



## PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT**  
For the Year Ended December 31, 2011  
OF THE CONDITION AND AFFAIRS OF THE  
**BCS Insurance Company**

NAIC Group Code	00023 (Current Period)	00023 (Prior Period)	NAIC Company Code	38245	Employer's ID Number	36-6033921
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	12/05/1950		Commenced Business	11/30/1952		
Statutory Home Office	6740 North High Street (Street and Number)		Worthington, OH 43085 (City or Town, State and Zip Code)			
Main Administrative Office	2 Mid America Plaza, Suite 200 (Street and Number)		Oakbrook Terrace, IL 60181 (City or Town, State and Zip Code)	630-472-7700 (Area Code) (Telephone Number)		
Mail Address	2 Mid America Plaza, Suite 200 (Street and Number or P.O. Box)		Oakbrook Terrace, IL 60181 (City or Town, State and Zip Code)			
Primary Location of Books and Records	2 Mid America Plaza, Suite 200 (Street and Number)		Oakbrook Terrace, IL 60181 (City or Town, State and Zip Code)	630-472-7700 (Area Code) (Telephone Number)		
Internet Web Site Address	www.bcsigroup.com					
Statutory Statement Contact	Elias Georgopoulos (Name)		630-472-7749 (Area Code) (Telephone Number) (Extension)			
	lgeorgo@bcsigroup.com (E-Mail Address)		630-472-7837 (Fax Number)			

## OFFICERS

Name	Title	Name	Title
Howard Francis Beacham III	President & CEO	Henry Alan Carpenter	Secretary, General Counsel & SVP
Susan Ann Pickar	Treasurer & Senior Vice President	Steven Scott Martin	Chairman of the Board

## OTHER OFFICERS

Matthew Thomas Brannigan, Senior Vice President David John Jacobs, Senior Vice President  
Dale Edward Palka, Senior Vice President

## **DIRECTORS OR TRUSTEES**

Howard Francis Beacham III      Matthew Thomas Brannigan      Henry Alan Carpenter      David John Jacobs  
Susan Ann Pickar      Steven Scott Martin

State of ..... Illinois .....  
County of ..... Du Page .....  
S

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.

Howard Francis Beacham III  
President & CEO

Henry Alan Carpenter  
Secretary, General Counsel & SVP

Susan Ann Pickar  
Chair & Senior Vice President

a. Is this an original filing? Yes [  ] No [  ]  
b. If no:  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me this  
26th day of January, 2012

Lisa Fath, Notary Public  
May 05, 2014



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## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Alabama				DURING THE YEAR 2011						NAIC Company Code 38245	
		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	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										
Line of Business													
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	.0	.0	.0										.0
10. Financial guaranty	.0	.0	.0										
11. Medical professional liability	.0	.0	.0										
12. Earthquake													
13. Group accident and health (b)	15,715,025	15,719,536	.0	12,884	10,072,698	12,461,181	5,741,373					2,576,185	.462,073
14. Credit A & H (group and individual)													
15.1 Collectively renewable A & H (b)													
15.2 Non-cancelable A & H (b)													
15.3 Guaranteed renewable A & H (b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other A & H (b)													
15.8 Federal employees health benefits program premium (b)													
16. Workers' compensation													
17.1 Other liability-Occurrence	.0	.0	.0										.0
17.2 Other Liability-Claims-Made	.2,101,989	.2,101,989	.0	.0	3,500	180,640	1,658,077	.18,769	120,165	108,885	36,052	.39,712	
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity	118,576	.118,576	.0	.0	.0	(62,860)	73,872	.0	.0	.0	.0	.0	2,826
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
35. TOTALS (a)	17,935,591	17,940,102	.0	12,884	10,076,198	12,578,961	7,473,322	18,769	120,165	108,885	2,612,237	504,611	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

.91,636 and number of persons insured under indemnity only products .....

.616



3 8 2 4 5 2 0 1 1 4 3 0 0 2 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Alaska			DURING THE YEAR 2011						NAIC Company Code 38245		
		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	4 Direct	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										
Line of Business													
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	.0	.0	.0										.0
10. Financial guaranty	.0	.0	.0										
11. Medical professional liability	.0	.0	.0										
12. Earthquake													
13. Group accident and health (b)	389,290	389,691	.0	2,831	288,970	328,799	76,219		.0	.0	.0	114,910	12,903
14. Credit A & H (group and individual)													
15.1 Collectively renewable A & H (b)													
15.2 Non-cancelable A & H (b)													
15.3 Guaranteed renewable A & H (b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other A & H (b)													
15.8 Federal employees health benefits program premium (b)													
16. Workers' compensation													
17.1 Other liability-Occurrence	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability-Claims-Made	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	389,290	389,691	.0	2,831	288,970	328,799	76,219		.0	.0	.0	114,910	12,903
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	.0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

1,191 and number of persons insured under indemnity only products .....



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Arizona				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	417,940	417,940	0	0	249,621	264,177	42,560	0	(184)	0	45,434	10,954	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	2,154,939	2,046,191	0	176,911	1,900,629	1,998,679	457,307	46,078	48,231	4,598	596,917	50,971	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	819,672	819,672	0	0	0	203,820	465,340	11,764	21,578	55,598	10,425	24,204	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	3,392,551	3,283,803	0	176,911	2,150,250	2,466,676	965,207	57,842	69,626	60,196	652,777	86,129	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 5,482 and number of persons insured under indemnity only products .....

..... 848



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Arkansas				DURING THE YEAR 2011					NAIC Company Code 38245			
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	70,440	70,440	0	0	32,152	37,499	7,224	0	0	0	7,636	1,851	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	1,516,075	1,519,973	0	9,170	896,501	876,957	247,555	0	(2)	0	407,396	38,741	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	415,642	410,412	0	40,025	0	(4,203)	529,860	7,130	(3,357,432)	66,014	18,798	9,345	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	2,002,158	2,000,826	0	49,195	928,653	910,253	784,639	7,130	(3,357,434)	66,014	433,830	49,936	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,337 and number of persons insured under indemnity only products .....605



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF California				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	0	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	0
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake													
13.	Group accident and health (b)	12,950,307	13,038,374	0	1,700,390	5,955,637	6,744,997	3,368,655	189,357	195,498	26,154	3,268,205	329,779	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	11,879,265	10,752,268	0	5,016,443	4,925,491	2,670,811	8,444,401	586,006	988,362	2,166,884	2,173,142	302,239	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	24,829,572	23,790,642	0	6,716,834	10,881,128	9,415,808	11,813,056	775,364	1,183,860	2,193,038	5,441,347	632,018	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

300,048 and number of persons insured under indemnity only products .....

8,944



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Colorado				DURING THE YEAR 2011						NAIC Company Code 38245	
		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	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										
Line of Business													
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	107,818	107,818	0		.34,114	27,581	9,626					12,317	2,700
10. Financial guaranty	0	0	0		0	0	0					0	0
11. Medical professional liability												0	0
12. Earthquake													
13. Group accident and health (b)	2,671,712	2,682,387	0	6,967	1,315,171	1,245,904	1,327,096	68	77	16	661,862	67,443	
14. Credit A & H (group and individual)													
15.1 Collectively renewable A & H (b)													
15.2 Non-cancelable A & H (b)													
15.3 Guaranteed renewable A & H (b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other A & H (b)													
15.8 Federal employees health benefits program premium (b)													
16. Workers' compensation													
17.1 Other liability-Occurrence	0	0	0		0	0	0					0	0
17.2 Other Liability-Claims-Made	1,364,300	790,130	0	.574,170	0	.531,013	.571,013	220	(42,091)	1,276	180,036	29,094	
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity	0	0	0		0	0	0					0	0
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business	0	0	0		0	0	0					0	0
35. TOTALS (a)	4,143,831	3,580,336	0	581,137	1,349,285	1,804,498	1,907,735	288	(42,014)	1,292	854,215	99,236	
<b>DETAILS OF WRITE-INS</b>													
3401.													
3402.													
3403.													
3498. Summary of remaining write-ins for Line 34 from overflow page	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

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

5,474 and number of persons insured under indemnity only products .....

1,133



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Connecticut				DURING THE YEAR 2011						NAIC Company Code 38245		
		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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	534,883	534,883	0	0	168,465	193,035	55,463	0	0	0	57,708	14,111	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	3,824,206	3,769,370	0	74,152	1,834,025	1,927,108	702,200	2,256	2,523	1,410	1,258,389	93,718	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	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													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	4,359,089	4,304,254	0	74,152	2,002,491	2,120,143	757,663	2,256	2,523	1,410	1,316,097	107,829	
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 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

.....2,081 and number of persons insured under indemnity only products

.....832



3 8 2 4 5 2 0 1 1 4 3 0 0 8 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Delaware				DURING THE YEAR 2011						NAIC Company Code 38245	
		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	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						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
Line of Business													
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	.0	.0	.0										.0
10. Financial guaranty	.0	.0	.0										.0
11. Medical professional liability	.0	.0	.0										.0
12. Earthquake													
13. Group accident and health (b)	1,538,509	1,309,440	.0	230,699	424,618	758,949	369,643	273	.339	.66	.489,973	50,727	
14. Credit A & H (group and individual)													
15.1 Collectively renewable A & H (b)													
15.2 Non-cancelable A & H (b)													
15.3 Guaranteed renewable A & H (b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other A & H (b)													
15.8 Federal employees health benefits program premium (b)													
16. Workers' compensation													
17.1 Other liability-Occurrence	0	0	0	.0	0	0	0	.0	.0	.0	.0	.0	.0
17.2 Other Liability-Claims-Made	0	0	0	.0	0	0	45,000	0	0	0	0	0	.0
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business	.0	0	0	0	0	0	0	0	0	0	0	0	.0
35. TOTALS (a)	1,538,509	1,309,440	0	230,699	424,618	758,949	414,643	273	.339	.66	.489,973	50,727	
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	.0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

2,774 and number of persons insured under indemnity only products .....

52



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF District of Columbia				DURING THE YEAR 2011						NAIC Company Code 38245		
		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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	0	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	0
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake													
13.	Group accident and health (b)	4,183,602	2,654,291	0	2,100,474	1,119,829	1,346,379	743,435	33,079	31,956	9,545	1,313,592	65,176	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	(1,050,000)	0	0	0	0	0	0
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	4,183,602	2,654,291	0	2,100,474	1,119,829	296,379	743,435	33,079	31,956	9,545	1,313,592	65,176	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

2,507 and number of persons insured under indemnity only products .....

634



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Florida				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	1,734,199	1,734,199	0	0	99,228	250,322	179,803	0	0	0	0	187,111	45,749
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	9,695,832	9,893,115	0	345,623	7,154,263	7,178,442	2,064,034	25,756	8,564	12,614	2,630,452	233,176	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	11,430,031	11,627,314	0	345,623	7,253,491	7,428,764	2,243,837	25,756	8,564	12,614	2,817,563	278,925	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

10,161 and number of persons insured under indemnity only products .....

2,032



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Georgia				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	383,219	383,219	0	0	222,104	254,485	39,644	0	0	0	41,387	10,101	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	5,475,339	5,559,614	0	21,853	2,610,830	3,098,096	1,380,232	8,508	(777)	2,051	1,028,522	81,720	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	241,951	237,465	0	120,167	0	36,395	104,438	0	0	0	41,560	6,719	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	6,100,509	6,180,298	0	142,020	2,832,934	3,388,976	1,524,314	8,508	(777)	2,051	1,111,469	98,541	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 21,251 and number of persons insured under indemnity only products .....

..... 7,614



3 8 2 4 5 2 0 1 1 4 3 0 1 2 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Hawaii				DURING THE YEAR 2011						NAIC Company Code 38245			
		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	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	Unearned Premium Reserves											
1. Fire															
2.1 Allied lines															
2.2 Multiple peril crop															
2.3 Federal flood															
3. Farmowners multiple peril															
4. Homeowners multiple peril															
5.1 Commercial multiple peril (non-liability portion)															
5.2 Commercial multiple peril (liability portion)															
6. Mortgage guaranty															
8. Ocean marine															
9. Inland marine	92,926	92,926	0	0	41,480	49,263	9,511	0	0	0	0	10,080	2,440		
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0		
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0	0		
12. Earthquake															
13. Group accident and health (b)	38,100	26,781	0	11,345	9,655	17,440	9,319	0	0	0	0	11,772	0		
14. Credit A & H (group and individual)															
15.1 Collectively renewable A & H (b)															
15.2 Non-cancelable A & H (b)															
15.3 Guaranteed renewable A & H (b)															
15.4 Non-renewable for stated reasons only (b)															
15.5 Other accident only															
15.6 Medicare Title XVIII exempt from state taxes or fees															
15.7 All other A & H (b)															
15.8 Federal employees health benefits program premium (b)															
16. Workers' compensation															
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0		
17.2 Other Liability-Claims-Made	0	0	0	0	0	0	90,000	0	0	0	0	0	0		
17.3 Excess workers' compensation															
18. Products liability															
19.1 Private passenger auto no-fault (personal injury protection)															
19.2 Other private passenger auto liability															
19.3 Commercial auto no-fault (personal injury protection)															
19.4 Other commercial auto liability															
21.1 Private passenger auto physical damage															
21.2 Commercial auto physical damage															
22. Aircraft (all perils)															
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0		
24. Surety															
26. Burglary and theft															
27. Boiler and machinery															
28. Credit															
30. Warranty															
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0		
35. TOTALS (a)	131,026	119,707	0	11,345	51,134	66,703	108,830	0	0	0	0	21,853	2,440		
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	0		
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0		

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

128 and number of persons insured under indemnity only products .....



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Idaho				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	125,354	125,354	0	.0	.48,230	.53,758	.11,578	.0	.0	.0	0	14,152	3,175
10.	Financial guaranty	0	0	0	.0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	692,228	700,836	0	71,596	386,370	415,034	.131,685	2,448	2,945	.590	.196,543	15,371	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	.0	0	0	.0	.0	.0	.0	0	0	0
17.2	Other Liability-Claims-Made	242,134	848,138	0	.88,350	.15,000	-.283,116	.234,787	.100,055	.378,028	.564,731	.54,319	8,783	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	.0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	.0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	1,059,716	1,674,328	0	159,946	449,600	185,676	378,051	102,503	380,973	565,321	265,014	27,330	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	.0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,884 and number of persons insured under indemnity only products .....0



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Illinois				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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											
Line of Business														
1. Fire														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	551,285	551,285	0											
10. Financial guaranty														
11. Medical professional liability	0	0	0											
12. Earthquake														
13. Group accident and health (b)	6,013,484	5,809,684	0											
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0											
17.2 Other Liability-Claims-Made	1,221,021	1,171,864	0											
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0											
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0											
35. TOTALS (a)	7,785,790	7,532,833	0	574,296	8,016,600	8,045,516	4,184,451	20,578	31,970	37,929	1,585,437	166,724		
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

.....56,927 and number of persons insured under indemnity only products .....

.....6,159



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Indiana				DURING THE YEAR 2011					NAIC Company Code 38245				
		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	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						Unearned Premium Reserves	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														
2.1	Allied lines														
2.2	Multiple peril crop														
2.3	Federal flood														
3.	Farmowners multiple peril														
4.	Homeowners multiple peril														
5.1	Commercial multiple peril (non-liability portion)														
5.2	Commercial multiple peril (liability portion)														
6.	Mortgage guaranty														
8.	Ocean marine														
9.	Inland marine	2,657,782	2,657,782	0	0	1,040,495	1,096,778	267,704	549	4,063	5,145	290,223	69,383		
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability														
12.	Earthquake														
13.	Group accident and health (b)	5,624,000	5,528,509	0	115,624	2,983,434	3,125,464	959,932	321	232	77	1,504,174	144,507		
14.	Credit A & H (group and individual)														
15.1	Collectively renewable A & H (b)														
15.2	Non-cancelable A & H (b)														
15.3	Guaranteed renewable A & H (b)														
15.4	Non-renewable for stated reasons only (b)														
15.5	Other accident only														
15.6	Medicare Title XVIII exempt from state taxes or fees														
15.7	All other A & H (b)														
15.8	Federal employees health benefits program premium (b)														
16.	Workers' compensation														
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	(29,000)	435,000	114,866	139,042	24,176	0	0	
17.3	Excess workers' compensation														
18.	Products liability														
19.1	Private passenger auto no-fault (personal injury protection)														
19.2	Other private passenger auto liability														
19.3	Commercial auto no-fault (personal injury protection)														
19.4	Other commercial auto liability														
21.1	Private passenger auto physical damage														
21.2	Commercial auto physical damage														
22.	Aircraft (all perils)														
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety														
26.	Burglary and theft														
27.	Boiler and machinery														
28.	Credit														
30.	Warranty														
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	8,281,782	8,186,291	0	115,624	4,023,929	4,193,241	1,662,636	115,737	143,338	29,398	1,794,396	213,890		
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	0	
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

.....20,449 and number of persons insured under indemnity only products

.....1,282



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Iowa				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	101,514	101,514	0	.0	46,844	53,529	10,325	.0	.0	0	11,040	2,659	
10.	Financial guaranty	0	0	0	.0	0	0	0	.0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	1,586,860	1,590,541	0	7,742	819,742	865,136	276,204	0	0	0	411,372	42,688	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	.0	0	0	0	.0	0	0	0	0	
17.2	Other Liability-Claims-Made	0	0	0	.0	0	0	65,000	0	0	0	0	0	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	.0	0	0	0	.0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	1,688,374	1,692,054	0	7,742	866,586	918,665	351,529	0	0	0	422,412	45,347	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

5,732 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Kansas				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	25,378	25,378	0	0	626	1,919	2,624	0	0	0	2,742	669	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	1,318,543	1,332,952	0	88,452	900,344	964,519	278,589	15,624	16,330	3,766	372,542	31,711	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	85,000	0	0	0	0	0	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	1,343,922	1,358,330	0	88,452	900,969	966,437	366,213	15,624	16,330	3,766	375,284	32,379	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

3,026 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Kentucky				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	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.	Medical professional liability	0	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake													
13.	Group accident and health (b)	1,929,515	1,935,076	0	8,608	1,459,479	1,498,004	353,771	15	(466)	4	526,803	47,602	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	1,929,515	1,935,076	0	8,608	1,459,479	1,498,004	353,771	15	(466)	4	526,803	47,602	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

1,560 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Louisiana				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	138,255	138,255	0	0	77,724	87,667	14,266	0	0	0	0	14,947	3,641
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	2,698,408	2,702,598	0	4,352	761,156	1,286,869	947,736	0	0	0	0	1,143,205	226,806
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	253,897	194,670	0	196,447	0	(3,094,511)	846,389	113,781	358,002	620,833	44,130	7,026	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	3,090,560	3,035,523	0	200,798	838,879	(1,719,975)	1,808,391	113,781	358,002	620,833	1,202,281	237,472	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

9,875 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Maine				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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						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
1.	Fire													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	184,416	184,416	0	0	86,488	99,359	19,123	0	0	0	19,896	4,865	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	526,487	524,109	0	2,435	205,410	301,128	126,146	0	0	0	165,389	22,332	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	710,903	708,525	0	2,435	291,898	400,487	145,269	0	0	0	185,285	27,197	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

.....898 and number of persons insured under indemnity only products .....5



3 8 2 4 5 2 0 1 1 4 3 0 2 1 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Maryland				DURING THE YEAR 2011				NAIC Company Code 38245			
		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
		1	2	Dividends Paid or Credited to Policyholders on Direct Business	Direct	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												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	278,342	278,342	0	0	168,591	188,101	28,677	0	0	0	30,111	7,326
10.	Financial guaranty	0	0	0	0	0	(92,981)	83,939	0	27,980	27,980	0	0
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)	1,618,959	1,655,563	0	24,035	725,920	626,244	323,139	95	112	23	445,656	38,871
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal employees health benefits program premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	279,121	295,955	0	483,982	(5,000)	(245,316)	118,305	68,284	366,103	380,418	50,188	8,133
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity	47,533	47,447	0	15,714	0	(23,412)	29,560	0	0	0	0	1,133
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	2,223,956	2,277,307	0	523,731	889,511	452,636	583,620	68,379	394,195	408,421	525,955	55,462
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

829 and number of persons insured under indemnity only products .....

560



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Massachusetts				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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											
Line of Business														
1. Fire														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	202,480	202,480	0		.0	13,036	28,234	20,986	.0	.0	0	21,848	5,341	
10. Financial guaranty	0	0	0		.0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	2,748,667	2,653,498	0		149,780	1,209,628	1,602,800	559,035	0	0	0	871,716	50,311	
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0		.0	0	0	.0	.0	.0	0	.0	.0	
17.2 Other Liability-Claims-Made	265,535	179,124	0		147,239	0	57,729	.328,933	.68,278	.409,863	.380,389	2,187	8,760	
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0		.0	0	0	.0	.0	.0	0	.0	.0	
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0		0	0	0	0	0	0	0	0	0	
35. TOTALS (a)	3,216,682	3,035,102	0		297,019	1,222,663	1,688,763	908,954	68,278	.409,863	.380,389	895,752	64,412	
<b>DETAILS OF WRITE-INS</b>														
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

4,308 and number of persons insured under indemnity only products .....

1,115



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Michigan				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	427,132	427,132	0	0	296,851	284,884	44,098	0	(6,338)	0	46,169	11,251	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	4,302,190	4,605,569	0	532,171	2,493,039	2,620,538	924,887	47,254	57,181	11,389	1,131,201	95,280	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	1,803,284	1,817,767	0	169,886	89,000	8,907,144	12,209,177	158,390	921,192	1,108,682	62,302	61,888	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	6,532,606	6,850,468	0	702,057	2,878,890	11,812,566	13,178,162	205,644	972,035	1,120,070	1,239,672	168,418	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

9,947 and number of persons insured under indemnity only products .....

2,177



3 8 2 4 5 2 0 1 1 4 3 0 2 4 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Minnesota				DURING THE YEAR 2011						NAIC Company Code 38245		
		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														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	45,056	45,056	0	0	8,739	(10,237)	4,660	0	0	0	0	4,866	1,188	
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	3,346,332	3,349,413	0	22,257	1,736,073	1,835,508	565,276	2,683	2,683	0	0	909,826	88,296	
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability-Claims-Made	414,440	401,717	0	149,234	2,503	89,789	451,233	2,161	1,906	.8,121	22,349	9,536		
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	
35. TOTALS (a)	3,805,829	3,796,187	0	171,491	1,747,314	1,915,060	1,021,169	4,844	4,589	8,121	937,042	99,019		
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	0	
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

16,363 and number of persons insured under indemnity only products .....

1,102



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Mississippi				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	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.	Medical professional liability	0	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake													
13.	Group accident and health (b)	1,774,869	1,640,742	0	146,423	1,467,416	1,508,561	318,268	0	0	0	0	452,703	35,064
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	33,721	32,902	0	19,123	297,537	(78,419)	48,740	6,092	(340,265)	33,940	4,108	666	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	1,808,590	1,673,644	0	165,546	1,764,952	1,430,142	367,008	6,092	(340,265)	33,940	456,811	35,730	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

.....2,421 and number of persons insured under indemnity only products .....3



3 8 2 4 5 2 0 1 1 4 3 0 2 6 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Missouri				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	346,360	346,360	0	0	122,650	138,069	35,848	0	0	0	0	37,399	9,131	
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	2,567,539	2,573,958	0	14,199	1,310,597	1,361,358	488,678	25	11	6	651,278	66,559		
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability-Claims-Made	1,390,030	1,329,578	0	190,394	.350	(399,628)	1,171,386	3,443	(261,160)	.29,623	41,188	34,319		
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0		
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0		
35. TOTALS (a)	4,303,929	4,249,895	0	204,593	1,433,597	1,099,799	1,695,913	3,468	(261,148)	29,629	729,865	110,010		
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

.....3,696 and number of persons insured under indemnity only products

.....274



3 8 2 4 5 2 0 1 1 4 3 0 2 7 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Montana				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	153,137	153,137	0	0	153,704	153,153	12,522	485	485	0	18,001	3,728	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	454,063	453,961	0	3,521	323,751	328,935	73,688	0	0	0	120,759	11,826	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	30,401	30,401	0	0	0	0	(1,372,796)	99,985	1,110	(24,320)	13,374	1,348	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	(890,708)	186,195	1,595	(23,835)	13,374	140,107	15,554
35.	TOTALS (a)	637,601	637,499	0	3,521	477,454								
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

440 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Nebraska				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	Dividends Paid or Credited to Policyholders on Direct Business	Direct	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	60,897	60,897	0	0	52,034	42,704	6,259	0	0	0	6,594	1,601	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0	
12.	Earthquake													
13.	Group accident and health (b)	420,916	423,214	0	4,357	269,398	261,220	68,691	0	(86)	0	114,086	10,185	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	499,206	474,149	0	86,406	100,000	298,441	519,642	20,430	114,449	101,129	67,257	14,619	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	981,019	958,259	0	90,763	421,432	602,365	594,592	20,430	114,364	101,129	187,937	26,406	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 507 and number of persons insured under indemnity only products ..... 26



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Nevada				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	303,681	303,681	0	0	261,161	251,963	23,216	0	0	0	36,409	7,242	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	1,201,852	1,226,115	0	55,318	706,203	716,363	251,925	11,471	13,458	2,765	329,724	30,486	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	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													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	1,505,533	1,529,796	0	55,318	967,365	968,326	275,141	11,471	13,458	2,765	366,133	37,727	
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 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

.....2,755 and number of persons insured under indemnity only products

.....2,826



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF New Hampshire			DURING THE YEAR 2011						NAIC Company Code 38245		
		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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										
Line of Business													
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine	175,284	175,284	0		.31,269		.39,279		.18,174		.0	0	18,912
10. Financial guaranty	0	0	0		.0		0		0		0	0	4,624
11. Medical professional liability													0
12. Earthquake													0
13. Group accident and health (b)	1,216,873	1,217,638	0		.680		.716,871		.709,415		.213,462		1,625
14. Credit A & H (group and individual)													112
15.1 Collectively renewable A & H (b)													1,016
15.2 Non-cancelable A & H (b)													393,883
15.3 Guaranteed renewable A & H (b)													29,033
15.4 Non-renewable for stated reasons only (b)													0
15.5 Other accident only													0
15.6 Medicare Title XVIII exempt from state taxes or fees													0
15.7 All other A & H (b)													0
15.8 Federal employees health benefits program premium (b)													0
16. Workers' compensation													0
17.1 Other liability-Occurrence	0	0	0		.0		0		0		.0	0	0
17.2 Other Liability-Claims-Made	0	0	0		.0		0		0		.0	0	0
17.3 Excess workers' compensation													0
18. Products liability													0
19.1 Private passenger auto no-fault (personal injury protection)													0
19.2 Other private passenger auto liability													0
19.3 Commercial auto no-fault (personal injury protection)													0
19.4 Other commercial auto liability													0
21.1 Private passenger auto physical damage													0
21.2 Commercial auto physical damage													0
22. Aircraft (all perils)													0
23. Fidelity	0	0	0		.0		0		0		.0	0	0
24. Surety													0
26. Burglary and theft													0
27. Boiler and machinery													0
28. Credit													0
30. Warranty													0
34. Aggregate write-ins for other lines of business	0	0	0		.0		0		0		.0	0	0
35. TOTALS (a)	1,392,157	1,392,922	0		680		748,140		748,694		231,636		1,625
DETAILS OF WRITE-INS													33,657
3401.													0
3402.													0
3403.													0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0		.0		0		0		.0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0		.0		0		0		.0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

213 and number of persons insured under indemnity only products .....



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF New Jersey				DURING THE YEAR 2011						NAIC Company Code 38245		
		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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	218,961	218,961	0	0	7,271	24,403	22,699	0	0	0	23,625	5,776	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	3,139,693	3,030,278	0	201,905	1,895,316	2,229,804	673,255	23,608	32,158	14,709	692,941	64,974	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	321,048	312,843	0	113,912	5,442,500	4,686,995	398,186	525,245	1,057,742	2,908,561	26,379	4,171	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	3,679,702	3,562,082	0	315,817	7,345,087	6,941,203	1,094,140	548,854	1,089,900	2,923,270	742,946	74,920	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

11,477 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF New Mexico				DURING THE YEAR 2011						NAIC Company Code 38245		
		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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	73,669	73,669	0	0	48,608	53,350	7,552	0	0	0	0	7,985	1,935
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	205,093	200,564	0	5,581	83,318	81,674	32,476	0	(9)	0	54,986	7,956	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	278,762	274,233	0	5,581	131,926	135,024	40,028	0	(9)	0	62,971	9,892	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

1,811 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF New York				DURING THE YEAR 2011						NAIC Company Code 38245	
		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												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	3,930,435	3,930,435	0	0	1,141,102	1,305,024	407,576	1,886	17,840	17,659	424,042	103,693
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability												
12.	Earthquake												
13.	Group accident and health (b)	22,961,923	22,826,524	0	1,014,244	13,707,207	14,013,036	4,408,057	123,069	116,577	37,945	7,577,821	542,198
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal employees health benefits program premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	919,865	919,865	0	0	7,000	261,615	4,480,723	170,883	242,744	749,887	52,523	40,236
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	27,812,223	27,676,824	0	1,014,244	14,855,309	15,579,675	9,296,357	295,838	377,161	805,491	8,054,387	686,127
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 5,842 and number of persons insured under indemnity only products ..... 207



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF North Carolina				DURING THE YEAR 2011						NAIC Company Code 38245		
		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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	438,503	438,503	0	0	236,239	251,710	45,275	0	0	0	47,394	11,550	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	4,712,467	4,708,420	0	304,030	2,792,399	2,747,705	877,946	8,678	9,191	2,092	1,322,684	101,412	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	503,906	498,153	0	147,780	5,200	(56,333)	208,601	21,681	77,889	111,492	27,739	4,069	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	5,654,876	5,645,076	0	451,811	3,033,838	2,943,082	1,131,823	30,359	87,080	113,584	1,397,817	117,030	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....6,268 and number of persons insured under indemnity only products .....3,951



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF North Dakota				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	38,360	38,360	0	0	17,875	19,309	3,946	0	(962)	0	4,153	1,009	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	197,404	198,258	0	1,376	186,749	184,541	34,195	0	0	0	53,904	4,924	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	19,500	19,500	0	0	0	121,399	161,399	308	(36,846)	1,719	326	1,423	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	255,264	256,118	0	1,376	204,624	325,249	199,539	308	(37,808)	1,719	58,382	7,356	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

171 and number of persons insured under indemnity only products .....



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Ohio				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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											
Line of Business														
1. Fire														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	394,137	394,137	0											
10. Financial guaranty	0	0	0											
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	6,377,570	6,470,082	0	257,726	4,456,624	4,288,829	1,159,379	88,611	90,057	1,446	1,660,355	158,357		
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0											
17.2 Other Liability-Claims-Made	0	0	0											
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0											
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0											
35. TOTALS (a)	6,771,707	6,864,220	0	257,726	4,640,379	4,495,647	1,199,914	88,611	77,456	18,895	1,703,024	168,724		
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

.....36,263 and number of persons insured under indemnity only products .....

.....6,443



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Oklahoma				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	118,730	118,730	0	0	59,462	64,790	12,229	0	0	0	0	12,847	3,125
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	2,012,276	2,010,849	0	9,704	989,569	1,053,659	333,922	0	0	0	0	537,466	52,703
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	(248)	90,000	0	0	0	0	0
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	2,131,006	2,129,578	0	9,704	1,049,031	1,118,201	436,151	0	0	0	0	550,313	55,828
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

30,688 and number of persons insured under indemnity only products .....

1,021



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Oregon				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	0	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	0
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake													
13.	Group accident and health (b)	1,591,603	1,575,879	0	19,137	841,745	825,843	275,009	0	0	(4)	0	424,606	42,954
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	1,591,603	1,575,879	0	19,137	841,745	825,843	275,009	0	0	(4)	0	424,606	42,954
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,700 and number of persons insured under indemnity only products .....0



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Pennsylvania				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	327,120	327,120	0	0	8,297	6,547	33,907	0	(818)	0	35,298	8,629	
10.	Financial guaranty													
11.	Medical professional liability	322,640	331,099	0	151,505	0	38,692	469,429	0	0	0	0	0	7,943
12.	Earthquake													
13.	Group accident and health (b)	8,516,397	7,901,210	0	1,994,284	3,862,468	4,589,302	2,126,994	154,768	189,740	55,034	2,240,650	217,122	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	1,311,745	1,148,521	0	568,108	0	(1,893,836)	2,115,199	2,821	(299,935)	15,718	38,038	33,037	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	10,477,902	9,707,950	0	2,713,897	3,870,765	2,740,705	4,745,529	157,589	(111,013)	70,752	2,313,985	266,731	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

11,817 and number of persons insured under indemnity only products .....

3,707



3 8 2 4 5 2 0 1 1 4 3 0 5 4 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Puerto Rico				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	.0	.0	.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	.0	.0
11. Medical professional liability	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Earthquake														
13. Group accident and health (b)	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability-Claims-Made	50,001	49,886	0	8,195	0	(28,348)	.690,196	0	0	0	0	0	558	0
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)	.0	.0	.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	.0	.0
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a)	50,001	49,886	0	8,195	0	(28,348)	.690,196	0	0	0	0	0	558	0
<b>DETAILS OF WRITE-INS</b>														
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	.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	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(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 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Rhode Island				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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											
Line of Business														
1. Fire														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	2,367,669	2,367,669	0	0	139,136	71,349	231,022	0	(5,575)	0	261,834	61,116		
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	9,014,154	8,858,865	0	225,880	6,472,505	3,792,806	1,446,825	19,355	6,418	11,110	2,720,214	206,087		
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability-Claims-Made	277,772	222,164	0	275,310	0	654,692	880,717	0	0	0	0	13,528	6,760	
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	
35. TOTALS (a)	11,659,595	11,448,697	0	501,190	6,611,640	4,518,846	2,558,564	19,355	843	11,110	2,995,576	273,963		
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	0	
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

30,963 and number of persons insured under indemnity only products .....

46



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF South Carolina				DURING THE YEAR 2011						NAIC Company Code 38245		
		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														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	149,911	149,911	0											
10. Financial guaranty														
11. Medical professional liability	0	0	0											
12. Earthquake														
13. Group accident and health (b)	2,960,628	2,970,745	0											
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0											
17.2 Other Liability-Claims-Made	651,101	636,996	0											
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0											
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0											
35. TOTALS (a)	3,761,640	3,757,652	0	294,819	3,800,349	3,861,277	1,418,620	3,100	22,991	24,696	687,966	59,403		
<b>DETAILS OF WRITE-INS</b>														
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

5,281 and number of persons insured under indemnity only products .....

250



3 8 2 4 5 2 0 1 1 4 3 0 4 2 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF South Dakota				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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											
Line of Business														
1. Fire														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	43,263	43,263	0	0	21,394	24,869	4,384	0	0	0	0	4,713	1,132	
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	236,459	236,988	0	899	156,509	160,109	38,594	0	0	(2)	0	63,110	6,099	
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	279,722	280,251	0	899	177,904	184,978	42,979	0	0	(2)	0	67,823	7,231	
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

218 and number of persons insured under indemnity only products .....



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Tennessee				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	50,572	50,572	0	0	222	1,480	5,235	0	0	0	5,460	1,333	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	3,556,410	3,556,928	0	14,307	2,087,225	2,266,407	650,708	75	83	18	922,796	87,433	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	
17.2	Other Liability-Claims-Made	453,719	457,765	0	152,277	42,500	(830,613)	1,088,077	58,459	201,948	333,688	65,874	.10,645	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	4,060,702	4,065,265	0	166,583	2,129,947	1,437,274	1,744,021	58,534	202,031	333,707	994,130	99,412	
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

11,270 and number of persons insured under indemnity only products .....

3,184



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Texas				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	202,293	202,293	0	0	4,607	12,674	20,941	0	0	0	0	21,841	5,334	
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	15,879,567	15,924,059	0	203,544	7,063,533	7,100,043	3,153,441	578,735	484,968	125,520	5,277,396	326,901		
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability-Claims-Made	193,609	150,981	0	70,656	0	0	0	0	0	0	0	43,571	3,164	
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	16,275,469	16,277,333	0	274,200	7,068,140	7,112,717	3,174,382	578,735	484,968	125,520	5,342,808	335,399		
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 25,287 and number of persons insured under indemnity only products ..... 6,799



3 8 2 4 5 2 0 1 1 4 3 0 4 5 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Utah			DURING THE YEAR 2011						NAIC Company Code 38245			
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	232,717	232,717	0	0	255,549	253,169	22,096	0	0	0	26,005	5,950	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	1,361,330	1,362,052	0	1,716	1,031,962	1,034,304	120,157	325	528	203	190,171	35,145	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	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													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	
35.	TOTALS (a)	1,594,047	1,594,770	0	1,716	1,287,511	1,287,473	142,253	325	528	203	216,175	41,095	
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 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

.....9,217 and number of persons insured under indemnity only products .....0



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Vermont				DURING THE YEAR 2011						NAIC Company Code 38245		
		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														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	103,891	103,891	0	.0	61,506	69,877	10,752	.0	(7,236)	0	11,217	2,739		
10. Financial guaranty	0	0	0	.0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	90,283	90,441	0	204	67,003	64,744	14,728	0	0	0	0	24,062	2,318	
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	.0	0	0	0	.0	0	0	0	0	0	.0
17.2 Other Liability-Claims-Made	106,041	105,242	0	1,202	0	(17,589)	424,089	0	0	0	0	1,239	8,178	
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0	.0	0	0	0	0	0	0	0	0	0	.0
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	300,214	299,573	0	1,406	128,508	117,031	449,569	0	(7,236)	0	0	36,519	13,235	
<b>DETAILS OF WRITE-INS</b>														
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

70 and number of persons insured under indemnity only products .....

504



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Virginia				DURING THE YEAR 2011				NAIC Company Code 38245			
		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										
Line of Business													
1. Fire													
2.1 Allied lines													
2.2 Multiple peril crop													
2.3 Federal flood													
3. Farmowners multiple peril													
4. Homeowners multiple peril													
5.1 Commercial multiple peril (non-liability portion)													
5.2 Commercial multiple peril (liability portion)													
6. Mortgage guaranty													
8. Ocean marine													
9. Inland marine		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. Medical professional liability		0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake													
13. Group accident and health (b)		4,486,124	4,495,999	0	141,230	2,446,611	2,744,598	1,066,942	635	(99)	244	964,965	80,487
14. Credit A & H (group and individual)													
15.1 Collectively renewable A & H (b)													
15.2 Non-cancelable A & H (b)													
15.3 Guaranteed renewable A & H (b)													
15.4 Non-renewable for stated reasons only (b)													
15.5 Other accident only													
15.6 Medicare Title XVIII exempt from state taxes or fees													
15.7 All other A & H (b)													
15.8 Federal employees health benefits program premium (b)													
16. Workers' compensation													
17.1 Other liability-Occurrence		0	0	0	0	0	0	0	0	0	0	0	0
17.2 Other Liability-Claims-Made		1,170,590	1,182,628	0	96,223	0	0	0	0	0	0	0	10,255
17.3 Excess workers' compensation													
18. Products liability													
19.1 Private passenger auto no-fault (personal injury protection)													
19.2 Other private passenger auto liability													
19.3 Commercial auto no-fault (personal injury protection)													
19.4 Other commercial auto liability													
21.1 Private passenger auto physical damage													
21.2 Commercial auto physical damage													
22. Aircraft (all perils)													
23. Fidelity		0	0	0	0	0	0	0	0	0	0	0	0
24. Surety													
26. Burglary and theft													
27. Boiler and machinery													
28. Credit													
30. Warranty													
34. Aggregate write-ins for other lines of business		0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)		5,656,714	5,678,627	0	237,453	2,446,611	2,744,598	1,066,942	635	(99)	244	975,220	80,487
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 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

15,202 and number of persons insured under indemnity only products .....

999



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Washington				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	1,111,665	1,111,665	0	0	213,328	238,187	110,843	0	0	0	0	121,887	28,916
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	8,402,182	8,416,128	0	4,992	4,304,398	4,288,841	1,461,201	1,929	1,937	718	2,526,448	191,362	
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	177,895	184,778	0	133,172	0	409,073	.554,184	0	0	0	0	2,320	8,613
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	9,691,742	9,712,571	0	138,164	4,517,725	4,936,101	2,126,229	1,929	1,937	718	2,650,656	228,891	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

3,421 and number of persons insured under indemnity only products .....

2 .....



3 8 2 4 5 2 0 1 1 4 3 0 4 9 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF West Virginia			DURING THE YEAR 2011						NAIC Company Code 38245			
		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	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													
2.1	Allied lines													
2.2	Multiple peril crop													
2.3	Federal flood													
3.	Farmowners multiple peril													
4.	Homeowners multiple peril													
5.1	Commercial multiple peril (non-liability portion)													
5.2	Commercial multiple peril (liability portion)													
6.	Mortgage guaranty													
8.	Ocean marine													
9.	Inland marine	34,038	34,038	0	0	25,714	12,620	3,490	0	0	0	0	3,690	894
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability													
12.	Earthquake													
13.	Group accident and health (b)	624,554	517,332	0	112,529	361,808	367,470	90,271	0	0	0	0	175,256	10,942
14.	Credit A & H (group and individual)													
15.1	Collectively renewable A & H (b)													
15.2	Non-cancelable A & H (b)													
15.3	Guaranteed renewable A & H (b)													
15.4	Non-renewable for stated reasons only (b)													
15.5	Other accident only													
15.6	Medicare Title XVIII exempt from state taxes or fees													
15.7	All other A & H (b)													
15.8	Federal employees health benefits program premium (b)													
16.	Workers' compensation													
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	36,405	35,643	0	11,986	0	4,904	106,146	68,275	409,842	380,371	4,718	762	
17.3	Excess workers' compensation													
18.	Products liability													
19.1	Private passenger auto no-fault (personal injury protection)													
19.2	Other private passenger auto liability													
19.3	Commercial auto no-fault (personal injury protection)													
19.4	Other commercial auto liability													
21.1	Private passenger auto physical damage													
21.2	Commercial auto physical damage													
22.	Aircraft (all perils)													
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety													
26.	Burglary and theft													
27.	Boiler and machinery													
28.	Credit													
30.	Warranty													
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	694,998	587,014	0	124,515	387,522	384,995	199,906	68,275	409,842	380,371	183,665	12,598	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 578 and number of persons insured under indemnity only products ..... 0



# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Wisconsin				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	180,945	180,945	0	0	136,812	135,827	18,688	234	2,431	2,196	19,555	4,767		
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	4,019,296	4,021,218	0	3,283	3,254,993	3,336,381	1,054,918	41,000	41,000	0	514,913	92,841		
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0	0	
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	
35. TOTALS (a)	4,200,241	4,202,162	0	3,283	3,391,805	3,472,208	1,073,606	41,234	43,431	2,196	534,468	97,608		
<b>DETAILS OF WRITE-INS</b>														
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	0	
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0	

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....

10,226 and number of persons insured under indemnity only products .....

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# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Wyoming				DURING THE YEAR 2011						NAIC Company Code 38245		
		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	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											
Line of Business														
1. Fire														
2.1 Allied lines														
2.2 Multiple peril crop														
2.3 Federal flood														
3. Farmowners multiple peril														
4. Homeowners multiple peril														
5.1 Commercial multiple peril (non-liability portion)														
5.2 Commercial multiple peril (liability portion)														
6. Mortgage guaranty														
8. Ocean marine														
9. Inland marine	35,614	35,614	0	0	21,669	22,512	3,371	0	0	0	0	3,985	910	
10. Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0	
11. Medical professional liability														
12. Earthquake														
13. Group accident and health (b)	931,825	932,815	0	441	490,375	609,162	345,490	0	0	0	0	150,841	28,287	
14. Credit A & H (group and individual)														
15.1 Collectively renewable A & H (b)														
15.2 Non-cancelable A & H (b)														
15.3 Guaranteed renewable A & H (b)														
15.4 Non-renewable for stated reasons only (b)														
15.5 Other accident only														
15.6 Medicare Title XVIII exempt from state taxes or fees														
15.7 All other A & H (b)														
15.8 Federal employees health benefits program premium (b)														
16. Workers' compensation														
17.1 Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0	
17.2 Other Liability-Claims-Made	0	0	0	0	0	0	40,000	0	0	0	0	0	0	
17.3 Excess workers' compensation														
18. Products liability														
19.1 Private passenger auto no-fault (personal injury protection)														
19.2 Other private passenger auto liability														
19.3 Commercial auto no-fault (personal injury protection)														
19.4 Other commercial auto liability														
21.1 Private passenger auto physical damage														
21.2 Commercial auto physical damage														
22. Aircraft (all perils)														
23. Fidelity	15,202	15,170	0	3,240	0	(7,202)	9,451	0	0	0	0	0	362	
24. Surety														
26. Burglary and theft														
27. Boiler and machinery														
28. Credit														
30. Warranty														
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0	
35. TOTALS (a)	982,640	983,598	0	3,680	512,043	624,471	398,312	0	0	0	0	154,826	29,559	
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	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	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 2,678 and number of persons insured under indemnity only products .....

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3 8 2 4 5 2 0 1 1 4 3 0 5 9 1 0 0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

### EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code	00023	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2011						NAIC Company Code 38245			
		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned											
	Line of Business													
1.	Fire	0	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	0
2.2	Multiple peril crop	0	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	0
3.	Farmowners multiple peril	0	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	0
5.1	Commercial multiple peril (non-liability portion)	0	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	0
6.	Mortgage guaranty	0	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	0
9.	Inland marine	19,170,273	19,170,273	0	0	6,293,085	6,816,845	1,940,839	3,155	3,155	25,000	2,088,965	501,373	
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	322,640	331,099	0	151,505	0	(54,289)	.553,368	0	27,980	27,980	0	7,943	
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b)	201,471,960	198,838,371	0	10,849,457	119,954,500	125,074,393	44,514,121	1,444,954	1,355,187	329,928	54,333,814	4,907,804	
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal employees health benefits program premium (b)	0	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0	0
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	29,448,805	27,813,165	0	9,342,207	10,944,550	9,896,861	43,488,456	2,134,902	1,498,599	10,223,334	3,154,883	719,810	
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability	0	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	0
19.2	Other private passenger auto liability	0	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	0
19.4	Other commercial auto liability	0	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	0
21.2	Commercial auto physical damage	0	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	0
23.	Fidelity	181,311	181,194	0	18,954	(1,483)	(94,958)	.112,883	0	(12,601)	17,449	0	4,321	
24.	Surety	0	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	0
27.	Boiler and machinery	0	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	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	250,594,990	246,334,102	0	20,362,123	137,190,652	141,638,853	90,609,667	3,583,011	2,872,320	10,623,691	59,577,662	6,141,251	
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0 .

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products

806,348 and number of persons insured under indemnity only products

67,065

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE F - PART 1**

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 +7							
<b>Affiliates - U.S. Non-Pool</b>														
36-2149353	80985	4 Ever Life Insurance Company	IL	1,515	.0	0	0	0	129	0	0	0	0	0
<b>0299999 - Total Affiliates - U.S. Non-Pool</b>				1,515	0	0	0	0	129	0	0	0	0	0
<b>0499999 - Total Affiliates - Total Affiliates</b>				1,515	0	0	0	0	129	0	0	0	0	0
<b>Other U.S. Unaffiliated Insurers</b>														
41-1366075	90611	ALLIANZ LIFE INS CO OF NORTH AMERICA	MN	6	0	60	60	0	80	0	0	0	0	0
95-4331852	62825	ANTHEM BC LIFE AND HEALTH INSURANCE CO.	CA	7,132	0	0	0	0	1,042	0	0	0	0	0
43-1257251	47171	BC/BS KANSAS CITY	MO	1,894	0	0	0	0	0	0	0	0	0	0
48-0952857	70729	BC/BS KANSAS	KS	434	0	59	59	0	0	536	0	0	0	0
61-1237516	95120	BC/BS KENTUCKY	KY	0	0	0	0	0	0	367	0	0	0	0
38-2069753	54291	BC/BS MICHIGAN	MI	1,355	0	402	402	0	0	1,672	0	0	0	0
05-0158952	53473	BC/BS RHODE ISLAND	RI	7,538	0	0	0	0	528	0	400	0	0	0
83-0231011	53767	BC/BS WYOMING	WY	(1,256)	0	0	0	0	582	0	0	0	0	0
91-1161450	94188	LIFEWISE ASSURANCE COMPANY	WA	(2)	0	0	0	0	0	0	0	0	0	0
31-1071217	53996	MOUNTAIN STATES BC/BS	WV	0	0	220	220	0	0	0	0	0	0	0
63-0168500	67997	PREFERRED LIFE INSURANCE COMPANY	AL	4	0	0	0	0	0	37	0	0	0	0
95-4513631	10352	SCPIE	CA	0	0	27	27	0	0	0	0	0	0	0
<b>0599999 - Total Other U.S. Unaffiliated Insurers</b>				17,105	0	768	768	0	2,152	2,692	400	0	0	0
<b>9999999 Totals</b>														
				18,620	0	768	768	0	2,281	2,692	400	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## **SCHEDULE F - PART 2**

**Premium Portfolio Reinsurance Effected or (Canceled) during Current Year**

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE F - PART 3**

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 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 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
<b>Authorized - Affiliates - U.S. Non-Pool</b>																				
36-2149353	80985	4 EVER LIFE INSURANCE COMPANY	IL		18,133	2,047	595	14,363	3,341	7,286		.3		9,336	.2,547		6,789			
36-3503382	26794	PLANS' LIABILITY INS. CO.	OH		2,920	919				4,821	1,744	.461		26,244	.168		26,076			
<b>0299999 - Total Authorized - Affiliates - U.S. Non-Pool</b>						21,053	2,966	595	14,363	3,341	12,107	1,744	464	0	35,580	2,715	0	32,865		
<b>0499999 - Total Authorized - Affiliates - Total Authorized - Affiliates</b>						21,053	2,966	595	14,363	3,341	12,107	1,744	464	0	35,580	2,715	0	32,865		
<b>Authorized - Other U. S. Unaffiliated Insurers</b>																				
06-1022232	24899	ALEA NORTH AMERICAN INSURANCE COMPANY	NY			.17	.3	.58	.58						.136	.10		126		
59-2048400	39152	AMERICAN HEALTHCARE INDEMNITY COMPANY	DE												.0	.2		(2)		
51-0434766	20370	AXIS REINSURANCE COMPANY	NY												.156	.156	(97)	253		
36-2136262	62146	COMBINED INSURANCE CO. OF AMERICA	IL			682										.682	.240		442	
36-2114545	20443	CONTINENTAL CASUALTY COMPANY	IL													.289	.20		269	
35-2293075	11551	ENDURANCE REINSURANCE CORP OF AMERICA	DE													.142	.112		.30	
06-1325038	30730	FINIAL REINSURANCE COMPANY	CT													.374	.85		289	
13-6108721	26433	HARCO NATIONAL INSURANCE COMPANY	IL													.1,276	.24		1,252	
36-1410470	22977	LUMBERMENS MUTUAL CASUALTY COMPANY	IL													.140	.1		139	
47-0698507	23680	ODYSSEY AMERICA RE CORPORATION	CT													.346	.79		267	
13-3031176	38636	PARTNER REINS CO. OF THE US	NY													.745	.6		739	
23-1641984	10219	QBE REINSURANCE CORPORATION	PA													.3,896	.561		3,335	
41-0451140	67105	RELIASTAR LIFE INSURANCE COMPANY	MN													.95	(386)		481	
41-1235868	93572	RGA REINSURANCE COMPANY	MO													.3,056	.1,337		1,719	
41-0406690	24767	ST. PAUL FIRE & MARINE INS. US BRANCH	CT													.0	.5		(5)	
13-2918573	42439	THE TOA REINSURANCE CO. OF AMERICA	DE													.4,499	.152		4,347	
13-5616275	19453	TRANSATLANTIC REINSURANCE COMPANY	NY													.3,075	.670		2,405	
06-0907370	31194	TRAVELERS CAS & SURETY CO. OF AMERICA	CT													.0	.1		(1)	
48-0921045	39845	WESTPORT INSURANCE COMPANY	MO													.1,424	.1,417	.81	1,336	
<b>0599999 - Total Authorized - Other U.S. Unaffiliated Insurers</b>						17,838	3,100	294	2,743	1,405	10,310	849	1,623	0	20,324	2,903	0	17,421	0	
<b>Authorized - Other Non-U.S. Insurers</b>																				
AA-1120337	00000	ASPEN INSURANCE UK LTD	GB			1,030			9	1,095		.116	.936	.55	.106		.2,317	.63		2,254
AA-1120355	00000	CX RE INSURANCE COMPANY LIMITED	GB							479		.500	.4				.983	.6		977
AA-1340125	00000	HANNOVER RUECKVERSICHERUNG AG	DE							1,251		.5	1,419	.409			.1,309	.3,396	.692	2,704
AA-1127007	00000	LLOYD'S SYNDICATE 1007	GB														.125			
AA-1127084	00000	LLOYD'S SYNDICATE 1084	GB														.1,137	(444)		1,581
AA-1127096	00000	LLOYD'S SYNDICATE 1096	GB														.84	(4)		.88
AA-1127200	00000	LLOYD'S SYNDICATE 1200	GB														.59	(93)		152
AA-1127204	00000	LLOYD'S SYNDICATE 1204	GB														.66	118		(52)
AA-1127212	00000	LLOYD'S SYNDICATE 1212	GB														.0	1		(1)
AA-1127218	00000	LLOYD'S SYNDICATE 1218	GB														.0	2		(2)
AA-1120085	00000	LLOYD'S SYNDICATE 1274	GB														.19	(26)		.45
AA-1120102	00000	LLOYD'S SYNDICATE 1458	GB														.76	.65		11
AA-1120084	00000	LLOYD'S SYNDICATE 1955	GB														.8	4		4
AA-1128000	00000	LLOYD'S SYNDICATE 2000	GB														.594	(60)		654
AA-1128001	00000	LLOYD'S SYNDICATE 2001	GB														.1,179	(82)		1,261
AA-1128003	00000	LLOYD'S SYNDICATE 2003	GB														.1,188	(63)		1,251
AA-1128020	00000	LLOYD'S SYNDICATE 2020	GB														.140	.50		.90
AA-1126205	00000	LLOYD'S SYNDICATE 205	GB														.0	1		(1)
AA-1128488	00000	LLOYD'S SYNDICATE 2488	GB														.46			.46
AA-1128623	00000	LLOYD'S SYNDICATE 2623	GB														.33	(29)		.62
AA-1128791	00000	LLOYD'S SYNDICATE 2791	GB														.2,069	.240		1,829
AA-1128987	00000	LLOYD'S SYNDICATE 2987	GB														.56	(14)		.70
AA-1129000	00000	LLOYD'S SYNDICATE 3000	GB														.109			109
AA-1126362	00000	LLOYD'S SYNDICATE 362	GB														.0	1		(1)
AA-1120075	00000	LLOYD'S SYNDICATE 4020	GB														.471	.23		448
AA-1126435	00000	LLOYD'S SYNDICATE 435	GB														.35			
AA-1126006	00000	LLOYD'S SYNDICATE 4472	GB														.1,464	.338		1,126
AA-1126510	00000	LLOYD'S SYNDICATE 510	GB														.149	(27)		176
AA-1126566	00000	LLOYD'S SYNDICATE 566	GB														.811	.221		.590
AA-1126570	00000	LLOYD'S SYNDICATE 570	GB														.25	.10		.15
AA-1126623	00000	LLOYD'S SYNDICATE 623	GB														.23	(21)		.44

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE F - PART 3**

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

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 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 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
AA-1126727..	00000..	LLOYD'S SYNDICATE 727..	GB..		106														172	
AA-1126780..	00000..	LLOYD'S SYNDICATE 780..	GB..		.41														(22)	
AA-1126807..	00000..	LLOYD'S SYNDICATE 807..	GB..															0		
AA-1126990..	00000..	LLOYD'S SYNDICATE 990..	GB..															38		
AA-1126991..	00000..	LLOYD'S SYNDICATE 991..	GB..															9		
AA-1121425..	00000..	MARKEI INTERNATIONAL INSURANCE CO LTD..	GB..															(2)		
AA-3194129..	00000..	MONTPELIER REINSURANCE LIMITED..	BM..		.644													1,308		
AA-1560820..	00000..	TRANSATLANTIC REINSURANCE COMPANY..	CA..															(5)		
AA-1120001..	00000..	ZURICH SPECIALTIES LONDON LTD..	GB..															592		
0899999 - Total Authorized - Other Non-U.S. Insurers					10,055	479	43	7,976	1,667	6,009	548	1,770	0	18,492	906	0	17,586	38		
0999999 - Total Authorized - Total Authorized					48,946	6,545	932	25,082	6,413	28,426	3,141	3,857	0	74,396	6,524	0	67,872	38		
Unauthorized - Other U.S. Unaffiliated Insurers																				
57-0287419..	38520..	BC/BS OF SOUTH CAROLINA..	SC..		31,851	1,643	13											5,687		
53-0078070..	53007..	GROUP HOSPITAL MEDICAL SERVICE, INC..	DC..		.33													1,703		
00-0000000..	11435..	HCI, INC..	VT..		173													483		
95-1060502..	67121..	TRANSAMERICA OCCIDENTAL LIFE INS. CO..	IA..															353		
63-0477090..	81531..	UNITED TRUST INSURANCE COMPANY..	AL..		.42													31		
1499999 - Total Unauthorized - Other U.S. Unaffiliated Insurers					32,099	1,643	13	22	0	5,967	3	896	0	8,544	5,817	0	2,727	31		
Unauthorized - Other non-U.S. Insurers																				
AA-3190795..	00000..	AMERICAN SAFETY REINSURANCE LIMITED..	BM..		.444													498		
AA-1460040..	00000..	AGA INTERNATIONAL S.A..	FR..		59,438													6,038		
AA-0000000..	00000..	AMERIHEALTH ASSURANCE, LTD..	BM..		.149													145		
AA-3190874..	00000..	AMLIN BERMUDA..	BM..		.9													(28)		
AA-3194161..	00000..	CATLIN INSURANCE COMPANY LTD..	BM..		.267													350		
AA-3190551..	00000..	GOSHAWE REINSURANCE LIMITED..	BM..															14		
AA-0000000..	00000..	HTH RE, LTD..	BM..		.8,529													2,970		
AA-3190958..	00000..	JRG REINSURANCE COMPANY LTD..	BM..		.270													1,069		
AA-3190744..	00000..	PACIFIC LIGHTHOUSE REINSURANCE LIMITED..	BM..		.5,663													256		
AA-1440076..	00000..	SIRIUS INTERNATIONAL INSURANCE CORP..	SE..		.275													252		
AA-1121366..	00000..	SPHERE DRAKE INSURANCE LIMITED..	GB..															(3)		
AA-3190150..	00000..	TATE & LYLE RE INSURANCE LIMITED..	BM..		.35													.26		
1799999 - Total Unauthorized - Other Non-U.S. Insurers					74,769	324	0	1,140	57	12,410	169	2,938	0	17,038	5,451	0	11,587	0		
1899999 - Total Unauthorized - Total Unauthorized					106,868	1,967	13	1,162	57	18,377	172	3,834	0	25,582	11,268	0	14,314	31		
1999999 - Total Authorized and Unauthorized					155,814	8,512	945	26,244	6,470	46,803	3,313	7,691	0	99,978	17,792	0	82,186	69		
9999999 Totals					155,814	8,512	945	26,244	6,470	46,803	3,313	7,691	0	99,978	17,792	0	82,186	69		

NOTE: 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 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1. AGA INTERNATIONAL S.A..	.33,740	59,438
2. BC/BS OF SOUTH CAROLINA..	.31,190	31,851
3. 4 EVER LIFE INSURANCE COMPANY..	.13,000	17,749
4. HTH RE, LTD..	.37,630	.8,529
5. RGA REINSURANCE COMPANY..	.44,950	2,816

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. PLANS LIABILITY INSURANCE COMPANY..	26,244	.2,920	Yes [ X ] No [ ]
2. AGA INTERNATIONAL S.A..	9,380	59,438	Yes [ ] No [ X ]
3. 4 EVER LIFE INSURANCE COMPANY..	9,336	18,133	Yes [ X ] No [ ]
4. BC/BS OF SOUTH CAROLINA..	7,390	31,851	Yes [ ] No [ X ]
5. HTH RE, LTD..	4,611	.8,529	Yes [ ] No [ X ]

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE F - PART 4**

**Aging of Ceded Reinsurance as of December 31, Current Year (000 OMITTED)**

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11	
				Overdue					11 Total Due Cols. 5 + 10			
				5 Current	6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			
<b>Authorized - Affiliates - U.S. Non-Pool</b>												
36-2149353.	.80985.	4 EVER LIFE INSURANCE COMPANY	.IL.	2,047	0	0	0	0	0	2,047	0.0	0.0
36-3503382.	.26794.	PLANS LIABILITY INSURANCE COMPANY	.OH.	1,514	0	0	0	0	0	1,514	0.0	0.0
<b>0299999 - Total Authorized - Affiliates - U.S. Non-Pool</b>				3,561	0	0	0	0	0	3,561	0.0	0.0
<b>0499999 - Total Authorized - Affiliates</b>				3,561	0	0	0	0	0	3,561	0.0	0.0
<b>Authorized - Other U.S. Unaffiliated Insurers</b>												
06-1022232.	.24899.	ALEA NORTH AMERICAN INSURANCE COMPANY	.NY.	0	0	0	0	20	20	.20	100.0	100.0
36-2136262.	.62146.	COMBINED INSURANCE CO. OF AMERICA	.IL.	0	0	0	0	.682	.682	.682	100.0	100.0
35-2293075.	.11551.	ENDURANCE REINSURANCE CORP OF AMERICA	.DE.	6	0	0	0	0	0	6	0.0	0.0
06-1325038.	.30730.	FINIAL REINSURANCE COMPANY	.CT.	0	0	0	0	.374	.374	.374	100.0	100.0
13-6108721.	.26433.	HARCO NATIONAL INSURANCE COMPANY	.IL.	60	0	0	0	0	0	.60	0.0	0.0
36-1410470.	.22977.	LUMBERMENS MUTUAL CASUALTY COMPANY	.IL.	0	0	0	0	.140	.140	.140	100.0	100.0
47-0698507.	.23680.	ODYSSEY AMERICA RE CORPORATION	.CT.	7	(2)	7	0	0	5	.12	41.7	0.0
13-3031176.	.38636.	PARTNER REINSURANCE CO. OF THE US	.NY.	2	0	0	0	0	0	2	0.0	0.0
23-1641984.	.10219.	QBE REINSURANCE CORPORATION	.PA.	.674	161	0	0	0	161	.835	19.3	0.0
41-0451140.	.67105.	RELIASTAR LIFE INSURANCE COMPANY	.MN.	1	0	0	0	0	0	1	0.0	0.0
43-1235868.	.93572.	RGA REINSURANCE COMPANY	.MO.	.619	101	0	0	0	101	.720	14.0	0.0
13-2918573.	.42439.	THE TOA REINSURANCE CO. OF AMERICA	.DE.	.84	0	0	0	0	0	.84	0.0	0.0
13-5616275.	.19453.	TRANSATLANTIC REINSURANCE COMPANY	.NY.	.266	.65	134	0	0	199	.465	42.8	0.0
48-0921045.	.39845.	WESTPORT INSURANCE COMPANY	.MO.	(7)	0	0	0	0	0	(7)	0.0	0.0
<b>0599999 - Total Authorized - Other U.S. Unaffiliated Insurers</b>				1,712	325	141	0	1,216	1,682	3,394	49.6	35.8
<b>Authorized - Other Non-U.S. Insurers</b>												
AA-1120337.	.00000.	ASPEN INSURANCE UK LTD	.GB.	.9	0	0	0	0	0	.9	0.0	0.0
AA-1120355.	.00000.	CX REINSURANCE COMPANY LIMITED	.GB.	0	0	0	0	.479	.479	.479	100.0	100.0
AA-1340125.	.00000.	HANNOVER RUECKVERSICHERUNG AG	.GE.	.5	0	0	0	0	0	.5	0.0	0.0
AA-1126510.	.00000.	LLOYD'S SYNDICATE 510	.GB.	.9	0	0	0	0	0	.9	0.0	0.0
AA-1127084.	.00000.	LLOYD'S SYNDICATE 1084	.GB.	.2	0	0	0	0	0	.2	0.0	0.0
AA-1128000.	.00000.	LLOYD'S SYNDICATE 2000	.GB.	.5	0	0	0	0	0	.5	0.0	0.0
AA-1128001.	.00000.	LLOYD'S SYNDICATE 2001	.GB.	.2	0	0	0	0	0	.2	0.0	0.0
AA-1128020.	.00000.	LLOYD'S SYNDICATE 2020	.GB.	.1	0	0	0	0	0	.1	0.0	0.0
AA-1128791.	.00000.	LLOYD'S SYNDICATE 2791	.GB.	.5	0	0	0	0	0	.5	0.0	0.0
AA-1126435.	.00000.	LLOYD'S SYNDICATE 435	.GB.	.5	0	0	0	0	0	.5	0.0	0.0
<b>0899999 - Total Authorized - Other Non-U.S. Insurers</b>				43	0	0	0	479	479	522	91.8	91.8
<b>0999999 - Total Authorized - Total Authorized</b>				5,316	325	141	0	1,695	2,161	7,477	28.9	22.7
<b>Unauthorized - Other Non-U.S. Unaffiliated Insurers</b>												
57-0287419.	.38520.	BC/BS OF SOUTH CAROLINA	.SC.	1,656	0	0	0	0	0	1,656	0.0	0.0
<b>1499999 - Total Unauthorized - Other U.S. Unaffiliated Insurers</b>				1,656	0	0	0	0	0	1,656	0.0	0.0
<b>Unauthorized - Other Non-U.S. Insurers</b>												
AA-3190551.	.00000.	GOSHAWK REINSURANCE LIMITED	.BM.	0	0	0	0	.14	.14	.14	100.0	100.0
AA-1440076.	.00000.	SIRIUS INTERNATIONAL INSURANCE CORP	.SE.	0	0	0	0	.275	.275	.275	100.0	100.0
AA-3190150.	.00000.	TATE & LYLE REINSURANCE LIMITED	.BM.	0	0	0	0	.35	.35	.35	100.0	100.0
<b>1799999 - Total Unauthorized - Other Non-U.S. Insurers</b>				0	0	0	0	324	324	324	100.0	100.0
<b>1899999 - Total Unauthorized - Total Unauthorized</b>				1,656	0	0	0	324	324	1,980	16.4	16.4
<b>1999999 - Total Authorized and Unauthorized</b>				6,972	325	141	0	2,019	2,485	9,457	26.3	21.3
<b>9999999 Totals</b>				6,972	325	141	0	2,019	2,485	9,457	26.3	21.3

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**SCHEDULE F - PART 5**

**Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)**

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable All Items Schedule F Part 3, Col. 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)		11 Ceded Balances Payable	12 Miscellaneous Balances	13 Other Allowed Offset Items	14 Cols. 6+7+11+ 12+13 but not in excess of Col. 5	15 Subtotal Col. 5 minus Col. 14	16 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	17 20% of Amount in Col. 16	18 Smaller of Col. 14 or Col. 17	19 Smaller of Col. 14 or 20% of Amount in Dispute Included in Col. 5	20 Total Provision for Unauthorized Reinsurance Smaller of Col. 5 or Col. 15 + 18 + 19	
							8 American Bankers Association (ABA) Routing Number	9 Letter of Credit Code											
Other U.S. Unaffiliated Insurers																			
57-0287419	38520	BC/BS OF SOUTH CAROLINA GROUP HOSPITAL MEDICAL SERVICE, INC.	SC	7,390		1,550	011001234	2	BANK OF NEW YORK MELLON	5,687			7,237	153	0	0	0	153	
53-0078070	53007		DC	483		1,000	011001234	2	BANK OF NEW YORK MELLON	0			483	0	0	0	0	0	
00-0000000	00000	HCI, INC	VT	476		238	011001234	2	BANK OF NEW YORK MELLON	123			361	115	0	0	0	115	
95-1060502	67121	TRANSAMERICA OCCIDENTAL LIFE INS. CO.	IA	31		253	062000019	1	REGIONS BANK	7			0	0	0	0	0	0	
63-0477090	81531	UNITED TRUST INSURANCE COMPANY	AL	195									195	0	0	0	0	0	
0599999 - Total Other U.S. Unaffiliated Insurers				8,544	31	3,041	XXX	XXX	XXX	5,817	0	0	8,276	268	0	0	0	268	
Other Non-U.S. Insurers																			
AA-1460040	00000	AGA INTERNATIONAL S.A.	FR	9,380		9,500	026009179	1	CREDIT SUISSE	3,342			9,380	0	0	0	0	0	
AA-3190795	00000	AMERICAN SAFETY RE INSURANCE LIMITED	BM	632		572	072000096	1	COMERICA BANK OF NEW YORK MELLON	134			632	0	0	0	0	0	
AA-0000000	00000	AMERIHEALTH ASSURANCE, LTD.	BM	145		112	011001234	2		0			112	33	0	0	0	33	
AA-3190874	00000	AML IN BERMUDA	BM	6						34			6	0	0	0	0	0	
AA-3194161	00000	CATLIN INSURANCE COMPANY LTD.	BM	398		415	021000089	1	CITIBANK	48			398	0	0	0	0	0	
AA-3190551	00000	GOSHAWK REINSURANCE LIMITED	BM	14						0			0	14	14	3	0	14	
AA-0000000	00000	HTH RE, LTD.	BM	4,611		2,971	011001234	2	BANK OF NEW YORK MELLON	1,641			4,611	0	0	0	0	0	
AA-3190958	00000	JRG REINSURANCE COMPANY LTD.	BM	942		750	072000096	1	COMERICA BANK OF NEW YORK MELLON	(127)			623	319	0	0	0	319	
AA-3190744	00000	PACIFIC LIGHTHOUSE RE INSURANCE LIMITED	BM	600		900	021000018	1		344			600	0	0	0	0	0	
AA-1440076	00000	SIRIUS INTERNATIONAL INSURANCE CORP.	SE	275						23			23	252	275	55	23	275	
AA-1121366	00000	SPHERE DRAKE INSURANCE LIMITED	GB	0		54	021000089	1	CITIBANK	3			0	0	0	0	0	0	
AA-3190150	00000	TATE & LYLE	BM	35						9			9	26	35	7	7	33	
0899999 - Total Other Non-U.S. Insurers				17,038	0	15,274	XXX	XXX	XXX	5,451	0	0	16,394	644	324	65	30	0	674
0999999 - Total Affiliates and Others				25,582	31	18,315	XXX	XXX	XXX	11,268	0	0	24,670	912	324	65	30	0	942
9999999 Totals																			
1. Amounts in dispute totaling \$ _____ are included in Column 5.																			
2. Amounts in dispute totaling \$ _____ are excluded from Column 16.																			

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

(a)	Code American Bankers Association (ABA) Routing Number	Bank Name

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE F - PART 6**

**Provision for Overdue Authorized Reinsurance as of December 31, Current Year**

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable on Paid Losses and LAE More Than 90 Days Overdue (a)	5 Total Reinsurance Recoverable on Paid Losses and Paid LAE (b)	6 Amounts Received Prior 90 Days	7 Col. 4 divided by (Cols. 5 + 6)	8 Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7	9 Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7	10 20% of Amount in Col. 9	11 Amount Reported in Col. 8 x 20% + Col. 10
Provision for Overdue Reinsurance										
06-1022232	24899	ALEA NORTH AMERICAN INSURANCE COMPANY	20,000	20,000		.100,000	.0	.0	.0	.0
36-2136262	62146	COMBINED INSURANCE CO. OF AMERICA	682,000	682,000		.100,000	.0	.0	.0	.0
06-1325038	30730	FINIAL REINSURANCE COMPANY	374,000	374,000		.100,000	.0	.0	.0	.0
36-1410470	22977	LUMBERMENS MUTUAL CASUALTY COMPANY	140,000	140,000		.100,000	.0	.0	.0	.0
AA-1120355	.00000	CX REINSURANCE COMPANY LIMITED	479,000	479,000		.100,000	.0	.0	.0	.0
9999999 Totals										
			1,695,000	1,695,000	0	XXX	0	0	0	0

(a) From Schedule F - Part 4 Columns 8 + 9, total authorized, less \$ ..... in dispute.

(b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$ ..... in dispute.

## ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## **SCHEDULE F - PART 7**

**Provision for Overdue Reinsurance as of December 31, Current Year**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE F - PART 8**

**Restatement of Balance Sheet to Identify Net Credit for Reinsurance**

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	184,791,740		184,791,740
2. Premiums and considerations (Line 15) .....	26,235,469		26,235,469
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	9,456,593	(9,456,593)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....	400,000	(400,000)	0
5. Other assets .....	9,672,611		9,672,611
6. Net amount recoverable from reinsurers .....			0
7. Protected cell assets (Line 27) .....	0	98,976,250	98,976,250
8. Totals (Line 28) .....	230,556,413	89,119,657	319,676,070
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	32,657,622	82,830,000	115,487,622
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	5,289,269		5,289,269
11. Unearned premiums (Line 9) .....	15,363,027	7,691,457	23,054,484
12. Advance premiums (Line 10) .....	0		0
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12) .....	17,791,952		17,791,952
15. Funds held by company under reinsurance treaties (Line 13) .....	68,750		68,750
16. Amounts withheld or retained by company for account of others (Line 14) .....	0		0
17. Provision for reinsurance (Line 16) .....	1,401,800	(1,401,800)	0
18. Other liabilities .....	11,367,580		11,367,580
19. Total liabilities excluding protected cell business (Line 26) .....	83,940,000	89,119,657	173,059,657
20. Protected cell liabilities (Line 27) .....	0		0
21. Surplus as regards policyholders (Line 37) .....	146,616,413	XXX	146,616,413
22. Totals (Line 38) .....	230,556,413	89,119,657	319,676,070

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

If yes, give full explanation:

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit A & H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
<b>PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written .....	102,495,320	XXX	102,495,320	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2. Premiums earned .....	101,042,009	XXX	101,042,009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3. Incurred claims .....	62,227,293	61.6	62,227,293	61.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
4. Cost containment expenses .....	992,291	1.0	992,291	1.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4) .....	63,219,584	62.6	63,219,584	62.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a) .....	19,188,239	19.0	19,188,239	19.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
8. Other general insurance expenses .....	12,285,391	12.2	12,285,391	12.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
9. Taxes, licenses and fees .....	4,907,804	4.9	4,907,804	4.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
10. Total other expenses incurred .....	36,381,434	36.0	36,381,434	36.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .....	1,440,991	1.4	1,440,991	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds .....	1,440,991	1.4	1,440,991	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>DETAILS OF WRITE-INS</b>																		
1101. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1102. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1103. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes \$ .....0 reported as "Contract, membership and other fees retained by agents."

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1 Total	2 Group Accident and Health	3 Credit A&H (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2 - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums	.7,217,751	7,217,751							
2. Advance premiums	0	0							
3. Reserve for rate credits	2,575,271	2,575,271							
4. Total premium reserves, current year	9,793,022	9,793,022	0	0	0	0	0	0	0
5. Total premium reserves, prior year	8,339,711	8,339,711	0	0	0	0	0	0	0
6. Increase in total premium reserves	1,453,311	1,453,311	0	0	0	0	0	0	0

B. Contract Reserves:									
1. Additional reserves (a)	0								
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	24,908,525	24,908,525							
2. Total prior year	25,716,091	25,716,091	0	0	0	0	0	0	0
3. Increase	(807,566)	(807,566)	0	0	0	0	0	0	0

<b>PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	17,229,140	17,229,140							
1.2 On claims incurred during current year	45,805,719	45,805,719							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	1,678,263	1,678,263							
2.2 On claims incurred during current year	23,230,262	23,230,262							
3. Test:									
3.1 Lines 1.1 and 2.1	18,907,403	18,907,403	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31 prior year	25,716,092	25,716,092	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	(6,808,689)	(6,808,689)	0	0	0	0	0	0	0

<b>PART 4 - REINSURANCE</b>									
A. Reinsurance Assumed:									
1. Premiums written	18,620,207	18,620,207							
2. Premiums earned	16,798,750	16,798,750							
3. Incurred claims	.9,103,032	9,103,032							
4. Commissions	1,547,418	1,547,418							
B. Reinsurance Ceded:									
1. Premiums written	117,596,849	117,596,849							
2. Premiums earned	114,595,112	114,595,112							
3. Incurred claims	71,950,133	71,950,133							
4. Commissions	36,692,993	36,692,993							

(a) Includes \$ ..... premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	<b>1 Medical</b>	<b>2 Dental</b>	<b>3 Other</b>	<b>4 Total</b>
<b>A. Direct:</b>				
1. Incurred Claims.....	121,281,923	3,402,535	389,935	125,074,393
2. Beginning Claim Reserves and Liabilities.....	37,556,016	678,020	1,160,191	39,394,227
3. Ending Claim Reserves and Liabilities.....	42,777,690	655,159	1,081,272	44,514,121
4. Claims Paid.....	116,060,249	3,425,396	468,854	119,954,499
<b>B. Assumed Reinsurance:</b>				
5. Incurred Claims.....	9,103,032	0	0	9,103,032
6. Beginning Claim Reserves and Liabilities.....	15,191,456	0	67,958	15,259,414
7. Ending Claim Reserves and Liabilities.....	10,053,739	0	67,958	10,121,697
8. Claims Paid.....	14,240,749	0	0	14,240,749
<b>C. Ceded Reinsurance:</b>				
9. Incurred Claims.....	70,749,492	1,012,577	188,064	71,950,133
10. Beginning Claim Reserves and Liabilities.....	28,057,789	199,216	680,544	28,937,549
11. Ending Claim Reserves and Liabilities.....	28,876,560	193,989	656,745	29,727,294
12. Claims Paid.....	69,930,721	1,017,804	211,863	71,160,388
<b>D. Net:</b>				
13. Incurred Claims.....	59,635,463	2,389,958	201,871	62,227,292
14. Beginning Claim Reserves and Liabilities.....	24,689,683	478,804	547,605	25,716,092
15. Ending Claim Reserves and Liabilities.....	23,954,869	461,170	492,485	24,908,524
16. Claims Paid.....	60,370,277	2,407,592	256,991	63,034,860
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred Claims and Cost Containment Expenses.....	60,627,754	2,389,958	201,871	63,219,583
18. Beginning Reserves and Liabilities.....	24,984,002	478,804	547,605	26,010,411
19. Ending Reserves and Liabilities.....	24,212,493	461,170	492,485	25,166,148
20. Paid Claims and Cost Containment Expenses.....	61,399,263	2,407,592	256,991	64,063,846

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

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Schedule P - Part 1A - Home/Farm

**NONE**

Schedule P - Part 1B - Private Passenger

**NONE**

Schedule P - Part 1C - Comm Auto/Truck

**NONE**

Schedule P - Part 1D - Workers' Comp

**NONE**

Schedule P - Part 1E - Comm Multi Peril

**NONE**

Schedule P - Part 1F - Med Pro Liab Occ

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL  
LIABILITY - CLAIMS-MADE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(2)	0	0	0	0	0	0	0	(2)	XXX
2. 2002	1,567	441	1,126	973	405	104	.54	12	0	0	0	630	4
3. 2003	3,143	1,953	1,190	2,303	992	665	179	6	0	0	0	1,803	5
4. 2004	0	812	(812)	0	0	0	0	0	0	0	0	0	1
5. 2005	585	226	358	0	0	4	0	0	0	0	0	4	0
6. 2006	311	597	(286)	0	0	0	0	0	0	0	0	0	0
7. 2007	518	572	(54)	0	0	0	0	0	0	0	0	0	0
8. 2008	477	632	(155)	0	0	0	0	0	0	0	0	0	0
9. 2009	420	420	0	0	0	0	0	0	0	0	0	0	0
10. 2010	366	366	0	0	0	0	0	0	0	0	0	0	0
11. 2011	331	331	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	3,274	1,397	773	232	18	0	0	2,435	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	.27	0	137	0	0	0	.28	0	0	0	0	191	0
2.	0	0	1	0	0	0	0	0	0	0	0	1	0
3.	0	0	1	0	0	0	0	0	0	0	0	1	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	.21	.21	0	0	0	0	0	0	0	0	0
7.	0	0	.22	.22	0	0	0	0	0	0	0	0	0
8.	0	0	.16	.16	0	0	0	0	0	0	0	0	0
9.	0	0	151	151	0	0	0	0	0	0	0	0	0
10.	0	0	111	111	0	0	0	0	0	0	0	0	0
11.	0	0	149	149	0	0	0	0	0	0	0	0	0
12.	27	0	608	469	0	0	28	0	0	0	0	194	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	164	28
2.	1,090	459	.631	69.5	104.0	.56.0	0	0	0	0	0
3.	2,975	1,171	1,804	94.7	.60.0	.151.6	0	0	0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0	0	0
5.	4	0	4	0.7	0.0	1.1	0	0	0	0	0
6.	21	21	0	6.7	.3.5	0.0	0	0	0	0	0
7.	22	22	0	4.2	.3.8	0.0	0	0	0	0	0
8.	16	.16	0	3.3	.2.5	0.0	0	0	0	0	0
9.	151	151	0	35.9	35.9	0.0	0	0	0	0	0
10.	111	111	0	30.4	30.4	0.0	0	0	0	0	0
11.	149	149	0	45.0	45.0	0.0	0	0	0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	166	28

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				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	0	
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2003	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2004	0	0	0	0	0	0	0	0	0	0	0	0	
5. 2005	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2006	0	0	0	0	0	0	0	0	0	0	0	0	
7. 2007	0	0	0	0	0	0	0	0	0	0	0	0	
8. 2008	0	0	0	0	0	0	0	0	0	0	0	0	
9. 2009	0	0	0	0	0	0	0	0	0	0	0	0	
10. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
11. 2011	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 Salvage and Subrogation	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				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. 2002	19,865	18,824	1,041	10,864	10,108	1,022	1,017	344	282	0	822	9,404	
3. 2003	13,443	12,678	.765	6,500	6,200	.540	.482	159	.127	0	389	.789	
4. 2004	10,387	10,240	.147	5,808	5,734	0	0	111	.115	0	.70	.470	
5. 2005	10,577	10,570	.7	9,422	9,422	0	0	15	.14	0	.1	1,102	
6. 2006	10,268	10,268	0	9,252	9,252	0	0	.1	0	0	.1	.333	
7. 2007	1,539	1,539	0	122	122	0	0	.1	0	0	1	1	
8. 2008	0	.0	0	0	0	.2	.1	.1	0	0	1	0	
9. 2009	0	.0	0	0	0	.2	.2	.2	0	0	2	0	
10. 2010	0	.0	0	0	0	0	0	0	0	0	0	0	
11. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
12. Totals	XXX	XXX	XXX	41,967	40,838	1,565	1,502	633	539	0	1,287	XXX	

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	.0	XXX	0	0
2.	12,230	11,408	.822	.61.6	.60.6	.79.0	0	.0	.0	0	0
3.	7,198	6,809	.389	.53.5	.53.7	.50.9	0	.0	.0	0	0
4.	5,919	5,849	.70	.57.0	.57.1	.47.5	0	.0	.0	0	0
5.	9,437	9,436	.1	.89.2	.89.3	.10.5	0	.0	.0	0	0
6.	9,253	9,252	.1	.90.1	.90.1	.0.0	0	.0	.0	0	0
7.	.122	.122	.1	.8.0	.7.9	.0.0	0	.0	.0	0	0
8.	.2	.1	.1	(3,002.4)	(1,227.7)	.0.0	0	.0	.0	0	0
9.	.3	.2	.2	.0.0	.0.0	.0.0	0	.0	.0	0	0
10.	.0	.0	.0	.0.0	.0.0	.0.0	0	.0	.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	178	178	13	13	0	0	0	0	XXX	
2. 2002	33,617	33,348	.269	14,140	13,913	3,267	3,247	364	.345	0	266	283	
3. 2003	37,499	37,230	.269	20,370	20,144	4,632	4,620	467	.449	0	255	583	
4. 2004	41,480	40,936	.544	3,060	3,014	417	383	754	.754	0	.81	339	
5. 2005	43,204	42,281	.923	7,574	6,480	1,889	1,674	1,407	1,110	0	1,606	162	
6. 2006	38,490	37,420	1,070	14,742	14,643	1,934	1,816	923	.903	0	237	215	
7. 2007	32,443	30,931	1,511	2,310	2,200	1,124	1,005	1,219	1,091	0	357	173	
8. 2008	23,168	20,735	2,432	1,394	906	1,248	1,018	1,107	.794	0	1,031	244	
9. 2009	23,366	20,846	2,520	.677	444	.451	.353	.869	.713	0	486	254	
10. 2010	24,533	20,352	4,181	.427	255	.501	.253	.759	.552	0	626	205	
11. 2011	27,813	18,739	9,074	64	32	367	58	574	352	0	563	281	
12. Totals	XXX	XXX	XXX	64,937	62,209	15,843	14,442	8,444	7,064	0	5,508	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	1,485	.1,485	0	0	.58	.58	0	0	0	0	0	0	8
2.	1,345	1,345	.43	.43	90	.90	.43	.43	0	0	0	0	20
3.	2,740	2,740	.51	.51	4,449	4,449	.51	.51	0	0	0	0	100
4.	391	380	.20	.20	193	188	.20	.20	0	0	0	0	8
5.	565	565	0	0	.52	.52	0	0	0	0	0	0	13
6.	2,480	2,480	500	500	156	156	0	0	0	0	0	0	17
7.	804	804	2,813	2,809	.62	.61	11	.8	.6	.5	0	.8	11
8.	2,632	2,580	2,513	2,509	335	332	11	.7	146	138	0	72	22
9.	1,725	1,596	2,335	2,291	125	117	311	275	260	255	0	223	35
10.	11,445	10,967	1,783	1,832	890	620	677	594	553	433	0	903	129
11.	2,102	978	5,717	4,821	1,389	108	1,299	936	1,000	503	0	4,161	267
12.	27,712	25,919	15,776	14,877	7,799	6,230	2,424	1,934	1,965	1,334	0	5,383	630

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	XXX	XXX	XXX
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	19,293	19,027	.266	.57.4	.57.1	.98.7	0	0	0.0	0	0
3.	32,760	32,505	.255	.87.4	.87.3	.94.9	0	0	0.0	0	0
4.	4,856	4,759	.97	.11.7	.11.6	.17.9	0	0	0.0	.11	.5
5.	11,487	9,881	1,606	.26.6	.23.4	.174.1	0	0	0.0	0	0
6.	20,735	20,498	.237	.53.9	.54.8	.22.2	0	0	0.0	0	0
7.	8,349	7,984	.365	.25.7	.25.8	.24.2	0	0	0.0	3	.5
8.	9,386	8,283	1,103	.40.5	.39.9	.45.3	0	0	0.0	.57	.15
9.	6,753	6,044	.708	.28.9	.29.0	.28.1	0	0	0.0	173	.50
10.	17,036	15,506	1,530	.69.4	.76.2	.36.6	0	0	0.0	429	.474
11.	12,513	7,788	4,724	.45.0	.41.6	.52.1	0	0	0.0	2,019	2,142
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	2,693	2,691

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P-PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES,  
INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	17	17	0	0	0	0	0	0	XXX	
2. 2010	14,675	14,675	0	4,793	4,793	7	7	0	0	0	0	XXX	
3. 2011	19,170	19,170	0	4,758	4,758	0	0	0	0	0	0	XXX	
4. Totals	XXX	XXX	XXX	9,568	9,568	7	7	0	0	0	0	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed	
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22				
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded				
1.	0	0	12	12	0	0	0	0	0	0	0	0	0	4
2.	0	0	115	115	0	0	0	0	0	0	0	0	0	42
3.	0	0	1,814	1,814	0	0	25	25	0	0	0	0	0	663
4.	0	0	1,941	1,941	0	0	25	25	0	0	0	0	0	709

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)				Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid	36 Loss Expenses Unpaid		
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0
2.	4,915	4,915	0	33.5	33.5	0.0	0	0	0.0	0	0	0
3.	6,597	6,597	0	34.4	34.4	0.0	0	0	0.0	0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX	
2. 2010	0	0	0	0	0	0	0	0	0	0	0	0	
3. 2011	0	0	0	0	0	0	0	0	0	0	0	0	
4. 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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P-PART 1K - FIDELITY/SURETY**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(1)	0	0	0	0	0	(1)	(1)	XXX	
2. 2010	188	188	0	0	0	0	0	0	0	0	0	XXX	
3. 2011	181	181	0	0	0	0	0	0	0	0	0	XXX	
4. Totals	XXX	XXX	XXX	(1)	0	0	0	0	0	(1)	(1)	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	3	3	0	0	0	0	0	0	1
2.	0	0	23	23	0	0	3	3	0	0	0	0	0
3.	0	0	90	90	0	0	11	11	0	0	0	0	0
4.	0	0	113	113	3	3	14	14	0	0	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	25	25	0	13.5	13.5	0.0	0	0	0.0	0	0
3.	101	101	0	56.0	56.0	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P-PART 1L - OTHER (INCLUDING CREDIT, ACCIDENT AND  
HEALTH)**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 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)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	1,017	526	67	62	12	0	0	508	XXX	
2. 2010	199,002	97,674	101,328	121,236	58,149	2,271	656	1,105	48	0	65,759	XXX	
3. 2011	215,637	114,595	101,042	98,744	52,938	892	304	726	27	0	47,092	XXX	
4. Totals	XXX	XXX	XXX	220,998	111,613	3,229	1,021	1,843	75	0	113,360	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	481	24	445	211	42	0	0	0	33	0	0	766	20
2.	345	115	3,533	2,775	0	0	3	0	142	0	0	1,133	139
3.	246	186	49,585	26,415	128	102	326	140	1,739	0	0	25,182	2,820
4.	1,072	325	53,563	29,402	170	102	330	140	1,915	0	0	27,081	2,979

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)				Nontabular Discount		34 Inter- Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid		35 Losses Unpaid	36 Loss Expenses Unpaid
		26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	691	75	
2.	128,636	61,744	66,892	64.6	63.2	66.0	0	0	0.0	987	146	
3.	152,387	80,113	72,274	70.7	69.9	71.5	0	0	0.0	23,230	1,951	
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	24,909	2,172	

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

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Schedule P - Part 1M - International

**NONE**

Schedule P - Part 1N - Reinsurance

**NONE**

Schedule P - Part 1O - Reinsurance

**NONE**

Schedule P - Part 1P - Reinsurance

**NONE**

Schedule P - Part 1R - Prod Liab Occur

**NONE**

Schedule P - Part 1R - Prod Liab Claims

**NONE**

Schedule P - Part 1S-Fin./Mtg. Guaranty

**NONE**

Schedule P - Part 1T - Warranty

**NONE**

Schedule P - Part 2A

**NONE**

Schedule P - Part 2B

**NONE**

Schedule P - Part 2C

**NONE**

Schedule P - Part 2D

**NONE**

Schedule P - Part 2E

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

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

1. Prior	1,693	1,011	980	1,222	1,028	.975	.838	.809	.793	.790	(3)	(19)
2. 2002	748	1,004	848	.687	.655	.640	.621	.620	.619	.619	0	(1)
3. 2003	XXX	1,808	2,662	1,969	1,606	1,711	2,009	1,977	1,863	1,798	(65)	(179)
4. 2004	XXX	XXX	8	8	.45	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	.306	4	4	4	4	4	4	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	(68)	(198)

**SCHEDULE P - PART 2G - SPECIAL LIABILITY  
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

**SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	11	.12	.31	.33	.28	25	23	22	22	22	0	0
2. 2002	684	802	845	791	.772	.767	.769	.768	.767	.760	(6)	(8)
3. 2003	XXX	421	345	331	.387	.394	.402	.357	.357	.357	0	0
4. 2004	XXX	XXX	75	74	74	74	74	74	74	74	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	1	1	1	1	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	(6)	(8)

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

1. Prior	245	.289	.81	.73	104	.74	.26	.26	.26	.26	0	0
2. 2002	445	463	315	.247	292	.265	.247	.247	.247	.247	0	0
3. 2003	XXX	347	104	.270	305	.277	.238	.237	.237	.237	0	0
4. 2004	XXX	XXX	494	.389	.290	.182	.120	.179	.97	.97	0	(82)
5. 2005	XXX	XXX	XXX	.704	.970	2,186	1,394	1,361	1,316	1,309	(7)	(52)
6. 2006	XXX	XXX	XXX	XXX	.315	.244	.173	.234	.225	.217	(9)	(17)
7. 2007	XXX	XXX	XXX	XXX	XXX	.460	.293	.291	.236	.237	1	(54)
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	.1,159	.771	.865	.782	(84)	.10
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.866	.587	.548	(38)	(318)
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,545	1,203	(342)	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,005	XXX	XXX	XXX
										12. Totals	(478)	(512)

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)**

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										4. Totals	0	0

**SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	0	0	0	0	0						
2. 2010	XXX	XXX	XXX	XXX	XX	XXX	XXX	XXX	0	0	0	XXX
3. 2011	XXX	0	XXX	XXX								
										4. Totals	0	0

**SCHEDULE P - PART 2K - FIDELITY, SURETY**

1. Prior	XXX	0	(3)	(4)	(1)	(4)						
2. 2010	XXX	0	0	0	XXX							
3. 2011	XXX	0	XXX	XXX								
										4. Totals	(1)	(4)

**SCHEDULE P - PART 2L - OTHER  
(INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	33,058	30,272	27,881	(2,392)	(5,177)						
2. 2010	XXX	69,917	65,693	(4,225)	XXX							
3. 2011	XXX	69,836	XXX	XXX								
										4. Totals	(6,616)	(5,177)

**SCHEDULE P - PART 2M - INTERNATIONAL**

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
										12. Totals	0	0

Schedule P - Part 2N

**NONE**

Schedule P - Part 2O

**NONE**

Schedule P - Part 2P

**NONE**

Schedule P - Part 2R - Prod Liab Occur

**NONE**

Schedule P - Part 2R - Prod Liab Claims

**NONE**

Schedule P - Part 2S

**NONE**

Schedule P - Part 2T

**NONE**

Schedule P - Part 3A

**NONE**

Schedule P - Part 3B

**NONE**

Schedule P - Part 3C

**NONE**

Schedule P - Part 3D

**NONE**

Schedule P - Part 3E

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior	000	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	000	229	425	.482	.597	.600	.600	.600	.600	.599	.3	0
2. 2002	.5	282	350	.617	.617	.617	.617	.617	.618	.618	.4	0
3. 2003	XXX	0	158	.464	.834	1,179	1,720	1,797	1,797	1,797	.4	1
4. 2004	XXX	XXX	8	8	.45	0	0	0	0	0	.0	0
5. 2005	XXX	XXX	XXX	4	4	4	4	4	4	4	.0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	.0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	.0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	.0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	.0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	.0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	000	0	0	0	0	0	0	0	0	0	XXX	XXX
2. 2002	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2003	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	000	9	.13	.21	.22	.23	.23	.22	.22	.22	.90	112
2. 2002	582	744	753	.745	.752	.765	.767	.767	.767	.760	8,325	1,079
3. 2003	XXX	199	258	.282	.305	.348	.355	.357	.357	.357	406	383
4. 2004	XXX	XXX	.72	.74	.74	.74	.74	.74	.74	.74	178	.292
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	289	.813
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	170	.163
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	.1	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	1	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0

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

1. Prior	000	0	.36	.29	.29	.29	.26	.26	.26	.26	.40	.424
2. 2002	240	240	245	.245	.247	.247	.247	.247	.247	.247	15	.248
3. 2003	XXX	3	3	4	168	.170	.237	.237	.237	.237	.22	.461
4. 2004	XXX	XXX	.15	.50	.56	.60	.67	.76	.76	.81	.7	.324
5. 2005	XXX	XXX	XXX	.45	.124	.989	.749	.1,273	.1,294	.1,309	.19	.130
6. 2006	XXX	XXX	XXX	XXX	1	.93	.128	.149	.217	.217	.16	.182
7. 2007	XXX	XXX	XXX	XXX	XXX	22	.127	.201	.228	.229	.12	.150
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	.97	.505	.711	.718	.12	.210
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.95	.243	.330	.15	.204
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.27	.420	.8	.68
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.341	6	8

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	0	0	XXX	XXX
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	XXX	.000	0	.0	.0	0						
2. 2010	XXX	0	0	0	0							
3. 2011	XXX	XXX	0	0	0							

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

1. Prior	XXX	.000	(3)	(4)	XXX	XXX						
2. 2010	XXX	.0	.0	XXX	XXX							
3. 2011	XXX	XXX	0	XXX	XXX							

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

1. Prior	XXX	.000	26,651	27,148	XXX	XXX						
2. 2010	XXX	47,528	64,702	XXX	XXX							
3. 2011	XXX	XXX	46,393	XXX	XXX							

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

1. Prior	000	0	0	0	0	0	0	.0	0	.0	XXX	XXX
2. 2002	.0	0	0	0	0	0	0	0	0	0	XXX	XXX
3. 2003	XXX	0	0	0	0	0	0	0	0	0	XXX	XXX
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	XXX	XXX
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	XXX	XXX
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	XXX	XXX
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	XXX	XXX
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX	XXX
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX	XXX
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	XXX
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

Schedule P - Part 3N

**NONE**

Schedule P - Part 3O

**NONE**

Schedule P - Part 3P

**NONE**

Schedule P - Part 3R - Prod Liab Occur

**NONE**

Schedule P - Part 3R - Prod Liab Claims

**NONE**

Schedule P - Part 3S

**NONE**

Schedule P - Part 3T

**NONE**

Schedule P - Part 4A

**NONE**

Schedule P - Part 4B

**NONE**

Schedule P - Part 4C

**NONE**

Schedule P - Part 4D

**NONE**

Schedule P - Part 4E

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**NONE**

**SCHEDULE P - PART 4F - SECTION 2 – MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

1. Prior	1,450	730	494	488	404	348	211	182	166	165
2. 2002	623	505	185	62	30	15	4	3	1	1
3. 2003	XXX	1,637	1,775	1,060	335	187	156	111	66	1
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	302	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4G - SPECIAL LIABILITY  
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

1. Prior	11	0	7	7	0	0	0	0	0	0
2. 2002	50	20	57	19	1	0	0	0	0	0
3. 2003	XXX	174	60	24	7	0	0	0	0	0
4. 2004	XXX	XXX	3	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

1. Prior	0	164	0	0	30	0	0	0	0	0
2. 2002	159	158	0	0	45	18	0	0	0	0
3. 2003	XXX	289	1	0	48	21	1	0	0	0
4. 2004	XXX	XXX	360	201	116	47	32	82	0	0
5. 2005	XXX	XXX	XXX	556	308	99	37	10	0	0
6. 2006	XXX	XXX	XXX	XXX	271	85	23	13	4	0
7. 2007	XXX	XXX	XXX	XXX	XXX	371	107	57	5	6
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	600	135	78	9
9. 2009	XXX	590	178	81						
10. 2010	XXX	1,004	34							
11. 2011	XXX	1,259								

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**SCHEDULE P - PART 4I - SPECIAL PROPERTY  
(FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2002	2 2003	3 2004	4 2005	5 2006	5 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
3. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE**

1. Prior	XXX	0	0	0						
2. 2010	XXX	0	0	0						
3. 2011	XXX	0								

**SCHEDULE P - PART 4K - FIDELITY/SURETY**

1. Prior	XXX	0	0	0						
2. 2010	XXX	0	0	0						
3. 2011	XXX	0								

**SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

1. Prior	XXX	29,532	1,298	234						
2. 2010	XXX	21,991	761							
3. 2011	XXX	XXX	23,356							

**SCHEDULE P - PART 4M - INTERNATIONAL**

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 4N

**NONE**

Schedule P - Part 4O

**NONE**

Schedule P - Part 4P

**NONE**

Schedule P - Part 4R - Prod Liab Occur

**NONE**

Schedule P - Part 4R - Prod Liab Claims

**NONE**

Schedule P - Part 4S

**NONE**

Schedule P - Part 4T - Warranty

**NONE**

Schedule P - Part 5A- SN1

**NONE**

Schedule P - Part 5A- SN2

**NONE**

Schedule P - Part 5A- SN3

**NONE**

Schedule P - Part 5B- SN1

**NONE**

Schedule P - Part 5B- SN2

**NONE**

Schedule P - Part 5B- SN3

**NONE**

Schedule P - Part 5C- SN1

**NONE**

Schedule P - Part 5C- SN2

**NONE**

Schedule P - Part 5C- SN3

**NONE**

Schedule P - Part 5D- SN1

**NONE**

Schedule P - Part 5D- SN2

**NONE**

Schedule P - Part 5D- SN3

**NONE**

Schedule P - Part 5E- SN1

**NONE**

Schedule P - Part 5E- SN2

**NONE**

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Schedule P - Part 5E- SN3

**NONE**

Schedule P - Part 5F- SN1A

**NONE**

Schedule P - Part 5F- SN2A

**NONE**

Schedule P - Part 5F- SN3A

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

**SECTION 1B**

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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	0	0	0	0	0	0	3	0	0	0
2. 2002	1	3	3	4	4	4	4	4	4	4
3. 2003	XXX	0	0	1	3	4	4	4	4	4
4. 2004	XXX	XXX	1	1	1	1	1	1	1	1
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	2	35	4	4	4	0	0	0	0	0
2. 2002	3	21	4	3	3	0	0	0	0	0
3. 2003	XXX	10	7	11	14	4	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	2	33	(31)	0	0	(4)	3	0	0	0
2. 2002	4	24	7	7	7	4	4	4	4	4
3. 2003	XXX	11	8	13	18	9	5	5	5	5
4. 2004	XXX	XXX	1	1	1	1	1	1	1	1
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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**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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	37,003	24	22	0	44	0	0	0	0	0
2. 2002	8,227	8,291	8,299	8,299	8,306	8,319	8,325	8,325	8,325	8,325
3. 2003	XXX	38	49	.49	122	318	406	406	406	406
4. 2004	XXX	XXX	178	178	178	178	178	178	178	178
5. 2005	XXX	XXX	XXX	0	242	289	289	289	289	289
6. 2006	XXX	XXX	XXX	XXX	27	167	170	170	170	170
7. 2007	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	114	34	35	35	39	0	0	0	0	0
2. 2002	124	24	23	23	24	1	0	0	0	0
3. 2003	XXX	56	0	3	9	8	1	0	0	0
4. 2004	XXX	XXX	15	15	15	0	0	0	0	0
5. 2005	XXX	XXX	XXX	20	40	2	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	2	6	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	37,022	(37)	58	0	106	(39)	0	0	0	0
2. 2002	9,340	9,356	9,376	9,376	9,394	9,396	9,404	9,404	9,404	9,404
3. 2003	XXX	146	120	123	296	669	790	789	789	789
4. 2004	XXX	XXX	485	485	485	470	470	470	470	470
5. 2005	XXX	XXX	XXX	480	1,053	1,104	1,102	1,102	1,102	1,102
6. 2006	XXX	XXX	XXX	XXX	64	335	333	333	333	333
7. 2007	XXX	XXX	XXX	XXX	XXX	1	1	1	1	1
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	29	15	3	1	3	6	3	3	4	2
2. 2002	1	1	3	5	6	8	9	11	14	15
3. 2003	XXX	0	3	5	8	9	12	15	21	22
4. 2004	XXX	XXX	0	0	0	2	2	4	4	7
5. 2005	XXX	XXX	XXX	0	5	6	8	10	15	19
6. 2006	XXX	XXX	XXX	XXX	1	2	4	7	12	16
7. 2007	XXX	XXX	XXX	XXX	XXX	0	2	3	8	12
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	1	3	6	12
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	15
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	8
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	416	199	166	75	76	89	37	32	26	8
2. 2002	154	116	91	57	57	51	38	36	34	20
3. 2003	XXX	402	299	127	127	209	138	130	119	100
4. 2004	XXX	XXX	303	46	48	26	22	11	10	8
5. 2005	XXX	XXX	XXX	42	44	93	42	38	30	13
6. 2006	XXX	XXX	XXX	XXX	28	165	71	48	50	17
7. 2007	XXX	XXX	XXX	XXX	XXX	62	45	17	13	11
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	7	51	42	22
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40	48	35
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	122	129
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	267

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011
1. Prior	927	3	32	3	13	26	(35)	11	14	(11)
2. 2002	188	190	254	256	259	257	247	249	260	283
3. 2003	XXX	525	541	543	553	644	579	580	588	583
4. 2004	XXX	XXX	330	330	333	315	312	311	315	339
5. 2005	XXX	XXX	XXX	71	85	141	102	113	132	162
6. 2006	XXX	XXX	XXX	XXX	32	179	121	133	176	215
7. 2007	XXX	XXX	XXX	XXX	XXX	63	56	90	129	173
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	9	119	199	244
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	175	254
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136	205
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	281

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

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Schedule P - Part 5R- SN1A

**NONE**

Schedule P - Part 5R- SN2A

**NONE**

Schedule P - Part 5R- SN3A

**NONE**

Schedule P - Part 5R- SN1B

**NONE**

Schedule P - Part 5R- SN2B

**NONE**

Schedule P - Part 5R- SN3B

**NONE**

Schedule P - Part 5T- SN1

**NONE**

Schedule P - Part 5T- SN2

**NONE**

Schedule P - Part 5T- SN3

**NONE**

Schedule P - Part 6C - SN1

**NONE**

Schedule P - Part 6C - SN2

**NONE**

Schedule P - Part 6D - SN1

**NONE**

Schedule P - Part 6D - SN2

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	19,865	19,865	19,865	19,865	19,865	19,865	19,865	19,865	19,865	19,865	0
3. 2003	XXX	13,443	13,443	13,443	13,443	13,443	13,443	13,443	13,443	13,443	0
4. 2004	XXX	XXX	10,387	10,387	10,387	10,387	10,387	10,387	10,387	10,387	0
5. 2005	XXX	XXX	XXX	10,577	10,577	10,577	10,577	10,577	10,577	10,577	0
6. 2006	XXX	XXX	XXX	XXX	10,268	10,268	10,268	10,268	10,268	10,268	0
7. 2007	XXX	XXX	XXX	XXX	XXX	1,539	1,539	1,539	1,539	1,539	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	19,865	13,443	10,387	10,577	10,268	1,539	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	18,824	18,824	18,824	18,824	18,824	18,824	18,824	18,824	18,824	18,824	0
3. 2003	XXX	12,678	12,678	12,678	12,678	12,678	12,678	12,678	12,678	12,678	0
4. 2004	XXX	XXX	10,240	10,240	10,240	10,240	10,240	10,240	10,240	10,240	0
5. 2005	XXX	XXX	XXX	10,570	10,570	10,570	10,570	10,570	10,570	10,570	0
6. 2006	XXX	XXX	XXX	XXX	10,268	10,268	10,268	10,268	10,268	10,268	0
7. 2007	XXX	XXX	XXX	XXX	XXX	1,539	1,539	1,539	1,539	1,539	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	18,824	12,678	10,240	10,570	10,268	1,539	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	33,617	33,617	33,617	33,617	33,617	33,617	33,617	33,617	33,617	33,617	0
3. 2003	XXX	37,499	37,499	37,499	37,499	37,499	37,499	37,499	37,499	37,499	0
4. 2004	XXX	XXX	41,480	41,480	41,480	41,480	41,480	41,480	41,480	41,480	0
5. 2005	XXX	XXX	XXX	43,204	43,204	43,204	43,204	43,204	43,204	43,204	0
6. 2006	XXX	XXX	XXX	XXX	38,490	38,490	38,490	38,490	38,490	38,490	0
7. 2007	XXX	XXX	XXX	XXX	XXX	32,443	32,443	32,443	32,443	32,443	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	23,168	23,168	23,168	23,168	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23,366	23,366	23,366	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,533	24,533	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,813	27,813
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,813
13. Earned Premiums (Sc P-Pt 1)	33,617	37,499	41,480	43,204	38,490	32,443	23,168	23,366	24,533	27,813	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	33,348	33,348	33,348	33,348	33,348	33,348	33,348	33,348	33,348	33,348	0
3. 2003	XXX	37,230	37,230	37,230	37,230	37,230	37,230	37,230	37,230	37,230	0
4. 2004	XXX	XXX	40,936	40,936	40,936	40,936	40,936	40,936	40,936	40,936	0
5. 2005	XXX	XXX	XXX	42,281	42,281	42,281	42,281	42,281	42,281	42,281	0
6. 2006	XXX	XXX	XXX	XXX	37,420	37,420	37,420	37,420	37,420	37,420	0
7. 2007	XXX	XXX	XXX	XXX	XXX	30,931	30,931	30,931	30,931	30,931	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	20,735	20,735	20,735	20,735	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	20,846	20,846	20,846	20,846	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20,352	20,352	20,352	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,739	18,739	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,739
13. Earned Premiums (Sc P-Pt 1)	33,348	37,230	40,936	42,281	37,420	30,931	20,735	20,846	20,352	18,739	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	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 2002	2 2003	3 2004	4 2005	5 2006	6 2007	7 2008	8 2009	9 2010	10 2011	
1. Prior	0	0	0	0	0	0	0	0	0	0	0
2. 2002	0	0	0	0	0	0	0	0	0	0	0
3. 2003	XXX	0	0	0	0	0	0	0	0	0	0
4. 2004	XXX	XXX	0	0	0	0	0	0	0	0	0
5. 2005	XXX	XXX	XXX	0	0	0	0	0	0	0	0
6. 2006	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
7. 2007	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
8. 2008	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2009	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
11. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

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Schedule P - Part 6N - SN1

**NONE**

Schedule P - Part 6N - SN2

**NONE**

Schedule P - Part 6O - SN1

**NONE**

Schedule P - Part 6O - SN2

**NONE**

Schedule P - Part 6R - SN1A

**NONE**

Schedule P - Part 6R - SN2A

**NONE**

Schedule P - Part 6R - SN1B

**NONE**

Schedule P - Part 6R - SN2B

**NONE**

Schedule P - Part 7A - Section 1

**NONE**

Schedule P - Part 7A - Section 2

**NONE**

Schedule P - Part 7A - Section 3

**NONE**

Schedule P - Part 7A - Section 4

**NONE**

Schedule P - Part 7A - Section 5

**NONE**

Schedule P - Part 7B - Section 1

**NONE**

Schedule P - Part 7B - Section 2

**NONE**

Schedule P - Part 7B - Section 3

**NONE**

Schedule P - Part 7B - Section 4

**NONE**

Schedule P - Part 7B - Section 5

**NONE**

Schedule P - Part 7B - Section 6

**NONE**

Schedule P - Part 7B - Section 7

**NONE**

# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## 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

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)? \$ ..... 313,300

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 2002.....	0	0
1.603 2003.....	0	0
1.604 2004.....	0	0
1.605 2005.....	0	0
1.606 2006.....	0	0
1.607 2007.....	0	0
1.608 2008.....	0	0
1.609 2009.....	0	0
1.610 2010.....	0	0
1.611 2011.....	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  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  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

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums in force at the end of the year for: (in thousands of dollars) 5.1 Fidelity \$ ..... 0  
5.2 Surety \$ ..... 0

6. Claim count information is reported per claim or per claimant. (indicate which)..... CLAIM  
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  No

7.2 An extended statement may be attached.  
Adjusting and other expenses paid that represent internal claims department costs are allocated based on the distribution of paid loss activity. Adjusting and other expense reserves are allocated based on the distribution of outstanding loss reserves.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE T – PART 2**  
**INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL .....	0	0	0	0	0
2. Alaska .....	AK .....	0	0	0	0	0
3. Arizona .....	AZ .....	0	0	0	0	0
4. Arkansas .....	AR .....	0	0	0	0	0
5. California .....	CA .....	0	0	0	0	0
6. Colorado .....	CO .....	0	0	0	0	0
7. Connecticut .....	CT .....	0	0	1,138	0	1,138
8. Delaware .....	DE .....	0	0	0	0	0
9. District of Columbia .....	DC .....	0	0	364	0	364
10. Florida .....	FL .....	0	0	2,710	0	2,710
11. Georgia .....	GA .....	0	0	232	0	232
12. Hawaii .....	HI .....	0	0	0	0	0
13. Idaho .....	ID .....	0	0	0	0	0
14. Illinois .....	IL .....	0	0	42,422	0	42,422
15. Indiana .....	JN .....	0	0	0	0	0
16. Iowa .....	JA .....	0	0	0	0	0
17. Kansas .....	KS .....	0	0	0	0	0
18. Kentucky .....	KY .....	0	0	0	0	0
19. Louisiana .....	LA .....	0	0	0	0	0
20. Maine .....	ME .....	0	0	193	0	193
21. Maryland .....	MD .....	0	0	1,175	0	1,175
22. Massachusetts .....	MA .....	0	0	2,108	0	2,108
23. Michigan .....	MI .....	0	0	169	0	169
24. Minnesota .....	MN .....	0	0	1,262	0	1,262
25. Mississippi .....	MS .....	0	0	0	0	0
26. Missouri .....	MO .....	0	0	31	0	31
27. Montana .....	MT .....	0	0	0	0	0
28. Nebraska .....	NE .....	0	0	0	0	0
29. Nevada .....	NV .....	0	0	0	0	0
30. New Hampshire .....	NH .....	0	0	0	0	0
31. New Jersey .....	NJ .....	0	0	5,309	0	5,309
32. New Mexico .....	NM .....	0	0	0	0	0
33. New York .....	NY .....	0	0	0	0	0
34. North Carolina .....	NC .....	0	0	0	0	0
35. North Dakota .....	ND .....	0	0	0	0	0
36. Ohio .....	OH .....	0	0	0	0	0
37. Oklahoma .....	OK .....	0	0	0	0	0
38. Oregon .....	OR .....	0	0	0	0	0
39. Pennsylvania .....	PA .....	0	0	4,126	0	4,126
40. Rhode Island .....	RI .....	0	0	0	0	0
41. South Carolina .....	SC .....	0	0	1,454	0	1,454
42. South Dakota .....	SD .....	0	0	0	0	0
43. Tennessee .....	TN .....	0	0	0	0	0
44. Texas .....	TX .....	0	0	280	0	280
45. Utah .....	UT .....	0	0	0	0	0
46. Vermont .....	VT .....	0	0	0	0	0
47. Virginia .....	VA .....	0	0	0	0	0
48. Washington .....	WA .....	0	0	0	0	0
49. West Virginia .....	WV .....	0	0	0	0	0
50. Wisconsin .....	WI .....	0	0	0	0	0
51. Wyoming .....	WY .....	0	0	0	0	0
52. American Samoa .....	AS .....	0	0	0	0	0
53. Guam .....	GU .....	0	0	0	0	0
54. Puerto Rico .....	PR .....	0	0	0	0	0
55. U.S. Virgin Islands .....	VI .....	0	0	0	0	0
56. Northern Mariana Islands .....	MP .....	0	0	0	0	0
57. Canada .....	CN .....	0	0	0	0	0
58. Aggregate Other Alien .....	OT .....	0	0	0	0	0
59. Totals .....	.....	0	0	62,973	0	62,973

## **ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation
1	BCS Insurance Company is the reporting entity.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

## SCHEDULE Y

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

# ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	<b>MARCH FILING</b>	<b>RESPONSES</b>
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.....
	<b>APRIL FILING</b>	
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 Risks Interrogatories be filed by April 1?	.....YES.....
	<b>MAY FILING</b>	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....SEE EXPLANATION.....
	<b>JUNE FILING</b>	
9.	Will an audited financial report be filed by June 1?	.....YES.....
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
	<b>AUGUST FILING</b>	
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	.....YES.....
	The following supplemental reports are required to be filed as part of your statement filing. 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 <b>NO</b> 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 <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.	
	<b>MARCH FILING</b>	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....NO.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....YES.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....YES.....
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....NO.....
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....YES.....
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....YES.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**APRIL FILING**

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....NO.....

29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....YES.....

30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....YES.....

31. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....YES.....

32. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? .....YES.....

**AUGUST FILING**

33. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....YES.....

**Explanation:**

8. NOT APPLICABLE

12.

13.

16.

17.

19.

22. NOT APPLICABLE

23.

25. NOT APPLICABLE

26. NOT APPLICABLE

27. NOT APPLICABLE

28.

**Bar Code:**

12.   
3 8 2 4 5 2 0 1 1 4 2 0 0 0 0 0 0 0

13.   
3 8 2 4 5 2 0 1 1 2 4 0 0 0 0 0 0 0

16.   
3 8 2 4 5 2 0 1 1 4 9 0 0 0 0 0 0 0

17.   
3 8 2 4 5 2 0 1 1 3 8 5 0 0 0 0 0 0

19.   
3 8 2 4 5 2 0 1 1 3 6 5 0 0 0 0 0 0

23.   
3 8 2 4 5 2 0 1 1 5 0 0 0 0 0 0 0 0

28.   
3 8 2 4 5 2 0 1 1 2 3 0 5 9 0 0 0 0 0

## OVERFLOW PAGE FOR WRITE-INS

P002 Additional Aggregate Lines for Page 2 Line 25.

\*ASSETS - Assets

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 – 2)	4 Net Admitted Assets
2504. Intercompany Reinsurance Asset.....	1,174,829		1,174,829	0
2597. Summary of remaining write-ins for Line 25 from page 2	1,174,829	0	1,174,829	0

P003 Additional Aggregate Lines for Page 3 Line 25.

\*LIAB - Liabilities

	1 Current Year	2 Prior Year
2504. Miscellaneous Liability.....	68,747	20,755
2505. Proposed Market Conduct Fine.....	500,000	
2597. Summary of remaining write-ins for Line 25 from page 3	568,747	20,755

P004 Additional Aggregate Lines for Page 4 Line 14.

\*STMTINCOME - Statement of Income

	1 Current Year	2 Prior Year
1404. Miscellaneous Income.....	277	55,230
1405. Proposed Market Conduct Fine.....	(500,000)	
1497. Summary of remaining write-ins for Line 14 from page 4	(499,723)	55,230



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Alabama**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Alaska**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
.....																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF** Arizona

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: ,
  - Contact Person and Phone Number: ,
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: ,
  - Contact Person and Phone Number: ,
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Arkansas**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



## **SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

## **MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

(To Be Filed by March 1)

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Address (City, State and Zip Code) Oakbrook Terrace  
Person Completing This Exhibit Elias Georgopoulos

Person Completing This Exhibit

NAIC Company Code 38245

Telephone Number 630-472-7749

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

## 2.1 Address

**2.2 Contact Person and Phone Number:**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (E)

### 3.1 Address

### 3.2 Contact Person and Phone Number:

#### 4. Explain any policies identified above as policy type "Q"

## GENERAL INTERROGATORIE

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Colorado**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Connecticut**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Delaware**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF District of Columbia**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Florida**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Georgia**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Hawaii**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Idaho**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Illinois**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: .....
  - Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: .....
  - Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Indiana**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Iowa**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	0

**NONE**

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Kansas**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Kentucky**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Louisiana**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Maine**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Maryland**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Massachusetts**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	8734	P	No	0030500	07/19/1991				Group Medicare Supplement	1,704	0	0.0	1	0	0	0.0	0
<b>0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES</b>										1,704	0	0.0	1	0	0	0.0	0
<b>0299999 TOTAL EXPERIENCE ON GROUP POLICIES</b>										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: PO Box 248108 Cleveland, OH 44124
  - Contact Person and Phone Number: B'nai B'rith Members Ins. 800-723-2624
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: PO Box 248108 Cleveland, OH 44124
  - Contact Person and Phone Number: B'nai B'rith Members Ins. 800-723-2624
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Michigan**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



## **SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

3 8 2 4 5 2 0 1 1 3 6 0 2 4 1 0

## **MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1<sup>st</sup>)

(100% Filed by March 7)

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Address (City, State and Zip Code) Oakbrook Terrace  
Person Completing This Exhibit Elias Georgopoulos

Person Completing This Exhibit: E  
Title: Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

## 2.1 Address

## 2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (E)

### 3.1 Address

### 3.2 Contact Person and Phone Number:

#### 4. Explain any policies identified above as policy type "Q"

## GENERAL INTERROGATORIE



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Mississippi**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Missouri**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Montana**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Nebraska**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Nevada**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



## **SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

## **MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

(To Be Filed by March 1)  
**FOR THE STATE OF New Hampshire**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Address (City, State and Zip Code) 5450 Rockford Rd, Rockville, MD 20850  
Person Completing This Exhibit Elias Georgopoulos

Person Completing This Exhibit

NAIC Company Code 38245

Telephone Number 630-472-7749

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

## 2.1 Address

**2.2 Contact Person and Phone Number:**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

### 3.1 Address

### 3.2 Contact Person and Phone Number:

#### 4. Explain any policies identified above as policy type "Q"

#### GENERAL INTERROGATORIES



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF New Mexico

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF New York**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



## **SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

3 8 2 4 5 2 0 1 1 3 6 0 3 4 1 0

## **MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF North Carolina**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Address (City, State and Zip Code) Oakbrook Terrace  
Person Completing This Exhibit Elias Georgopoulos

Person Completing This Exhibit  
**Title** Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

## 2.1 Address

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

### 3.1 Address

3.1 Address: \_\_\_\_\_  
3.2 Contact Person and Phone Number:

#### 3.2 Contact Person and Phone Number:

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state  
2.1 Address: \_\_\_\_\_  
2.2 Contact Person and Phone Number: \_\_\_\_\_

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).  
3.1 Address: \_\_\_\_\_  
3.2 Contact Person and Phone Number: \_\_\_\_\_

4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF North Dakota

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



## **SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

## **MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Ohio**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Address (City, State and Zip Code) 5450 Rockford Rd, Rockville, MD 20850  
Person Completing This Exhibit Elias Georgopoulos

Person Completing This Exhibit

NAIC Company Code 38245

Telephone Number 630-472-7749

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

## 2.1 Address

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (E)

### 3.1 Address

### 3.2 Contact Person and Phone Number:

#### 4. Explain any policies identified above as policy type "Q"

## GENERAL INTERROGATORIE



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned	Number of Covered Lives	16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Oregon**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



## **SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

## **MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

(To Be Filed by March 1)

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Address (City, State and Zip Code) Oakbrook Terrace  
Person Completing This Exhibit Elias Georgopoulos

Person Completing This Exhibit  
**Title** Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

## 2.1 Address

2.2 Contact Person and Phone Number:

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B)

### 3.1 Address

3.2 Contact Person and Phone Number:

### 3.2 Contact Person and Phone Number:

## GENERAL INTERROGATORIES

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: ,
  - 2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: ,
  - 3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O"

360.PA



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Puerto Rico**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: ,
  - Contact Person and Phone Number: ,
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: ,
  - Contact Person and Phone Number: ,
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Rhode Island**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: ,
  - 2.2 Contact Person and Phone Number: ,
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: ,
  - 3.2 Contact Person and Phone Number: ,
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF South Carolina

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF South Dakota**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: ,
  - 2.2 Contact Person and Phone Number: ,
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: ,
  - 3.2 Contact Person and Phone Number: ,
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF Tennessee

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
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Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Texas**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Utah**

NAIC Group Code 00023 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Controller ..... Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES																	

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: .....
  - 2.2 Contact Person and Phone Number: .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: .....
  - 3.2 Contact Person and Phone Number: .....
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Vermont**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Virginia**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: ,
  - Contact Person and Phone Number: ,
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: ,
  - Contact Person and Phone Number: ,
- Explain any policies identified above as policy type "O"



## **SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

## **MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Washington**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Address (City, State and Zip Code) 5450 Rockford Rd, Rockville, MD 20850  
Person Completing This Exhibit Elias Georgopoulos

Person Completing This Exhibit

NAIC Company Code 38245

Telephone Number 630-472-7749

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state.

## 2.1 Address

**2.2 Contact Person and Phone Number:**

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (E)

### 3.1 Address

### 3.2 Contact Person and Phone Number:

#### 4. Explain any policies identified above as policy type "Q"

## GENERAL INTERROGATORIE



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

FOR THE STATE OF West Virginia

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Wisconsin**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: \_\_\_\_\_
  - Contact Person and Phone Number: \_\_\_\_\_
- Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011

(To Be Filed by March 1)

**FOR THE STATE OF Wyoming**

NAIC Group Code 00023

Address (City, State and Zip Code) Oakbrook Terrace, IL 60181

Person Completing This Exhibit Elias Georgopoulos

Title Vice President & Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010, 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
										0	0	0.0	0	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

**GENERAL INTERROGATORIES**

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - 2.1 Address: \_\_\_\_\_
  - 2.2 Contact Person and Phone Number: \_\_\_\_\_
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - 3.1 Address: \_\_\_\_\_
  - 3.2 Contact Person and Phone Number: \_\_\_\_\_
4. Explain any policies identified above as policy type "O"



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL  
INTERROGATORY 9 (Part 2)**

For the Year Ended December 31, 2011

NAIC Group Code 00023

To be Filed by March 1

NAIC Company Code 38245

(A) Financial Impact			
	1 As Reported	2 Interrogatory 9 Reinsurance Effect	3 Restated Without Interrogatory 9 Reinsurance
A01. Assets .....	230,556,413	56,562,384	287,118,797
A02. Liabilities .....	83,940,000	30,590,502	114,530,502
A03. Surplus as regards to policyholders .....	146,616,413	25,971,882	172,588,295
A04. Income before taxes .....	11,113,137	(865,154)	10,247,983

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives
The information in this supplemental relates to a reinsurance treaty between BCS Insurance Company (BCSI) and Plans' Liability Insurance Company (PLIC), an affiliate of BCSI. PLIC agrees to reinsure BCSI on its professional liability business for the first \$1,000,000 of ultimate net loss in each claim made/each policy plus 5% of \$4,000,000 in excess of \$1,000,000 of ultimate net loss in each claim made/each policy. PLIC pays BCSI a ceding commission equal to 10% of gross written premium plus reimbursement of premium taxes.	PLIC was formed for the sole purpose of reinsuring BCSI's professional liability business. PLIC is under common management control with BCSI. Policyholders of the professional liability business must purchase PLIC's common stock. No shareholder of PLIC owns more than 6.64% of PLIC's stock.

D. If the response to General Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the contracts are treated differently for GAAP and SAP.....

.....

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

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Supp "A" to Schedule T - Physicians

**NONE**

Supp "A" to Schedule T - Hospitals

**NONE**



**SUPPLEMENT FOR DECEMBER 31, 2011 OF THE BCS Insurance Company**

Designate the type of health care providers reported on this page.

Other Health Care Professionals

**SUPPLEMENT "A" TO SCHEDULE T**  
**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported	
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims		
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				(92,981)	0	.0	83,939	
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	322,640	331,099	.0	0	38,692	0	.0	469,429
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 .....	CN								
58. Aggregate other aliens .....	OT	0	0	0	0	0	0	0	0
59. Totals .....		322,640	331,099	0	0	(54,289)	0	0	553,368
<b>DETAILS OF WRITE-INS</b>									
5801. ....									
5802. ....									
5803. ....									
5898. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		0	0	0	0	0	0	0	0



**SUPPLEMENT FOR DECEMBER 31, 2011 OF THE BCS Insurance Company**

Designate the type of health care providers reported on this page.

Other Health Care Facilities

**SUPPLEMENT "A" TO SCHEDULE T**  
**EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN**  
**ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
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 .....	CN							
58. Aggregate other aliens .....	OT	0	0	0	0	0	0	0
59. Totals .....		0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>								
5801. ....								
5802. ....								
5803. ....								
5898. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	0	0	0	0	0	0	0	0

**NONE**



**SUPPLEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**

**DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

For The Year Ended December 31, 2011  
(To Be Filed by March 1)

NAIC Group Code 00023

NAIC Company Code 38245

Company Name BCS Insurance Company

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	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 12,645,319	\$ 12,760,095	\$ 10,179,921	\$ 6,401,212	\$ 1,333,112	\$ (647,767)	100.0	% 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 [X]

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	
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 %

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE BCS Insurance Company**