester, MA, US 01653-0002 (City or Town, State, Country and Zip Code)					
Internet Website Address	WWW.HANOVER.COM					
Statutory Statement Contact	Dennis M. Hazelwood (Name)			508-853-7200-8557928 (Area Code) (Telephone Number)		
	DHAZELWOOD@HANOVER.COM (E-mail Address)			508-853-6332 (FAX Number)		

OFFICERS

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

OTHER

Jeffrey Mark Farber, Executive Vice President & CFO	Dennis Francis Kerrigan Jr., Executive Vice President & Chief Legal Officer	Richard William Lavey, Executive Vice President
Willard Ty-Lunn Lee, Executive Vice President	David John Lovely, Executive Vice President	Denise Maureen Lowsley, Executive Vice President
Bryan James Salvatore, Executive Vice President		

DIRECTORS OR TRUSTEES

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

State of Massachusetts
County of Worcester SS

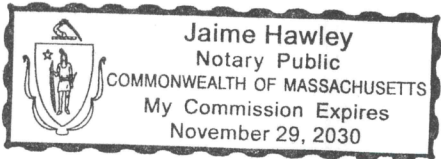
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

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

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

Jaime L. Hawley
Notary
November 29, 2030

- 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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2024 NAIC Company Code 10176

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	0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4.	Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial Multiple Peril (Non-Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2	Commercial Multiple Peril (Liability Portion)	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1	Inland Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	0	0	0	0	0	0	0
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
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	409,175	444,298	0	120,880	420,785	(92,557)	3,486,582	14,124	3,717	96,299	33,990	33,110
17.1	Other Liability - Occurrence	0	0	0	(1,151)	19,230	9,346	12,936	12,861	12,848	(23)	0	0
17.2	Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1	Products Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
18.2	Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other Private Passenger Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3	Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4	Other Commercial Auto Liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1	Private Passenger Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2	Commercial Auto Physical Damage	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
29.	International	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	409,175	444,298	0	119,729	440,015	(83,211)	3,499,518	26,985	16,565	96,276	33,990	33,110
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 \$2,279
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



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

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088		BUSINESS IN THE STATE OF Ohio		DURING THE YEAR 2024						NAIC Company Code 10176		
Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
Fire	0	0	0	0	0	0	0	0	0	0	0	0
Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
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	(19,033)	865,898	0	0	1,434,282	117,735	1,021,443	43,181	3,130	23,227	(2,000)	(7)
Commercial Multiple Peril (Non-Liability Portion)	206,338	216,679	0	112,076	4,800	2,755	39,090	488	578	3,908	31,298	16,606
Commercial Multiple Peril (Liability Portion)	64,093	77,597	0	28,856	0	4,941	85,987	(421)	(23,093)	55,941	10,664	5,171
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	(341)	16,540	0	0	6,988	(51,887)	286	1,175	852	68	(44)	0
Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
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	1,269	6,405	0	927	0	(815)	75	0	(63)	29	193	103
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	0	0	0	0	0	0	0	0	0	0	0	0
Other Liability - Occurrence	28,197	39,229	0	15,780	0	535,607	591,071	0	199,794	202,491	4,255	2,280
Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
Products Liability - Occurrence	0	0	0	0	0	(53)	8	0	(50)	8	0	0
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	0	0	0	0	(162)	(1,416)	761	0	(310)	296	108	0
Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
Other Commercial Auto Liability	32,685	32,685	0	0	0	(1,155)	9,506	0	(317)	5,079	6,185	2,643
Private Passenger Auto Physical Damage	0	0	0	0	(600)	(650)	(5)	0	(4)	1	0	0
Commercial Auto Physical Damage	7,883	7,883	0	0	0	(89)	234	0	(7)	17	1,572	637
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	0	0	0	0	0	0	0	0	0	0	0	0
Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
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)	321,091	1,262,916	0	157,639	1,445,308	604,973	1,748,456	44,423	180,510	291,065	52,231	27,433
DETAILS OF WRITE-INS												
Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
Totals (Lines 3401 through 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 \$ 3,006
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0.



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0088 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2024 NAIC Company Code 10176

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied Lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple Peril Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal Flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4.	Private Crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Private Flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners Multiple Peril	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners Multiple Peril	(19,033)	865,898	0	0	1,434,282	117,735	1,021,443	43,181	3,130	23,227	(2,000)	(7)
5.1	Commercial Multiple Peril (Non-Liability Portion)	206,338	216,679	0	112,076	4,800	2,755	39,090	488	578	3,908	31,298	16,606
5.2	Commercial Multiple Peril (Liability Portion)	64,093	77,597	0	28,856	0	4,941	85,987	(421)	(23,093)	55,941	10,664	5,171
6.	Mortgage Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean Marine	0	0	0	0	0	0	0	0	0	0	0	0
9.1	Inland Marine	(341)	16,540	0	0	6,988	(51,887)	286	1,175	852	68	(44)	0
9.2	Pet Insurance Plans	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial Guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.1	Medical Professional Liability - Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
11.2	Medical Professional Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake	1,269	6,405	0	927	0	(815)	75	0	(63)	29	193	103
13.1	Comprehensive (hospital and medical) ind (b)	0	0	0	0	0	0	0	0	0	0	0	0
13.2	Comprehensive (hospital and medical) group (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A&H (Group and Individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Vision Only (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Dental Only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Disability Income (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Medicare Supplement (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Medicaid Title XIX (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII (b).....	0	0	0	0	0	0	0	0	0	0	0	0
15.7	Long-Term Care (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.9	Other Health (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' Compensation	409,175	444,298	0	120,880	420,785	(92,557)	3,486,582	14,124	3,717	96,299	33,990	33,110
17.1	Other Liability - Occurrence	28,197	39,229	0	14,629	19,230	544,953	604,007	12,861	212,642	202,468	4,255	2,280
17.2	Other Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess Workers' Compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.1	Products Liability - Occurrence	0	0	0	0	0	(53)	8	0	(50)	8	0	0
18.2	Products Liability - Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private Passenger Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other Private Passenger Auto Liability	0	0	0	0	(162)	(1,416)	761	0	(310)	296	108	0
19.3	Commercial Auto No-Fault (Personal Injury Protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4	Other Commercial Auto Liability	32,685	32,685	0	0	0	(1,155)	9,506	0	(317)	5,079	6,185	2,643
21.1	Private Passenger Auto Physical Damage	0	0	0	0	(600)	(650)	(5)	0	(4)	1	0	0
21.2	Commercial Auto Physical Damage	7,883	7,883	0	0	0	(89)	234	0	(7)	17	1,572	637
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and Theft	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and Machinery	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
29.	International	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
31.	Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business	0	0	0	0	0	0	0	0	0	0	0	0
35.	Total (a)	730,266	1,707,214	0	277,368	1,885,323	521,762	5,247,974	71,408	197,075	387,341	86,221	60,543
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 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 \$ 5,285
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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

SCHEDULE F - PART 1

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

[illegible]

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

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year	2019	2018	2017	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991	1990	1989	1988	1987	1986	1985	1984	1983	1982	1981	1980	1979	1978	1977	1976	1975	1974	1973	1972	1971	1970	1969	1968	1967	1966	1965	1964	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926	1925	1924	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	161
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[illegible]

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

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC 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		
38-0421730	31534	CITIZENS INS CO OF AMERICA	MI		737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. Total Authorized - Affiliates					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					737	0	0	3,967	226	1,593	185	285	0	6,256	0	0	0	6,256	0

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

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		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)
38-0421730 ..	CITIZENS INS CO OF AMERICA	0	0		0	0	6,256	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	0	6,256	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	6,256	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	6,256	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	6,256	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	6,256	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	6,256	0	0	0	0	0	0	0	XXX	0	0

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

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						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
38-0421730 ..	CITIZENS INS CO OF AMERICA	0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	YES	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999. Total Authorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
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	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	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	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	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	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	XXX	0
9999999 Totals		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	
38-0421730 ... CITIZENS INS CO OF AMERICA	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0
9999999 Totals			XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	0

SCHEDULE F - PART 3 (Continued)

(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 71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance 72 Provision for Overdue Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance 73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%]) 74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Total Provision for Reinsurance 76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
38-0421730 ... CITIZENS INS CO OF AMERICA		0	XXX	XXX	0	0	XXX	XXX	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	XXX	XXX	0	0	XXX	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	0	XXX	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	XXX	XXX	0	0	XXX	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	XXX	XXX	0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	XXX	XXX	0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	XXX	XXX	0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	XXX	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	XXX	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	XXX	XXX	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	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
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0

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SCHEDULE F - PART 4

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

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

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

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	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.	CITIZENS INS CO OF AMERICA	6,256	737	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)	8,475,757	0	8,475,757
2. Premiums and considerations (Line 15)	0	0	0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	0	0	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	0	0	0
5. Other assets	73,077	0	73,077
6. Net amount recoverable from reinsurers	0	6,256,000	6,256,000
7. Protected cell assets (Line 27)	0	0	0
8. Totals (Line 28)	8,548,834	6,256,000	14,804,834
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	5,971,000	5,971,000
10. Taxes, expenses, and other obligations (Lines 4 through 8)	0	0	0
11. Unearned premiums (Line 9)	0	285,000	285,000
12. Advance premiums (Line 10)	0	0	0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0	0	0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	0	0	0
15. Funds held by company under reinsurance treaties (Line 13)	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14)	0	0	0
17. Provision for reinsurance (Line 16)	0	0	0
18. Other liabilities	802	0	802
19. Total liabilities excluding protected cell business (Line 26)	802	6,256,000	6,256,802
20. Protected cell liabilities (Line 27)	0	0	0
21. Surplus as regards policyholders (Line 37)	8,548,032	XXX	8,548,032
22. Totals (Line 38)	8,548,834	6,256,000	14,804,834

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [X] No []

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

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

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

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

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

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	(1).....	(1).....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....
2. 2015.....	10,669.....	10,669.....	0.....	4,221.....	4,221.....	57.....	57.....	722.....	722.....	0.....	0.....	998.....
3. 2016.....	9,931.....	9,931.....	0.....	4,141.....	4,141.....	91.....	91.....	550.....	550.....	0.....	0.....	736.....
4. 2017.....	10,229.....	10,229.....	0.....	5,081.....	5,081.....	83.....	83.....	718.....	718.....	0.....	0.....	979.....
5. 2018.....	10,865.....	10,865.....	0.....	4,808.....	4,808.....	39.....	39.....	639.....	639.....	0.....	0.....	863.....
6. 2019.....	10,177.....	10,177.....	0.....	7,724.....	7,724.....	117.....	117.....	707.....	707.....	0.....	0.....	986.....
7. 2020.....	8,389.....	8,389.....	0.....	4,340.....	4,340.....	42.....	42.....	568.....	568.....	0.....	0.....	700.....
8. 2021.....	6,711.....	6,711.....	0.....	3,200.....	3,200.....	38.....	38.....	340.....	340.....	0.....	0.....	396.....
9. 2022.....	5,190.....	5,190.....	0.....	2,700.....	2,700.....	36.....	36.....	359.....	359.....	0.....	0.....	372.....
10. 2023.....	4,380.....	4,380.....	0.....	3,841.....	3,841.....	45.....	45.....	343.....	343.....	0.....	0.....	382.....
11. 2024.....	866.....	866.....	0.....	522.....	522.....	18.....	18.....	70.....	70.....	0.....	0.....	46.....
12. Totals.....	XXX.....	XXX.....	XXX.....	40,577.....	40,577.....	567.....	567.....	5,015.....	5,015.....	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.....	40	40	0	0	0	0	0	0	4	4	0	0	2
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	5	5	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	6	6	0	0	0	0	0	0	0	0	0
8. 2021.....	275	275	11	11	1	1	1	1	4	4	0	0	2
9. 2022.....	0	0	14	14	0	0	2	2	0	0	0	0	0
10. 2023.....	162	162	37	37	0	0	4	4	5	5	0	0	3
11. 2024.....	0	0	471	471	0	0	14	14	0	0	0	0	0
12. Totals.....	477	477	545	545	1	1	23	23	13	13	0	0	7

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	5,000.....	5,000.....	0.....	46.9.....	46.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	4,782.....	4,782.....	0.....	48.2.....	48.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	5,881.....	5,881.....	0.....	57.5.....	57.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	5,486.....	5,486.....	0.....	50.5.....	50.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	8,552.....	8,552.....	0.....	84.0.....	84.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	4,957.....	4,957.....	0.....	59.1.....	59.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	3,870.....	3,870.....	0.....	57.7.....	57.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	3,112.....	3,112.....	0.....	60.0.....	60.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	4,437.....	4,437.....	0.....	101.3.....	101.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	1,095.....	1,095.....	0.....	126.5.....	126.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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. 2015.....	52	52	0	1	1	0	0	1	1	0	0	2
3. 2016.....	41	41	0	4	4	0	0	3	3	0	0	6
4. 2017.....	32	32	0	20	20	0	0	3	3	0	0	4
5. 2018.....	27	27	0	0	0	0	0	2	2	0	0	2
6. 2019.....	22	22	0	42	42	0	0	4	4	0	0	5
7. 2020.....	17	17	0	5	5	0	0	2	2	0	0	2
8. 2021.....	14	14	0	1	1	0	0	1	1	0	0	1
9. 2022.....	10	10	0	0	0	0	0	0	0	0	0	0
10. 2023.....	2	2	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	73	73	0	0	18	18	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	1	1	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	3.....	3.....	0.....	5.1.....	5.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	7.....	7.....	0.....	17.2.....	17.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	23.....	23.....	0.....	71.2.....	71.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	2.....	2.....	0.....	5.9.....	5.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	46.....	46.....	0.....	211.6.....	211.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	8.....	8.....	0.....	45.1.....	45.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	3.....	3.....	0.....	18.9.....	18.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	1.1.....	1.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	15.2.....	15.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	1.....	1.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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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. 2015.....	49	49	0	0	0	0	0	4	4	0	0	1
3. 2016.....	37	37	0	0	0	0	0	0	0	0	0	0
4. 2017.....	32	32	0	0	0	0	0	0	0	0	0	0
5. 2018.....	29	29	0	0	0	0	0	0	0	0	0	0
6. 2019.....	27	27	0	0	0	0	0	0	0	0	0	0
7. 2020.....	51	51	0	0	0	0	0	3	3	0	0	1
8. 2021.....	47	47	0	62	62	2	2	4	4	0	0	4
9. 2022.....	31	31	0	5	5	0	0	4	4	0	0	3
10. 2023.....	31	31	0	0	0	0	0	0	0	0	0	0
11. 2024.....	33	33	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	66	66	2	2	15	15	0	0	XXX

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	4.....	4.....	0.....	8.1.....	8.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.2.....	0.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.3.....	0.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.6.....	0.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	1.....	1.....	0.....	2.5.....	2.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	4.....	4.....	0.....	7.7.....	7.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	70.....	70.....	0.....	147.1.....	147.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	10.....	10.....	0.....	32.7.....	32.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	3.....	3.....	0.....	8.3.....	8.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	5.....	5.....	0.....	15.5.....	15.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

SCHEDULE P - PART 1D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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.....	20.....	20.....	0.....	0.....	1.....	1.....	0.....	0.....	XXX.....
2. 2015.....	3,767.....	3,767.....	0.....	1,443.....	1,443.....	60.....	60.....	397.....	397.....	0.....	0.....	379.....
3. 2016.....	2,164.....	2,164.....	0.....	2,789.....	2,789.....	113.....	113.....	190.....	190.....	0.....	0.....	170.....
4. 2017.....	1,316.....	1,316.....	0.....	265.....	265.....	14.....	14.....	91.....	91.....	0.....	0.....	122.....
5. 2018.....	1,393.....	1,393.....	0.....	161.....	161.....	7.....	7.....	70.....	70.....	0.....	0.....	94.....
6. 2019.....	1,416.....	1,416.....	0.....	417.....	417.....	26.....	26.....	152.....	152.....	0.....	0.....	175.....
7. 2020.....	1,314.....	1,314.....	0.....	269.....	269.....	9.....	9.....	177.....	177.....	0.....	0.....	171.....
8. 2021.....	1,047.....	1,047.....	0.....	214.....	214.....	8.....	8.....	121.....	121.....	0.....	0.....	113.....
9. 2022.....	1,092.....	1,092.....	0.....	487.....	487.....	14.....	14.....	113.....	113.....	0.....	0.....	124.....
10. 2023.....	813.....	813.....	0.....	155.....	155.....	11.....	11.....	110.....	110.....	0.....	0.....	86.....
11. 2024.....	461.....	461.....	0.....	38.....	38.....	1.....	1.....	34.....	34.....	0.....	0.....	24.....
12. Totals.....	XXX.....	XXX.....	XXX.....	6,258.....	6,258.....	264.....	264.....	1,454.....	1,454.....	0.....	0.....	XXX.....

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	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. 2015.....	1,957.....	1,957.....	0.....	52.0.....	52.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	5,480.....	5,480.....	0.....	253.3.....	253.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	394.....	394.....	0.....	29.9.....	29.9.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	296.....	296.....	0.....	21.2.....	21.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	624.....	624.....	0.....	44.1.....	44.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	500.....	500.....	0.....	38.1.....	38.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	374.....	374.....	0.....	35.7.....	35.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	659.....	659.....	0.....	60.3.....	60.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	465.....	465.....	0.....	57.2.....	57.2.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	291.....	291.....	0.....	63.1.....	63.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

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

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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. 2015.....	878	878	0	466	466	367	367	36	36	0	0	31
3. 2016.....	862	862	0	212	212	2	2	43	43	0	0	34
4. 2017.....	788	788	0	128	128	1	1	40	40	0	0	27
5. 2018.....	636	636	0	52	52	11	11	30	30	0	0	22
6. 2019.....	472	472	0	24	24	10	10	20	20	0	0	13
7. 2020.....	442	442	0	517	517	37	37	31	31	0	0	19
8. 2021.....	450	450	0	136	136	0	0	17	17	0	0	9
9. 2022.....	407	407	0	34	34	0	0	15	15	0	0	8
10. 2023.....	323	323	0	58	58	1	1	5	5	0	0	1
11. 2024.....	294	294	0	5	5	0	0	3	3	0	0	1
12. Totals	XXX	XXX	XXX	1,632	1,632	431	431	240	240	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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	12	12	12	12	0	0	0	0	0	0	0
2. 2015.....	0	0	1	1	0	0	1	1	0	0	0	0	0
3. 2016.....	0	0	1	1	0	0	1	1	0	0	0	0	0
4. 2017.....	0	0	2	2	0	0	1	1	0	0	0	0	0
5. 2018.....	0	0	2	2	0	0	1	1	0	0	0	0	0
6. 2019.....	0	0	3	3	0	0	2	2	0	0	0	0	0
7. 2020.....	0	0	3	3	0	0	2	2	0	0	0	0	0
8. 2021.....	0	0	6	6	0	0	3	3	0	0	0	0	0
9. 2022.....	0	0	14	14	0	0	5	5	0	0	0	0	0
10. 2023.....	0	0	23	23	0	0	9	9	0	0	0	0	0
11. 2024.....	0	0	57	57	0	0	23	23	0	0	0	0	0
12. Totals	0	0	125	125	12	12	48	48	0	0	0	0	0

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

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

(\$000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals.....	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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.....	19.....	19.....	13.....	13.....	10.....	10.....	0.....	0.....	XXX.....
2. 2015.....	155.....	155.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	130.....	130.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	130.....	130.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	113.....	113.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	99.....	99.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	82.....	82.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	55.....	55.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	40.....	40.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	43.....	43.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2024.....	39.....	39.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	19	19	13	13	10	10	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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.....	530	530	0	0	200	200	0	0	3	3	0	0	5
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	1	1	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	3	3	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	5	5	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	18	18	0	0	1	1	0	0	0	0	0
10. 2023.....	0	0	21	21	0	0	1	1	0	0	0	0	0
11. 2024	0	0	25	25	0	0	1	1	0	0	0	0	0
12. Totals	530	530	74	74	200	200	3	3	3	3	0	0	5

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

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2024.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....

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

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

SCHEDULE P - PART 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. 2015.....	281	281	0	70	70	0	0	9	9	0	0	XXX.....
3. 2016.....	265	265	0	101	101	0	0	16	16	0	0	XXX.....
4. 2017.....	275	275	0	71	71	0	0	12	12	0	0	XXX.....
5. 2018.....	303	303	0	82	82	0	0	16	16	0	0	XXX.....
6. 2019.....	294	294	0	177	177	0	0	14	14	0	0	XXX.....
7. 2020.....	236	236	0	20	20	0	0	6	6	0	0	XXX.....
8. 2021.....	197	197	0	19	19	0	0	4	4	0	0	XXX.....
9. 2022.....	159	159	0	13	13	0	0	4	4	0	0	XXX.....
10. 2023.....	124	124	0	22	22	1	1	5	5	0	0	XXX.....
11. 2024.....	23	23	0	0	0	0	0	0	0	0	0	XXX.....
12. Totals	XXX	XXX	XXX	575	575	1	1	86	86	0	0	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2024.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	0.....	0.....	0.....	0.5.....	0.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
3. 2016.....	6.....	6.....	0.....	13.5.....	13.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
4. 2017.....	3.....	3.....	0.....	8.1.....	8.1.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
5. 2018.....	4.....	4.....	0.....	12.6.....	12.6.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
6. 2019.....	16.....	16.....	0.....	56.8.....	56.8.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
7. 2020.....	55.....	55.....	0.....	164.7.....	164.7.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
8. 2021.....	18.....	18.....	0.....	61.3.....	61.3.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.5.....	0.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
11. 2024.....	0.....	0.....	0.....	2.5.....	2.5.....	0.0.....	0.....	0.....	0.0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 1M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO
SCHEDULE P - PART 1R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	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. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	3.....	3.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
7. 2020.....	1.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
8. 2021.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
9. 2022.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
10. 2023.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
11. 2024.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	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. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2021.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2022.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2023.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2024.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

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

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

N O N E

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

N O N E

Schedule P - Part 1T - Warranty

N O N E

Schedule P - Part 1U - Pet Insurance Plans

N O N E

Schedule P - Part 2A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2I - Special Property

N O N E

Schedule P - Part 2J - Auto Physical Damage

N O N E

Schedule P - Part 2K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 2M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 2T - Warranty

N O N E

Schedule P - Part 2U - Pet Insurance Plans

N O N E

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

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	21.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	692.....	306.....
3. 2016.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	525.....	211.....
4. 2017.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	688.....	291.....
5. 2018.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	597.....	266.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	711.....	275.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	496.....	204.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	297.....	97.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	277.....	95.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	293.....	86.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	36.....	10.....

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

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

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

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

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

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

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	000.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	2.....	0.....
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	20.....	11.....
3. 2016.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	20.....	14.....
4. 2017.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	18.....	9.....
5. 2018.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	13.....	9.....
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	0.....	6.....	7.....
7. 2020.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	0.....	10.....	9.....
8. 2021.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	0.....	8.....	1.....
9. 2022.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	0.....	5.....	3.....
10. 2023.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	1.....	0.....
11. 2024.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	1.....	0.....

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

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

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

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

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

SCHEDULE P - PART 3M - INTERNATIONAL

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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 3T - Warranty

N O N E

Schedule P - Part 3U - Pet Insurance Plans

N O N E

Schedule P - Part 4A - Homeowners/Farmowners

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4E - Commercial Multiple Peril

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4G - Special Liability

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4I - Special Property

N O N E

Schedule P - Part 4J - Auto Physical Damage

N O N E

Schedule P - Part 4K - Fidelity/Surety

N O N E

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

N O N E

Schedule P - Part 4M - International

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

Schedule P - Part 4T - Warranty

N O N E

Schedule P - Part 4U - Pet Insurance Plans

N O N E

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

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	18	3	3	3	2	2	2	2	2	2
2. 2015.....	41	5	1	0	0	0	0	0	0	0
3. 2016.....	XXX	49	4	1	0	0	0	0	0	0
4. 2017.....	XXX	XXX	43	11	3	1	1	0	0	0
5. 2018.....	XXX	XXX	XXX	26	3	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	61	16	3	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	27	2	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	19	2	2	2
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25	3	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10	3
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

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

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	1	0	0	0	0	0	0	0	0	0
2. 2015.....	1	1	1	1	1	1	1	1	1	1
3. 2016.....	XXX	2	3	3	3	3	3	3	3	3
4. 2017.....	XXX	XXX	1	2	2	2	2	2	2	2
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	1	3	5	5	5	5
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

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

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	0	0	0	0	0	0	0	0	0	0
2. 2015.....	2	2	2	2	2	2	2	2	2	2
3. 2016.....	XXX	6	6	6	6	6	6	6	6	6
4. 2017.....	XXX	XXX	3	4	4	4	4	4	4	4
5. 2018.....	XXX	XXX	XXX	2	2	2	2	2	2	2
6. 2019.....	XXX	XXX	XXX	XXX	4	5	5	5	5	5
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	2	2	2	2
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	2	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	4	4
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2

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

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	3	0	0	0	0	0	0	0	0	0
2. 2015.....	1	1	1	1	1	1	1	1	1	1
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	4	4	4	4
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	3	3
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

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

SECTION 2

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

SECTION 3

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

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SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	4	1	0	1	0	0	0	0	0	0
2. 2015.....	15	19	19	19	19	20	20	20	20	20
3. 2016.....	XXX	12	20	20	20	20	20	20	20	20
4. 2017.....	XXX	XXX	12	18	18	18	18	18	18	18
5. 2018.....	XXX	XXX	XXX	7	10	13	13	13	13	13
6. 2019.....	XXX	XXX	XXX	XXX	4	5	5	6	6	6
7. 2020.....	XXX	XXX	XXX	XXX	XXX	7	9	9	10	10
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	5	7	7	8
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	5	5
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2

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

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	4	(1)	5	1	(2)	(1)	3	0	0	0
2. 2015.....	27	31	31	31	31	31	31	31	31	31
3. 2016.....	XXX	28	33	34	34	34	34	34	34	34
4. 2017.....	XXX	XXX	24	27	27	27	27	27	27	27
5. 2018.....	XXX	XXX	XXX	17	20	22	22	22	22	22
6. 2019.....	XXX	XXX	XXX	XXX	8	9	12	13	13	13
7. 2020.....	XXX	XXX	XXX	XXX	XXX	16	19	19	19	19
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	7	8	8	9
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	8	8
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	0	0	0	0	0	0	0	0	0	1
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

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

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1. Prior.....	0	0	0	0	0	0	0	2	2	4
2. 2015.....	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

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

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

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	49	49	49	49	49	49	49	49	49	49	0
3. 2016.....	XXX	37	37	37	37	37	37	37	37	37	0
4. 2017.....	XXX	XXX	32	32	32	32	32	32	32	32	0
5. 2018.....	XXX	XXX	XXX	29	29	29	29	29	29	29	0
6. 2019.....	XXX	XXX	XXX	XXX	27	27	27	27	27	27	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	51	51	51	51	51	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	47	47	47	47	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	31	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	33
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33
13. Earned Premiums (Sch P-Pt. 1)	49	37	32	29	27	51	47	31	31	33	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	49	49	49	49	49	49	49	49	49	49	0
3. 2016.....	XXX	37	37	37	37	37	37	37	37	37	0
4. 2017.....	XXX	XXX	32	32	32	32	32	32	32	32	0
5. 2018.....	XXX	XXX	XXX	29	29	29	29	29	29	29	0
6. 2019.....	XXX	XXX	XXX	XXX	27	27	27	27	27	27	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	51	51	51	51	51	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	47	47	47	47	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	31	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31	31	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	33
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33
13. Earned Premiums (Sch P-Pt. 1)	49	37	32	29	27	51	47	31	31	33	XXX

SCHEDULE P - PART 6D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	1	(2)	0	0	0	0	0	0	0	0	0
2. 2015.....	3,766	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	0
3. 2016.....	XXX	2,137	2,137	2,141	2,141	2,141	2,141	2,141	2,141	2,141	0
4. 2017.....	XXX	XXX	1,316	1,415	1,412	1,412	1,412	1,412	1,412	1,412	0
5. 2018.....	XXX	XXX	XXX	1,291	1,338	1,330	1,330	1,330	1,330	1,330	0
6. 2019.....	XXX	XXX	XXX	XXX	1,372	1,437	1,430	1,430	1,430	1,430	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,257	1,228	1,227	1,227	1,216	(10)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,083	1,161	1,163	1,156	(7)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,016	1,092	1,097	4
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	734	784	50
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	424
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	461
13. Earned Premiums (Sch P-Pt. 1)	3,767	2,164	1,316	1,393	1,416	1,314	1,047	1,092	813	461	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	1	(2)	0	0	0	0	0	0	0	0	0
2. 2015.....	3,766	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	3,795	0
3. 2016.....	XXX	2,137	2,137	2,141	2,141	2,141	2,141	2,141	2,141	2,141	0
4. 2017.....	XXX	XXX	1,316	1,415	1,412	1,412	1,412	1,412	1,412	1,412	0
5. 2018.....	XXX	XXX	XXX	1,291	1,338	1,330	1,330	1,330	1,330	1,330	0
6. 2019.....	XXX	XXX	XXX	XXX	1,372	1,437	1,430	1,430	1,430	1,430	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1,257	1,228	1,227	1,227	1,216	(10)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,083	1,161	1,163	1,156	(7)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,016	1,092	1,097	4
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	734	784	50
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	424	424
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	461
13. Earned Premiums (Sch P-Pt. 1)	3,767	2,164	1,316	1,393	1,416	1,314	1,047	1,092	813	461	XXX

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SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2015.....	879	879	879	879	879	879	879	879	879	879	0
3. 2016.....	XXX	862	862	862	862	862	862	862	862	862	0
4. 2017.....	XXX	XXX	788	792	793	793	793	793	793	793	0
5. 2018.....	XXX	XXX	XXX	631	621	621	621	621	621	621	0
6. 2019.....	XXX	XXX	XXX	XXX	482	482	482	482	482	482	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	441	441	444	444	444	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	450	459	459	459	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	396	395	395	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	324	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294	294
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294
13. Earned Premiums (Sch P-Pt. 1)	878	862	788	636	472	442	450	407	323	294	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	(1)	0	0	0	0	0	0	0	0	0	0
2. 2015.....	879	879	879	879	879	879	879	879	879	879	0
3. 2016.....	XXX	862	862	862	862	862	862	862	862	862	0
4. 2017.....	XXX	XXX	788	792	793	793	793	793	793	793	0
5. 2018.....	XXX	XXX	XXX	631	621	621	621	621	621	621	0
6. 2019.....	XXX	XXX	XXX	XXX	482	482	482	482	482	482	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	441	441	444	444	444	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	450	459	459	459	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	396	395	395	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	324	324	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294	294
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	294
13. Earned Premiums (Sch P-Pt. 1)	878	862	788	636	472	442	450	407	323	294	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	155	155	155	155	155	155	155	155	155	155	0
3. 2016.....	XXX	130	130	130	130	130	130	130	130	130	0
4. 2017.....	XXX	XXX	130	131	131	131	131	131	131	131	0
5. 2018.....	XXX	XXX	XXX	112	112	112	112	112	112	112	0
6. 2019.....	XXX	XXX	XXX	XXX	99	98	98	98	98	98	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	83	84	84	84	84	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	54	54	54	54	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	40	40	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	43	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	39
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39
13. Earned Premiums (Sch P-Pt. 1)	155	130	130	113	99	82	55	40	43	39	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	155	155	155	155	155	155	155	155	155	155	0
3. 2016.....	XXX	130	130	130	130	130	130	130	130	130	0
4. 2017.....	XXX	XXX	130	131	131	131	131	131	131	131	0
5. 2018.....	XXX	XXX	XXX	112	112	112	112	112	112	112	0
6. 2019.....	XXX	XXX	XXX	XXX	99	98	98	98	98	98	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	83	84	84	84	84	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	54	54	54	54	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	40	40	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	43	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	39
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39
13. Earned Premiums (Sch P-Pt. 1)	155	130	130	113	99	82	55	40	43	39	XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	0	0	0	0	0	0	0	0	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

SCHEDULE P - PART 6N - REINSURANCE - NONPROPORTIONAL ASSUMED PROPERTY

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6O - REINSURANCE - NONPROPORTIONAL ASSUMED LIABILITY

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
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	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX									
11. 2024.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

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SCHEDULE P - PART 6R - PRODUCTS LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2018.....	XXX	XXX	XXX	3	3	3	3	3	3	3	0
6. 2019.....	XXX	XXX	XXX	XXX	1	1	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	1	3	1	1	0	0	0	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0
2. 2015.....	0	0	0	0	0	0	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	1	1	1	1	1	1	1	1	0
5. 2018.....	XXX	XXX	XXX	3	3	3	3	3	3	3	0
6. 2019.....	XXX	XXX	XXX	XXX	1	1	0	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	1	0	0	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	2	2	2	2	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)	0	0	1	3	1	1	0	0	0	0	XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	
1. Prior.....											
2. 2015.....											
3. 2016.....	XXX										
4. 2017.....	XXX	XXX									
5. 2018.....	XXX	XXX									
6. 2019.....	XXX	XXX									
7. 2020.....	XXX	XXX									
8. 2021.....	XXX	XXX									
9. 2022.....	XXX	XXX									
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

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

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

N O N E

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

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?\$0
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No []
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No []
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A []
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior	0	0
1.602	2015	0	0
1.603	2016	0	0
1.604	2017	0	0
1.605	2018	0	0
1.606	2019	0	0
1.607	2020	0	0
1.608	2021	0	0
1.609	2022	0	0
1.610	2023	0	0
1.611	2024	0	0
1.612	Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 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 year 2023.

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			6
			Deposit-Type Contracts			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 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
.....	The Hanover Insurance Group		80-0266582 ..				440 Lincoln Street Holding Company LLC	..MA.....	NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		84-3300049 ..				AIXHI LLC	..MA.....	NIA.....	Nova Casualty Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	12833	20-5233538 ..				AIX Specialty Insurance Company	..DE.....	IA.....	Nova Casualty Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		20-3051651 ..				AIX, Inc.	..DE.....	NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	10212	04-3272695 ..				Allmerica Financial Alliance Insurance Co. .	..NH.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	41840	23-2643430 ..				Allmerica Financial Benefit Insurance Co. ...	..MI.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		04-3194493 ..				Allmerica Plus Insurance Agency, Inc.	..MA.....	NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		54-1632456 ..				Campania Holding Company, Inc.	..VA.....	NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	12260	52-1827116 ..				Campmed Casualty & Indemnity Co. Inc.	..NH.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	31534	38-0421730 ..				Citizens Insurance Company of America	..MI.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	10714	36-4123481 ..				Citizens Insurance Company of Illinois	..IL.....	IA.....	Opus Investment Management, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	10176	38-3167100 ..				Citizens Insurance Company of Ohio	..OH.....	RE.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	10395	35-1958418 ..				Citizens Insurance Company of the Midwest ..	..IN.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		27-1652700 ..				CitySquare II Development Co., L.L.C	..MA.....	NIA.....	Opus Investment Management, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		27-2400275 ..				Educators Insurance Agency, Inc.	..MA.....	NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		52-1172293 ..				Hanover Specialty Insurance Brokers, Inc.	..VA.....	NIA.....	Verlan Holdings, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	22306	04-2217600 ..				Massachusetts Bay Insurance Company	..NH.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		84-3309673 ..				NAG Merger LLC	..MA.....	NIA.....	AIXHI LLC	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	42552	16-1140177 ..				NOVA Casualty Company	..NY.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		04-2854021 ..				Opus Investment Management, Inc.	..MA.....	UIP.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		38-3324634 ..				Professionals Direct, Inc.	..MI.....	NIA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	36064	04-3063898 ..				The Hanover American Insurance Company	..NH.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		98-1303999 ..				The Hanover Atlantic Insurance Company Ltd.	..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.....	UDP.....	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.....	
.....	The Hanover Insurance Group		04-2448927 ..				VeraVest Investments, Inc.	..MA.....	NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.0088	The Hanover Insurance Group	10815	52-0903682 ..				Verlan Fire Insurance Company	..NH.....	IA.....	The Hanover Insurance Company	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	
.....	The Hanover Insurance Group		52-2044133 ..				Verlan Holdings, Inc.	..MD.....	NIA.....	The Hanover Insurance Group, Inc.	Ownership, Board,Management	100.000 ...	The Hanover Insurance Group, Inc.	NO.....	

Asterisk	
.....	

NONE

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

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	1,000,000	0	0	0	0	0	0	1,000,000	384,214,972
.....10212	04-3272695	Allmerica Financial Alliance Ins Co.	(1,000,000)	0	0	0	0	0	0	0	(1,000,000)	272,953,749
.....41840	23-2643430	Allmerica Financial Benefit Ins Co.	0	10,000,000	0	0	0	(143,336,066)	0	0	(133,336,066)	1,177,641,594
.....04-3194493	04-3194493	Allmerica Plus Insurance Agency, Inc.	(200,000)	0	0	0	0	0	0	0	(200,000)	0
.....12260	52-1827116	Campmed Casualty & Indemnity Company, Inc.	(400,000)	0	0	0	0	0	0	0	(400,000)	2,691,785
.....31534	38-0421730	Citizens Insurance Co. of America	(59,000,000)	0	0	0	140,927,543	5,801,207	0	0	87,728,750	(477,061,784)
.....10714	36-4123481	Citizens Insurance Co. of Illinois	(900,000)	0	0	0	0	0	0	0	(900,000)	62,063,513
.....10176	38-3167100	Citizens Insurance Co. of Ohio	(750,000)	0	0	0	0	0	0	0	(750,000)	6,256,218
.....10395	35-1958418	Citizens Insurance Co. of the Midwest	(3,000,000)	0	0	0	0	(109,790,825)	0	0	(112,790,825)	1,438,584,462
.....36064	04-3063898	The Hanover American Insurance Co.	(2,600,000)	0	0	0	0	(92,322,520)	0	0	(94,922,520)	518,948,594
.....98-1300399	98-1300399	The Hanover Atlantic Insurance Company	0	0	0	0	0	(72,989,229)	0	0	(72,989,229)	180,597,897
.....22292	13-5129825	The Hanover Insurance Company	(30,550,000)	(10,000,000)	0	0	(29,072,818)	682,846,843	0	(125,000,000)	488,224,025	(5,376,956,325)
.....41602	75-1827351	The Hanover Casualty Company	(700,000)	0	0	0	0	0	0	0	(700,000)	79,379,582
.....22306	04-2217600	Massachusetts Bay Insurance Company	(1,000,000)	0	0	0	0	(181,309,357)	0	0	(182,309,357)	1,027,100,455
.....42552	16-1140177	NOVA Casualty Co.	0	(1,000,000)	0	0	0	0	0	0	(1,000,000)	569,737,131
.....04-3263626	04-3263626	The Hanover Insurance Group, Inc.	100,900,000	0	0	0	(111,854,725)	0	0	125,000,000	114,045,275	0
.....13147	74-3242673	The Hanover National Insurance Company	(250,000)	0	0	0	0	0	0	0	(250,000)	0
.....10815	52-0903682	Verlan Fire Insurance Co.	(550,000)	0	0	0	0	(88,900,053)	0	0	(89,450,053)	133,848,157
.....04-2854021	04-2854021	Opus Investment Management, Inc.	0	0	0	0	0	0	0	0	0	0
.....9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)		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)
Insurers in Holding Company	Owners with Greater Than 10% Ownership			Ultimate Controlling Party			
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 Alliance Insurance Co.	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Allmerica Financial Benefit Insurance Co.	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Campmed Casualty & Indemnity Co. Inc.	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of America	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of Illinois	Opus Investment Management, Inc.	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of Ohio	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Citizens Insurance Company of the Midwest	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Massachusetts Bay Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
NOVA Casualty Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover American Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover Atlantic Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover Casualty Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover Insurance Company	Opus Investment Management, Inc.	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
The Hanover National Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
Verlan Fire Insurance Company	The Hanover Insurance Company	100.000	NO.....	The Hanover Insurance Group, Inc.	The Hanover Insurance Group	100.000	NO.....
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ANNUAL STATEMENT FOR THE YEAR 2024 OF THE CITIZENS INSURANCE COMPANY OF OHIO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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

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

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
28.	Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?.....	YES
29.	Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	NO
APRIL FILING		
30.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33.	Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
38.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
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33.		
35.		
36.		
37.		

Bar Codes:

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	 1 0 1 7 6 2 0 2 4 4 0 1 0 0 0 0 0
18.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 0 1 7 6 2 0 2 4 3 6 5 0 0 0 0 0
20.	Reinsurance Attestation Supplement [Document Identifier 399]	 1 0 1 7 6 2 0 2 4 3 9 9 0 0 0 0 0
21.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 0 1 7 6 2 0 2 4 4 0 0 0 0 0 0 0
22.	Bail Bond Supplement [Document Identifier 500]	 1 0 1 7 6 2 0 2 4 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 1 7 6 2 0 2 4 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 1 7 6 2 0 2 4 2 2 5 0 0 0 0 0
26.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 0 1 7 6 2 0 2 4 2 2 6 0 0 0 0 0
27.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 0 1 7 6 2 0 2 4 5 5 5 0 0 0 0 0
29.	Market Conduct Annual Statement (MCAS) Premium Exhibit [Document Identifier 600]	 1 0 1 7 6 2 0 2 4 6 0 0 0 0 0 0 0
30.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 0 1 7 6 2 0 2 4 2 3 0 0 0 0 0 0
31.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 0 1 7 6 2 0 2 4 3 0 6 0 0 0 0 0
32.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 0 1 7 6 2 0 2 4 2 1 0 0 0 0 0 0
33.	Supplemental Health Care Exhibit (Parts 1 and 2) [Document Identifier 216]	 1 0 1 7 6 2 0 2 4 2 1 6 0 0 0 0 0
35.	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 [Document Identifier 290]	 1 0 1 7 6 2 0 2 4 2 9 0 0 0 0 0 0
36.	Private Flood Insurance Supplement [Document Identifier 560]	 1 0 1 7 6 2 0 2 4 5 6 0 0 0 0 0 0
37.	Will the Mortgage Guaranty Insurance Exhibit [Document Identifier 565]	 1 0 1 7 6 2 0 2 4 5 6 5 0 0 0 0 0

NONE



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

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

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

NAIC Group Code0088

NAIC Company Code10176

Company NameCITIZENS INSURANCE COMPANY OF OHIO

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

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

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

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

2.31 Amount quantified:.....\$0

2.32 Amount estimated using reasonable assumptions:.....\$0

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

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



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

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

(To Be Filed by March 1)

NAIC Group Code 0088

NAIC Company Code 10176

	Direct Business Only			
	Prior Year	Current Year		
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1. Completed operations	0	0	0	0
2. Errors & omissions (E&O)	0	0	0	0
3. Directors & officers (D&O)	0	0	0	0
4. Environmental liability	0	0	0	0
5. Excess workers' compensation	0	0	0	0
6. Commercial excess & umbrella	51,439	28,197	19,230	10,002
7. Personal umbrella	(152)	0	0	0
8. Employment liability	0	0	0	0
9. Aggregate write-ins for facilities & premises (CGL)	0	0	0	0
10. Internet & cyber liability	0	0	0	0
11. Aggregate write-ins for other	16	0	0	520,000
12. Total ASL 17 - other liability (sum of lines 1 through 11)	51,303	28,197	19,230	530,002
DETAILS OF WRITE-INS				
0901. Aggregate of facilities & premises (CGL) lines of business less than 10% category	0	0	0	0
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	0	0	0	0
1101. Aggregate of facilities & premises (CGL) lines of business less than 10% category	16	0	0	520,000
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	16	0	0	520,000