



ANNUAL STATEMENT
For the Year Ended December 31, 2013
OF THE CONDITION AND AFFAIRS OF THE
BCS Insurance Company

NAIC Group Code	00023	00023	NAIC Company Code	38245	Employer's ID Number	36-6033921
	(Current Period)	(Prior Period)				
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			Worthington, OH, US 43085		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	2 Mid America Plaza, Suite 200			Oakbrook Terrace, IL, US 60181	630-472-7700	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)	
Mail Address	2 Mid America Plaza, Suite 200			Oakbrook Terrace, IL, US 60181		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	2 Mid America Plaza, Suite 200			Oakbrook Terrace, IL, US 60181	630-472-7700	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)	
Internet Web Site Address				www.bcsins.com		
Statutory Statement Contact	Elias Georgopoulos			630-472-7749		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	lgeorgo@bcsf.com			630-472-7837		
	(E-Mail Address)			(Fax Number)		

OFFICERS

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

OTHER OFFICERS

David John Jacobs	Senior Vice President	Susan Chylla Lindquist	Senior Vice President
Dale Edward Palka	Senior Vice President		

DIRECTORS OR TRUSTEES

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

State of Illinois
County of DuPage

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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	Henry Alan Carpenter	Susan Ann Pickar
President & Chief Executive Officer	Senior Vice President, General Counsel & Secretary	Senior Vice President, Finance & Treasurer

Subscribed and sworn to before me
this 7th day of February, 2014

Laura Lutzow, Notary Public
09/10/2017



a. Is this an original filing?	Yes [X] No []
b. If no:	
1. State the amendment number	0
2. Date filed	
3. Number of pages attached	0



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	29,417,869	29,454,217	0	37,323	24,149,102	26,460,820	9,905,452	18	10	4	3,377,149	722,693
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	1,915,035	1,915,035	0	0	2,625	2,723,407	4,931,216	102,589	(543,924)	4,306,185	43,185	51,215
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	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)												
23.	Fidelity	0	0	0	0	0	(5,192)	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)	31,332,904	31,369,252	0	37,323	24,151,727	29,179,035	14,836,668	102,607	(543,914)	4,306,189	3,420,334	773,908
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 products260,275 and number of persons insured under indemnity only products9,523

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ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	219,288	75,693	0	148,268	131,096	119,380	28,719	0	0	0	45,082	10,248
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	219,288	75,693	0	148,268	131,096	119,380	28,719	0	0	0	45,082	10,248
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 products513 and number of persons insured under indemnity only products177



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	236,542	233,037	0	4,312	139,459	151,970	34,689	0	(5,961)	0	32,017	4,960
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	2,648,494	2,681,089	0	44,300	1,726,275	1,741,082	500,904	10,643	4,541	2,430	566,391	64,815
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	702,761	699,381	0	9,179	0	(130,700)	432,646	21,522	(32,836)	19,054	17,715	26,732
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	3,587,797	3,613,507	0	57,791	1,865,734	1,762,352	968,239	32,165	(34,256)	21,484	616,123	96,507
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 products14,554 and number of persons insured under indemnity only products3,054



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	56,932	56,912	0	71	24,962	31,044	8,345	0	0	0	7,681	1,184
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	2,251,041	2,243,878	0	58,941	1,104,916	1,128,451	263,697	51	54	12	500,116	80,893
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	683,971	647,540	0	73,295	0	352,523	1,226,070	0	(39,982)	0	37,007	17,642
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	2,991,944	2,948,330	0	132,307	1,129,878	1,512,018	1,498,112	51	(39,928)	12	544,804	99,719
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 products3,226 and number of persons insured under indemnity only products1,399



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	19,279,019	18,259,411	0	3,365,738	7,309,555	7,381,528	4,054,973	86,627	74,814	19,246	4,271,295	1,354,834
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	17,998,477	16,961,359	0	7,655,753	4,759,454	9,266,584	14,865,062	3,683,277	5,822,625	4,727,561	3,618,738	466,744
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	37,277,496	35,220,770	0	11,021,491	12,069,009	16,648,112	18,920,035	3,769,904	5,897,439	4,746,807	7,890,033	1,821,578
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 products872,937 and number of persons insured under indemnity only products13,589



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	64,978	65,165	0	178	62,018	60,987	10,865	0	0	0	6,980	1,578
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	2,965,477	3,044,361	0	66,991	1,216,807	919,404	721,833	140	(60)	32	735,177	67,192
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	1,523,691	1,499,428	0	626,801	53,284	(245,628)	591,737	103,012	220,479	355,478	219,149	38,059
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	4,554,146	4,608,954	0	693,970	1,332,109	734,763	1,324,435	103,152	220,419	355,510	961,306	106,829
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 products10,269 and number of persons insured under indemnity only products2,184



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	1,001,150	1,001,561	0	1,110	247,872	369,623	146,266	0	0	0	135,927	20,706
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	4,462,593	4,469,447	0	261,367	2,261,125	2,112,613	590,999	126	(3,193)	1	1,476,006	96,031
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	5,463,743	5,471,008	0	262,477	2,508,997	2,482,236	737,265	126	(3,193)	1	1,611,933	116,737
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 products45,604 and number of persons insured under indemnity only products1,211



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	1,133,460	1,032,771	0	221,732	2,068,330	2,061,864	200,160	12,892	14,822	2,943	297,879	17,455
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,133,460	1,032,771	0	221,732	2,068,330	2,061,864	200,160	12,892	14,822	2,943	297,879	17,455
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 products1,194 and number of persons insured under indemnity only products374



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	10,505,934	13,472,211	0	4,036,430	9,305,474	8,557,606	1,036,694	4,706	(2,383)	1,059	3,907,899	38,104
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	10,505,934	13,472,211	0	4,036,430	9,305,474	8,557,606	1,036,694	4,706	(2,383)	1,059	3,907,899	38,104
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 products5,981 and number of persons insured under indemnity only products122



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	100,541	96,637	0	5,732	335,728	269,178	16,041	0	0	0	14,139	2,159
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	9,830,634	10,030,977	0	615,811	5,933,785	6,019,422	1,625,650	7,796	8,276	3,180	2,454,121	263,363
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	62,343	62,343	0	0	0	39,743	39,743	0	0	0	10,289	1,773
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	9,993,518	10,189,957	0	621,543	6,269,513	6,328,343	1,681,434	7,796	8,276	3,180	2,478,549	267,295
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 products46,070 and number of persons insured under indemnity only products5,760



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	245,193	245,502	0	0	78,487	109,179	36,029	0	(289)	0	33,272	5,080
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	7,661,989	7,617,510	0	111,385	4,434,360	4,551,105	1,425,193	1,629	1,763	372	1,479,308	164,673
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	259,349	252,997	0	126,216	(375)	(78,021)	68,163	1,060	(26,682)	5,630	48,868	8,422
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	8,166,531	8,116,009	0	237,601	4,512,472	4,582,263	1,529,385	2,689	(25,208)	6,002	1,561,448	178,175
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 products28,667 and number of persons insured under indemnity only products9,434



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	16,576	16,576	0	0	3,956	4,088	2,467	0	0	0	2,176	352
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	110,210	117,028	0	15,072	53,376	43,429	12,188	0	0	0	35,876	143
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	0	0	0	0	0	(45,000)	45,000	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	0	0	0	0	0	0	0	0	0	0	0	0
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)	126,786	133,604	0	15,072	57,332	2,517	59,655	0	0	0	38,052	495
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 products74 and number of persons insured under indemnity only products32



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	43,061	43,061	0	0	23,106	26,203	6,317	0	0	0	5,765	900
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	794,017	813,225	0	109,438	507,043	495,994	131,834	597	230	136	174,778	25,936
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	184,153	207,638	0	69,655	0	(32,152)	101,260	1,162,740	1,127,029	2,894	28,837	4,970
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,021,231	1,063,924	0	179,093	530,149	490,045	239,411	1,163,337	1,127,259	3,030	209,380	31,806
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 products563 and number of persons insured under indemnity only products742



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	413,038	411,876	0	1,162	144,415	186,204	60,312	0	0	0	55,987	8,569
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	5,415,265	5,350,282	0	688,979	7,094,904	6,812,850	1,012,597	4,207	486	4,644	1,117,494	147,331
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	2,650,430	1,489,170	0	1,528,114	0	(672,504)	15,056,338	224,182	380,509	314,323	81,134	62,654
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	8,478,733	7,251,328	0	2,218,255	7,239,319	6,326,550	16,129,247	228,389	380,995	318,967	1,254,615	218,554
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 products7,702 and number of persons insured under indemnity only products6,690



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	2,927,114	2,926,620	0	493	1,029,047	1,273,915	430,231	0	(567)	0	390,237	61,349
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	6,307,686	6,519,945	0	208,421	4,071,052	3,957,028	804,147	56,825	61,532	5,024	1,485,774	147,295
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	1,189,732	1,091,936	0	97,796	0	11,000	502,000	5,118	12,027	6,909	0	47,319
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	10,424,532	10,538,501	0	306,710	5,100,099	5,241,943	1,736,378	61,943	72,992	11,933	1,876,011	255,963
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
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 products3,985 and number of persons insured under indemnity only products11,642



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	60,080	59,367	0	713	20,974	27,978	8,662	0	0	0	8,161	1,247
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	2,453,450	2,457,456	0	25,952	1,161,494	1,418,318	524,597	9	11	2	462,740	63,252
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	32,170	11,038	0	21,132	0	(42,856)	22,144	0	0	0	4,495	775
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	2,545,700	2,527,861	0	47,797	1,182,468	1,403,440	555,403	9	11	2	475,396	65,274
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 products1,150 and number of persons insured under indemnity only products2,684



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	6,415	6,973	0	693	907	1,147	1,436	0	0	0	934	144
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	1,537,944	1,558,412	0	15,183	817,168	829,047	261,235	6,571	5,211	1,500	338,933	49,252
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	0	0	0	0	0	(40,000)	45,000	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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,544,359	1,565,385	0	15,876	818,075	790,194	307,671	6,571	5,211	1,500	339,867	49,396
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 products43,503 and number of persons insured under indemnity only products1,758



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	0	(18)	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	2,116,762	2,129,599	0	23,192	1,489,228	1,457,592	267,774	0	0	0	457,109	67,736
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	2,116,762	2,129,599	0	23,192	1,489,228	1,457,574	267,774	0	0	0	457,109	67,736
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 products2,077 and number of persons insured under indemnity only products2,997



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	96,874	96,874	0	0	36,737	48,137	14,258	0	0	0	13,150	2,010
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	5,806,258	5,802,861	0	21,346	4,122,204	4,686,823	2,089,346	(1)	(1)	0	724,775	155,648
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	182,996	270,097	0	163,143	5,843	314,925	1,443,365	40,479	99,057	99,136	26,070	4,110
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	6,086,128	6,169,832	0	184,489	4,164,784	5,049,885	3,546,969	40,478	99,056	99,136	763,995	161,768
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 products18,483 and number of persons insured under indemnity only products2,251



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	87,231	87,231	0	0	54,526	63,167	12,873	0	0	0	11,870	1,809
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	447,855	443,790	0	10,199	252,201	226,008	59,356	325	398	74	101,770	84,014
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	535,086	531,021	0	10,199	306,727	289,175	72,229	325	398	74	113,640	85,823
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 products215 and number of persons insured under indemnity only products1,042



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	169,777	168,551	0	1,326	48,087	53,047	24,948	0	(14,227)	0	23,078	3,535
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	(18,466)	41,903	0	(20,123)	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	1,429,258	1,440,713	0	31,828	1,108,800	976,754	223,610	40	43	9	301,934	19,275
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	555,441	560,015	0	479,203	10,000	(1,192,576)	256,877	125,382	125,367	0	1,005	12,327
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	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)												
23.	Fidelity	49,910	49,910	0	16,410	(4,467)	(20,640)	55,325	0	12,417	12,417	0	1,368
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)	2,204,386	2,219,189	0	528,767	1,162,420	(201,881)	602,663	125,422	103,477	12,426	326,017	36,505
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 products1,127 and number of persons insured under indemnity only products1,501



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	17,569	16,939	0	1,144	11,067	10,659	2,761	0	0	0	2,454	376
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	1,512,440	1,593,386	0	71,306	688,750	637,280	265,952	193	136	9	439,613	35,089
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	97,124	168,802	0	77,042	0	184,935	802,291	255,289	255,289	0	858	2,634
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,627,133	1,779,127	0	149,492	699,817	832,874	1,071,004	255,482	255,425	9	442,925	38,099
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 products3,118 and number of persons insured under indemnity only products361



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	189,321	187,854	0	1,515	46,332	66,848	27,616	0	0	0	25,604	3,945
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	6,920,990	6,382,053	0	767,221	2,640,629	2,861,337	1,183,802	1,302	(3,880)	297	1,456,504	189,264
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	1,847,799	1,860,230	0	155,602	22,066,891	7,480,687	11,661,472	323,171	(391,169)	817,894	100,153	45,017
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	8,958,110	8,430,137	0	924,338	24,753,852	10,408,872	12,872,890	324,473	(395,049)	818,191	1,582,261	238,226
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 products9,261 and number of persons insured under indemnity only products6,333



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	13,171	11,465	0	1,706	3,852	3,577	1,755	0	0	0	1,851	283
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	4,157,247	4,154,120	0	161,536	2,299,243	2,458,285	629,011	0	0	0	940,114	85,761
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	467,715	458,658	0	174,193	371	167,411	777,856	995	47,863	46,868	28,679	9,048
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	4,638,133	4,624,243	0	337,435	2,303,466	2,629,273	1,408,622	995	47,863	46,868	970,644	95,092
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 products2,925 and number of persons insured under indemnity only products6,652



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	2,259,973	2,281,044	0	118,802	1,248,635	1,209,240	296,689	980	4,489	3,510	541,613	40,164
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	28,961	29,841	0	16,875	0	(6,209)	45,549	41,012	41,012	0	3,696	637
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	2,288,934	2,310,885	0	135,677	1,248,635	1,203,031	342,238	41,992	45,501	3,510	545,309	40,801
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 products1,179 and number of persons insured under indemnity only products3,779



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	270,879	269,412	0	1,467	89,403	116,910	39,511	0	0	0	36,768	5,623
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	3,453,032	3,434,543	0	145,500	2,183,463	2,257,456	508,919	2,633	3,193	601	706,566	111,082
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	1,001,484	1,083,303	0	138,178	0	1,209,830	2,952,597	360	(7,174)	1,404	41,204	27,048
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	4,725,395	4,787,258	0	285,145	2,272,866	3,584,196	3,501,027	2,993	(3,981)	2,005	784,538	143,753
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 products7,660 and number of persons insured under indemnity only products3,138



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	136,101	136,101	0	0	58,665	62,370	21,573	0	0	0	14,905	3,226
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	419,234	420,001	0	3,082	293,125	278,661	51,146	36	42	8	85,443	17,605
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	0	0	0	0	0	(112,567)	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	0	0	0	0	0	0	0	0	0	0	0	0
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)	555,335	556,102	0	3,082	351,790	228,464	72,719	36	42	8	100,348	20,831
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 products439 and number of persons insured under indemnity only products289



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	53,506	53,506	0	0	22,020	28,491	7,827	0	0	0	7,205	1,113
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	740,872	732,540	0	24,660	374,322	386,022	91,157	91	94	21	176,997	15,001
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	835,320	827,455	0	142,342	109,250	3,800,874	4,825,091	108,526	625,380	675,286	96,414	20,258
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,629,698	1,613,501	0	167,002	505,592	4,215,387	4,924,075	108,617	625,474	675,307	280,616	36,372
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 products590 and number of persons insured under indemnity only products1,459



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	268,660	268,660	0	0	187,464	192,729	42,921	0	0	0	28,834	6,438
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	1,275,646	1,345,764	0	14,207	686,908	701,136	236,087	8,905	7,092	2,033	252,829	52,929
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,544,306	1,614,424	0	14,207	874,372	893,865	279,008	8,905	7,092	2,033	281,663	59,367
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 products5,084 and number of persons insured under indemnity only products1,019



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	178,978	178,978	0	0	74,590	92,032	26,137	0	0	0	24,302	3,702
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	1,533,024	1,534,981	0	2,013	588,217	581,501	219,078	0	0	0	506,242	46,308
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,712,002	1,713,959	0	2,013	662,807	673,533	245,215	0	0	0	530,544	50,010
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
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 products16,408 and number of persons insured under indemnity only products226



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	23,512	22,998	0	922	4,266	2,904	3,673	0	0	0	3,260	500
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	5,480,612	5,417,352	0	245,484	3,768,210	4,471,452	1,615,654	2,443	2,949	558	914,677	140,374
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	303,908	305,061	0	108,003	318,500	473,198	583,480	15,894	9,859	231	25,808	7,334
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	5,808,032	5,745,411	0	354,409	4,090,976	4,947,554	2,202,807	18,337	12,808	789	943,745	148,208
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 products32,555 and number of persons insured under indemnity only products2,145



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	38,108	38,108	0	0	2,649	6,549	5,683	0	(195)	0	5,084	802
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	383,623	376,049	0	19,340	174,594	173,304	43,711	0	(5)	0	93,829	9,847
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	421,731	414,157	0	19,340	177,243	179,853	49,394	0	(200)	0	98,913	10,649
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 products1,260 and number of persons insured under indemnity only products570



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	3,762,686	3,759,969	0	2,717	2,103,926	2,490,133	549,227	0	(1,895)	0	511,002	77,847
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	47,255,142	44,871,563	0	5,825,278	22,850,601	23,214,699	6,672,587	205,243	234,547	114,289	15,140,486	786,332
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	377,544	372,222	0	21,179	26,397	349,600	2,557,041	51,318	109,566	233,810	14,241	10,273
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	51,395,372	49,003,754	0	5,849,174	24,980,924	26,054,432	9,778,855	256,561	342,218	348,099	15,665,729	874,452
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 products338,974 and number of persons insured under indemnity only products2,613



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	269,756	270,371	0	0	200,889	228,841	39,727	0	(241)	0	36,588	5,591
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	7,171,942	6,917,658	0	682,062	3,705,732	3,744,774	1,026,304	13,212	14,333	2,943	1,662,102	142,930
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	833,556	782,993	0	202,244	71,938	965,071	1,913,223	41,139	156,733	255,982	46,676	21,498
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	8,275,254	7,971,022	0	884,306	3,978,559	4,938,686	2,979,254	54,351	170,825	258,925	1,745,366	170,019
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
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 products5,107 and number of persons insured under indemnity only products10,713



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	23,003	23,003	0	0	6,435	9,346	3,448	0	0	0	3,116	481
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	235,557	236,553	0	3,919	176,424	171,812	28,910	0	0	0	50,111	7,789
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	21,904	21,635	0	269	0	(3,396)	221,020	0	0	0	2,580	657
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	280,464	281,191	0	4,188	182,859	177,762	253,378	0	0	0	55,807	8,927
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 products220 and number of persons insured under indemnity only products284



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	304,249	303,069	0	1,181	104,878	135,748	44,493	0	0	0	41,260	6,318
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	8,280,409	8,463,061	0	269,455	4,788,422	4,552,484	1,043,015	66,975	66,023	356	1,879,768	238,923
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)												
23.	Fidelity	0	0	0	0	0	0	0		(15,711)	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)	8,584,658	8,766,130	0	270,636	4,893,300	4,688,232	1,087,508	66,975	50,312	356	1,921,028	245,241
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 products8,163 and number of persons insured under indemnity only products11,015

19.OK



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	90,403	90,403	0	0	44,828	53,014	13,217	0	0	0	12,247	1,873
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	2,339,176	2,334,205	0	24,508	1,217,856	1,244,640	307,093	1,047	1,229	239	528,382	49,746
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	0	0	0	0	0	155,000	245,000	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	0	0	0	0	0	0	0	0	0	0	0	0
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)	2,429,579	2,424,608	0	24,508	1,262,684	1,452,654	565,310	1,047	1,229	239	540,629	51,619
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 products751 and number of persons insured under indemnity only products4,475

19. OR



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	2,610,984	2,636,301	0	80,785	1,492,324	1,571,986	347,007	514	591	117	696,946	33,671
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	2,610,984	2,636,301	0	80,785	1,492,324	1,571,986	347,007	514	591	117	696,946	33,671
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 products2,147 and number of persons insured under indemnity only products2,325



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	33,898	33,730	0	367	3,649	1,232	5,317	0	0	0	4,679	715
10.	Financial guaranty												
11.	Medical professional liability	284,896	272,448	0	151,551	0	(16,849)	473,154	0	0	0	0	7,132
12.	Earthquake												
13.	Group accident and health (b).....	12,327,057	13,089,514	0	1,842,560	6,719,017	7,110,147	3,161,514	97,484	111,559	26,133	2,474,141	272,887
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	1,778,862	1,561,485	0	850,005	0	(118,225)	1,591,503	0	0	0	52,208	58,081
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	14,424,713	14,957,177	0	2,844,483	6,722,666	6,976,305	5,231,488	97,484	111,559	26,133	2,531,028	338,815
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 products37,907 and number of persons insured under indemnity only products6,186



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	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
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	0	0	0	0	24,744	(102,444)	375,256	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	0	0	0	0	0	0	0	0	0	0	0	0
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)	0	0	0	0	24,744	(102,444)	375,256	0	0	0	0	0
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 products0 and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					NAIC Company Code 38245		
Line of Business		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	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
		1 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	935,440	931,251	0	6,794	296,914	349,723	143,314	0	0	0	117,901	20,575
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	5,350,964	5,346,359	0	85,611	2,619,826	2,621,022	906,984	299	(942)	0	1,419,023	132,657
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	728,069	307,188	0	511,647	0	(175,462)	735,610	0	0	0	27,174	16,372
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	7,014,473	6,584,798	0	604,052	2,916,740	2,795,283	1,785,908	299	(942)	0	1,564,098	169,604
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 products86,952 and number of persons insured under indemnity only products136



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	127,051	126,019	0	1,032	23,597	38,787	18,406	0	0	0	17,227	2,638
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	13,967	13,967	0	0
12.	Earthquake												
13.	Group accident and health (b)	5,032,447	5,038,658	0	60,613	4,790,652	4,950,940	816,285	0	3	0	1,082,394	95,836
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	278,526	643,737	0	164,178	(2,500)	320,556	1,367,474	13,125	(572,652)	81,671	40,421	6,440
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	5,438,024	5,808,414	0	225,823	4,811,749	5,310,283	2,202,165	13,125	(558,682)	95,638	1,140,042	104,914
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 products2,962 and number of persons insured under indemnity only products8,745



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	52,217	52,472	0	0	21,527	26,718	7,681	0	0	0	7,102	1,078
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	368,258	361,184	0	11,306	157,349	215,450	88,141	1	1	0	64,191	13,136
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 Plan premium (b).....												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	420,475	413,656	0	11,306	178,876	242,168	95,822	1	1	0	71,293	14,214
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 products320 and number of persons insured under indemnity only products161



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	8,072	7,640	0	431	993	1,297	1,237	0	0	0	1,131	173
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	5,303,989	5,309,133	0	41,065	3,447,930	3,090,741	725,783	3	(2,181)	1	1,174,705	318,239
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	701,116	660,548	0	193,189	60,620	24,073	285,504	28,062	96,594	107,280	81,730	18,496
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	6,013,177	5,977,321	0	234,685	3,509,543	3,116,111	1,012,524	28,065	94,413	107,281	1,257,566	336,908
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 products6,058 and number of persons insured under indemnity only products9,425



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	40,747	40,617	0	382	6,614	8,960	6,298	0	0	0	5,579	858
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	19,430,622	19,022,832	0	1,045,790	7,938,208	8,325,261	3,247,371	553,839	539,847	146,359	5,488,554	404,493
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	1,330,442	1,133,009	0	496,450	0	795,208	795,208	25,370	70,407	45,037	299,368	26,901
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	20,801,811	20,196,458	0	1,542,622	7,944,822	9,129,429	4,048,877	579,209	610,254	191,396	5,793,501	432,252
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 products38,604 and number of persons insured under indemnity only products18,261



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	92,646	93,078	0	0	179,486	179,622	14,702	0	0	0	10,623	2,147
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	1,777,816	1,765,656	0	110,035	972,300	1,002,454	197,329	4,048	4,781	924	459,713	35,785
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	191,693	149,170	0	77,080	0	36,416	39,641	1,194	8,626	7,432	35,932	6,192
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	2,062,155	2,007,904	0	187,115	1,151,786	1,218,492	251,672	5,242	13,407	8,356	506,268	44,124
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 products1,058 and number of persons insured under indemnity only products2,672



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	17,918	18,426	0	0	22,877	23,802	2,819	0	0	0	2,419	375
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	1,268,767	1,270,148	0	60,664	183,580	590,959	435,847	0	0	0	166,679	27,537
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	112,555	111,911	0	2,014	0	3,497,481	4,131,087	0	0	0	8,782	71
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	1,399,240	1,400,485	0	62,678	206,457	4,112,242	4,569,753	0	0	0	177,880	27,983
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 products13,754 and number of persons insured under indemnity only products134



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	750	750	0	0	0	0	0	0
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	5,433,277	5,231,616	0	386,225	2,792,253	3,031,812	1,035,649	6,842	(2,318)	1,545	1,167,077	175,702
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	0	107,531	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	0	0	0	0	0	0	0	0	0	0	0	0
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)	5,433,277	5,339,147	0	386,225	2,793,003	3,032,562	1,035,649	6,842	(2,318)	1,545	1,167,077	175,702
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 products17,409 and number of persons insured under indemnity only products6,338



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	1,507,446	1,507,446	0	0	168,176	356,070	219,767	0	(1,582)	0	204,595	31,170
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	10,405,725	10,362,853	0	74,646	3,306,914	3,182,704	1,567,707	1,560	4,382	4,254	3,263,693	256,467
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	224,778	203,758	0	168,512	0	76,160	1,374,112	0	0	0	10,140	4,166
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	12,137,949	12,074,057	0	243,158	3,475,090	3,614,934	3,161,586	1,560	2,800	4,254	3,478,428	291,803
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 products95,742 and number of persons insured under indemnity only products3,643



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	12,733	12,733	0	0	1,403	2,875	1,860	0	0	0	1,722	264
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	685,947	683,980	0	9,277	449,833	433,609	89,559	0	0	0	153,517	18,578
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made	39,180	38,872	0	12,776	0	28,344	137,428	32,166	183,886	184,719	5,264	907
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	737,860	735,585	0	22,053	451,236	464,828	228,847	32,166	183,886	184,719	160,503	19,749
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 products650 and number of persons insured under indemnity only products704



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	99,833	99,754	0	110	81,116	92,482	14,712	0	0	0	13,516	2,076
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	3,080,902	3,071,848	0	26,651	2,259,163	2,296,625	1,412,550	46	51	10	566,809	79,539
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
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	0	0	0	0	0	0	0	0	0	0	0	0
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)	3,180,735	3,171,602	0	26,761	2,340,279	2,389,107	1,427,262	46	51	10	580,325	81,615
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 products1,488 and number of persons insured under indemnity only products3,574



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013				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	11,565	11,565	0	0	1,092	1,351	1,785	0	(43)	0	1,421	257
10.	Financial guaranty												
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b).....	4,905,580	4,906,958	0	11,245	3,562,844	4,330,007	2,007,094	0	0	0	557,156	147,080
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 Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence.....												
17.2	Other Liability-Claims-Made.....	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	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)												
23.	Fidelity	15,202	15,202	0	3,208	0	(5,280)	16,852	0	0	0	0	417
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)	4,932,347	4,933,725	0	14,453	3,563,936	4,286,078	2,025,731	0	(43)	0	558,577	147,754
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 products5,420 and number of persons insured under indemnity only products174



ANNUAL STATEMENT FOR THE YEAR 2013 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 2013					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	0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	14,104,970	14,081,510	0	35,558	6,019,739	7,259,669	2,081,206	0	(25,000)	0	1,883,769	296,026
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	284,896	272,448	0	151,551	0	(35,315)	515,057	0	(6,156)	13,967	0	7,132
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b)	288,195,757	287,606,789	0	22,342,742	168,695,619	173,654,918	55,998,893	1,160,897	1,152,570	344,875	68,421,480	7,620,934
14.	Credit A & H (group and individual)	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
15.2	Non-cancelable A & H (b)	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
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	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
17.2	Other Liability-Claims-Made	39,141,085	36,495,386	0	14,362,065	27,507,042	29,235,286	77,044,064	6,406,982	7,777,889	12,294,784	5,057,820	1,024,772
17.3	Excess workers' compensation	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
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3	Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4	Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1	Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2	Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	65,112	65,112	0	19,618	(4,467)	(31,112)	72,177	0	(3,294)	12,417	0	1,785
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTALS (a)	341,791,820	338,521,245	0	36,911,534	202,217,933	210,083,446	135,711,397	7,567,879	8,896,009	12,666,043	75,363,069	8,950,649
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 products2,112,334 and number of persons insured under indemnity only products195,715

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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year	2019	2018	2017
Reinsurance Effected	\$ 1,000	\$ 1,000	\$ 1,000
Reinsurance Canceled	\$ 1,000	\$ 1,000	\$ 1,000
Net Change	\$ 0	\$ 0	\$ 0

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
Authorized - Affiliates - U.S. Non-Pool - Captive																			
36-2149353	80985	4 EVER LIFE INS CO	IL		26,553	2,794				10,556				13,350	2,044		11,306		
36-3503382	26794	PLANS' LIAB INS CO	OH		2,545	301	146	21,691	2,060	6,836	1,511	803		33,348	153		33,195		
0299999 - Total Authorized - Affiliates - U.S. Non-Pool - Captive					29,098	3,095	146	21,691	2,060	17,392	1,511	803	0	46,698	2,197	0	44,501	0	
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total					29,098	3,095	146	21,691	2,060	17,392	1,511	803	0	46,698	2,197	0	44,501	0	
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates					29,098	3,095	146	21,691	2,060	17,392	1,511	803	0	46,698	2,197	0	44,501	0	
Authorized - Other U.S. Unaffiliated Insurers																			
06-1022232	24899	ALEA NORTH AMERICA INS CO	NY		(11)	10								10	(1)		11		
59-2048400	39152	AMERICAN HLTHCARE IND CO	DE					1						1	2		(1)		
51-0434766	20370	AXIS REINS CO	NY		54					63	37			100	(62)		162		
36-2114545	20443	CONTINENTAL CAS CO	IL		(23)				54					54	(3)		57		
35-2293075	11551	ENDURANCE REINS CORP OF AMER	DE											0	77		(77)		
06-1325038	39136	FINIAL REINSURANCE CO	CT			1								1			1		
13-6108721	26433	HARCO NATL INS CO	IL			7	6	16	50	43	25			147			147		
47-0698507	23680	ODYSSEY REINS CO	CT		(5)		1	20	15					36	45		(9)		
13-3031176	38636	PARTNER REINS CO OF THE US	NY		(17)				48	225				273	(11)		284		
23-1641984	10219	QBE REINS CORP	PA		1,577	20	1	1,552	48	1,415	117	2		3,155	60		3,095		
41-0451140	67105	RELIASTAR LIFE INS CO	MN			(2)								(2)			0		
43-1235868	93572	RGA REINS CO	MO		5,673	259	32	644		1,770	58	154		2,917	294		2,623		
41-0406690	24767	ST PAUL FIRE & MARINE INS CO	CT					5						5	5		0		
13-2918573	42439	TOA RE INS CO OF AMER	DE		497	14	12	2,179	207	1,563	196	138		4,309	404		3,905		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		3,754	1,622	1	257	29	1,808	12			3,729	496		3,233		
06-0907370	31194	TRAVELERS CAS & SURETY CO OF AMER	CT					1						1	1		0		
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					11,499	1,931	53	4,675	451	6,887	445	294	0	14,736	1,305	0	13,431	0	
Authorized - Other Non-U.S. Insurers																			
AA-1120337	00000	ASPEN INS UK LTD	GBR		1,524		4	2,507	58	1,653	278	205		4,705	36		4,669		
AA-1120355	00000	CX REINS CO LTD	GBR			479		505						984	6		978		
AA-1340125	00000	HANNOVER RUECK SE	DEU		1,947	0	2	3,509	186	2,276	346	239		6,558	1,010		5,548		
AA-1127007	00000	LLOYD'S SYNDICATE NUMBER 1007	GBR		0	0	0	1	0	0	0	0		1	2		(1)		
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR		999	0	3	452	98	1,148	52	489		2,242	(206)		2,448		
AA-1127096	00000	LLOYD'S SYNDICATE NUMBER 1096	GBR		(7)	0	0	1	23	0	0	0		24	(11)		35		
AA-1127200	00000	Lloyd's Syndicate Number 1200	GBR		14	0	0			29	10	0		39	(72)		111		
AA-1127204	00000	LLOYD'S SYNDICATE NUMBER 1204	GBR		(16)	0	0	0	0	0	0	0		0	101		(101)		
AA-1127212	00000	LLOYD'S SYNDICATE NUMBER 1212	GBR		0	0	0	0	0	0	0	0		0	1		(1)		
AA-1127218	00000	LLOYD'S SYNDICATE NUMBER 1218	GBR		0	0	0	1		0	0	0		1	2		(1)		
AA-1120085	00000	Lloyd's Syndicate Number 1274	GBR		466				43	377		237		657	(24)		681		
AA-1126138	00000	LLOYD'S SYNDICATE NUMBER 138	GBR		0	0	0	1		0	0	0		1	0		1		
AA-1127414	00000	Lloyd's Syndicate Number 1414	GBR		4	0	0			0	0	0		0	(4)		4		
AA-1120102	00000	LLOYD'S SYNDICATE NUMBER 1458	GBR		321		3	234	7			48		292	(37)		329		
AA-1126183	00000	LLOYD'S SYNDICATE NUMBER 183	GBR		0	0	0	2		0	0	0		2	0		2		
AA-1120084	00000	Lloyd's Syndicate Number 1955	GBR		57			26	1			8		35	(24)		59		
AA-1128000	00000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	GBR		(17)	0	0	0	40	271	0	0		311	(93)		404		
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR		1,264	0	2	1,194	106	1,109	155	345		2,911	(31)		2,942		
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		895	0	1	1,243	33	974	235	264		2,750	14		2,736		
AA-1128020	00000	LLOYD'S SYNDICATE NUMBER 2020	GBR		0		0			134	0			134	39		95		
AA-1126205	00000	LLOYD'S SYNDICATE NUMBER 205	GBR											0	1		(1)		
AA-1126227	00000	LLOYD'S SYNDICATE NUMBER 227	GBR											0	1		(1)		
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GBR		(3)	0	0	0	0	4	0	0		4	(3)		7		
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		0	0	2	0		0	0	0		2	(18)		20		
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		589	0	4	1,473	78	1,096	186	83		2,920	384		2,536		
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		608	0	4	169	5	272	61	512		1,023	175		848		
AA-1129000	00000	Lloyd's Syndicate Number 3000	GBR		(17)	0	0		16	0	0	0		16	(17)		33		
AA-1126362	00000	LLOYD'S SYNDICATE NUMBER 362	GBR					1				1		1	1		0		
AA-1120075	00000	Lloyd's Syndicate Number 4020	GBR		267		2	525	15	216	74	57		889	61		828		
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR		807		2	1,451	113	960	160	173		2,859	439		2,420		
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		1,579		5	808	39	850	64	355		2,121	(227)		2,348		
AA-1126510	00000	LLOYD'S SYNDICATE NUMBER 510	GBR		1,015	0	0	0	0	472	133	0		605	0		605		
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR		95	0	1	78	2	0	0	15		96	(16)		112		

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
AA-1126570.....	00000.....	LLOYD'S SYNDICATE NUMBER 570.....	GBR.....		(4).....	0.....	1.....	26.....	1.....	0.....	0.....	0.....		28.....	19.....		9.....	
AA-1126609.....	00000.....	LLOYD'S SYNDICATE NUMBER 609.....	GBR.....		35.....	0.....	0.....	0.....	0.....	0.....	0.....	5.....		5.....	(17).....		22.....	
AA-1126623.....	00000.....	LLOYD'S SYNDICATE NUMBER 623.....	GBR.....		(9).....	0.....	0.....	156.....	5.....	0.....	0.....	0.....		161.....	23.....		138.....	
AA-1126727.....	00000.....	LLOYD'S SYNDICATE NUMBER 727.....	GBR.....		673.....	0.....	0.....	169.....	26.....	452.....	13.....	209.....		869.....	(107).....		976.....	
AA-1126780.....	00000.....	LLOYD'S SYNDICATE NUMBER 780.....	GBR.....		121.....	0.....	0.....	26.....	1.....	0.....	0.....	19.....		46.....	(36).....		82.....	
AA-1126807.....	00000.....	LLOYD'S SYNDICATE NUMBER 807.....	GBR.....		0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....		0.....	0.....		0.....	38.....
AA-1126990.....	00000.....	LLOYD'S SYNDICATE NUMBER 990.....	GBR.....		(2).....	0.....	0.....	1.....	0.....	0.....	0.....	0.....		1.....	1.....		0.....	
AA-1126991.....	00000.....	LLOYD'S SYNDICATE NUMBER 991.....	GBR.....		0.....	0.....	0.....	2.....	0.....	0.....	0.....	0.....		2.....	2.....		0.....	
AA-1127225.....	00000.....	LLOYD'S SYNDICATE NUMBER 9937.....	GBR.....		374.....	0.....	0.....	0.....	0.....	272.....	61.....	478.....		811.....	245.....		566.....	
AA-1121425.....	00000.....	MARKEL INTL INS CO LTD.....	GBR.....					1.....						1.....	2.....		(1).....	
AA-3194129.....	00000.....	Montpelier Reins Ltd.....	BMU.....		741.....	0.....	0.....	1,362.....	34.....	933.....	195.....	111.....		2,635.....	62.....		2,573.....	
AA-1560820.....	00000.....	TRANSATLANTIC REINS CO.....	CAN.....		0.....	0.....	0.....	2.....		0.....	0.....	0.....		2.....	5.....		(3).....	
AA-1120001.....	00000.....	ZURICH SPECIALTIES LONDON LTD.....	GBR.....							17.....	17.....			34.....			34.....	
1299999 - Total Authorized - Other Non-U.S. Insurers					14,320	479	36	15,926	930	13,515	2,040	3,852	0	36,778	1,689	0	35,089	38
1399999 - Total Authorized - Total Authorized					54,917	5,505	235	42,292	3,441	37,794	3,996	4,949	0	98,212	5,191	0	93,021	38
Unauthorized - Other U.S. Unaffiliated Insurers																		
57-0287419.....	38520.....	BCBS OF SC INC.....	SC.....		59,296	2,361	95			7,638		568		10,662	10,201		461	
53-0078070.....	53007.....	GROUP HOSPITALIZATION & MED SRVCS.....	DC.....		22			18		233		304		555			555	
75-3002215.....	11435.....	HCI, INC.....	VT.....		173					279		152		431	123		308	
98-0040753.....	00000.....	HTH RE, LTD.....	HI.....	2.....	44,682					4,065		10,160		14,225	8,983		5,242	
36-1410470.....	22977.....	LUMBERMENS MUT CAS CO.....	IL.....			140		1						141	1		140	
95-1060502.....	67121.....	TRANSAMERICA OCCIDENTAL LIFE INS CO.....	IA.....											0			0	31
63-0477090.....	81531.....	UNITED TRUST INS CO.....	AL.....		74			83		6	4	506		599	6		593	
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers					104,247	2,501	95	102	0	12,221	4	11,690	0	26,613	19,314	0	7,299	31
Unauthorized - Other non-U.S. Insurers																		
AA-1440006.....	00000.....	AGA REINS.....	FRA.....	2.....	51,838					7,598	100			7,698	3,852		3,846	
AA-3190795.....	00000.....	AMERICAN SAFETY REINS LTD.....	BMU.....		433		1.....	999	22	452	78	63		1,615	193		1,422	
AA-0000000.....	00000.....	AMERIHEALTH ASSURANCE, LTD.....	BMU.....		112					195				195			195	
AA-3190874.....	00000.....	AMLIN BERMUDA.....	BMU.....		276			203	3	110	10	41		367	(31)		398	
AA-3194161.....	00000.....	Catlin Ins Co Ltd.....	BMU.....		274		1.....	470	12	256	83	121		943	84		859	
AA-3190958.....	00000.....	JRG REINS CO LTD.....	BMU.....		29			552	16	155	1			724	181		543	
AA-3190744.....	00000.....	PACIFIC LIGHTHOUSE REINS LTD.....	BMU.....		4,874					824				824	296		528	
AA-1121366.....	00000.....	SPHERE DRAKE INS LTD.....	GBR.....					2						2	3		(1)	
2599999 - Total Unauthorized - Other Non-U.S. Insurers					57,836	0	2	2,226	53	9,590	272	225	0	12,368	4,578	0	7,790	0
2699999 - Total Unauthorized - Total Unauthorized					162,083	2,501	97	2,328	53	21,811	276	11,915	0	38,981	23,892	0	15,089	31
4099999 - Total Authorized, Unauthorized and Certified					217,000	8,006	332	44,620	3,494	59,605	4,272	16,864	0	137,193	29,083	0	108,110	69
9999999 Totals					217,000	8,006	332	44,620	3,494	59,605	4,272	16,864	0	137,193	29,083	0	108,110	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		2		3	
Name of Reinsurer		Commission Rate		Ceded Premium	
1.	BC/BS OF SOUTH CAROLINA.....	28.880		59,296	
2.	AGA INTERNATIONAL S.A.....	36.340		51,838	
3.	HTH RE, LTD.....	39.250		44,682	
4.	RGA REINSURANCE COMPANY.....	45.060		5,673	
5.	PLANS' LIABILITY INSURANCE COMPANY.....	12.680		2,545	

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		2		3		4	
Name of Reinsurer		Total Recoverables		Ceded Premiums		Affiliated	
1.	PLANS' LIABILITY INSURANCE COMPANY.....	33,348		2,545		Yes	[X] No []
2.	HTH RE, LTD.....	14,225		44,682		Yes	[] No [X]
3.	4 EVER LIFE INSURANCE COMPANY.....	13,350		26,553		Yes	[X] No []
4.	BC/BS OF SOUTH CAROLINA.....	10,662		59,296		Yes	[] No [X]
5.	AGA INTERNATIONAL S.A.....	7,698		51,838		Yes	[] No [X]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

SCHEDULE F - PART 4

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

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						12	13	
				5	Overdue							11
					6	7	8	9	10			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 to 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9 / Col. 11
Authorized - Affiliates - U.S. Non-Pool - Other												
36-2149353	80985	4 EVER LIFE INS CO	IL	2,794	0	0	0	0	0	2,794	0.0	0.0
36-3503382	26794	PLANS' LIAB INS CO	OH	447	0	0	0	0	0	447	0.0	0.0
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other				3,241	0	0	0	0	0	3,241	0.0	0.0
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total				3,241	0	0	0	0	0	3,241	0.0	0.0
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates				3,241	0	0	0	0	0	3,241	0.0	0.0
Authorized - Other U.S. Unaffiliated Insurers												
06-1022232	24899	ALEA NORTH AMERICA INS CO	NY	0	0	0	0	10	10	10	100.0	100.0
06-1325038	30730	FINIAL REINSURANCE COMPANY	CT	0	0	0	0	1	1	1	100.0	100.0
13-6108721	26433	HARCO NATL INS CO	IL	13	0	0	0	0	0	13	0.0	0.0
47-0698507	23680	ODYSSEY REINS CO	CT	1	0	0	0	0	0	1	0.0	0.0
23-1641984	10219	QBE REINS CORP	PA	21	0	0	0	0	0	21	0.0	0.0
41-0451140	67105	RELIASTAR LIFE INS CO	MN	(2)	0	0	0	0	0	(2)	0.0	0.0
43-1235868	93572	RGA REINS CO	MO	291	0	0	0	0	0	291	0.0	0.0
13-2918573	42439	TOA RE INS CO OF AMER	DE	26	0	0	0	0	0	26	0.0	0.0
13-5616275	19453	TRANSATLANTIC REINS CO	NY	1,623	0	0	0	0	0	1,623	0.0	0.0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers				1,973	0	0	0	11	11	1,984	0.6	0.6
Authorized - Other Non-U.S. Insurers												
AA-1120337	00000	ASPEN INS UK LTD	GBR	4	0	0	0	0	0	4	0.0	0.0
AA-1120355	00000	CX REINS CO LTD	GBR	0	0	0	0	479	479	479	100.0	100.0
AA-1340125	00000	HANNOVER RUECK SE	DEU	2	0	0	0	0	0	2	0.0	0.0
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR	3	0	0	0	0	0	3	0.0	0.0
AA-1120102	00000	LLOYD'S SYNDICATE NUMBER 1458	GBR	3	0	0	0	0	0	3	0.0	0.0
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR	2	0	0	0	0	0	2	0.0	0.0
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR	1	0	0	0	0	0	1	0.0	0.0
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR	2	0	0	0	0	0	2	0.0	0.0
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR	4	0	0	0	0	0	4	0.0	0.0
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR	4	0	0	0	0	0	4	0.0	0.0
AA-1120075	00000	Lloyd's Syndicate Number 4020	GBR	2	0	0	0	0	0	2	0.0	0.0
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR	2	0	0	0	0	0	2	0.0	0.0
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR	5	0	0	0	0	0	5	0.0	0.0
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR	1	0	0	0	0	0	1	0.0	0.0
AA-1126570	00000	LLOYD'S SYNDICATE NUMBER 570	GBR	1	0	0	0	0	0	1	0.0	0.0
1299999 - Total Authorized - Other Non-U.S. Insurers				36	0	0	0	479	479	515	93.0	93.0
1399999 - Total Authorized - Total Authorized				5,250	0	0	0	490	490	5,740	8.5	8.5
Unauthorized - Other U.S. Unaffiliated Insurers												
57-0287419	38520	BCBS OF SC INC	SC	2,456	0	0	0	0	0	2,456	0.0	0.0
36-1410470	22977	LUMBERMENS MUT CAS CO	IL	0	0	0	0	140	140	140	100.0	100.0
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers				2,456	0	0	0	140	140	2,596	5.4	5.4
Unauthorized - Other Non-U.S. Insurers												
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BMU	1	0	0	0	0	0	1	0.0	0.0
AA-3194161	00000	Catlin Ins Co Ltd	BMU	1	0	0	0	0	0	1	0.0	0.0
2599999 - Total Unauthorized - Other Non-U.S. Insurers				2	0	0	0	0	0	2	0.0	0.0
2699999 - Total Unauthorized - Total Unauthorized				2,458	0	0	0	140	140	2,598	5.4	5.4
4099999 - Total Authorized, Unauthorized and Certified				7,708	0	0	0	630	630	8,338	7.6	7.6
9999999 Totals				7,708	0	0	0	630	630	8,338	7.6	7.6

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 OMITTED)[illegible]

1. Amounts in dispute totaling \$are included in Column 5.

2. Amounts in dispute totaling \$are excluded from Column 14.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
	1	2	011001234	BANK OF NEW YORK MELLON BANK	1,550
	2	2	011001234	BANK OF NEW YORK MELLON BANK	1,000
	3	2	011001234	BANK OF NEW YORK MELLON BANK	238
	4	2	011001234	BANK OF NEW YORK MELLON BANK	6,218
	5	1	062000019	REGIONS BANK	750
	6	1	026009179	CREDIT SUISSE AG	7,600
	7	1	072000096	COMERICA	1,125
	8	2	011001234	BANK OF NEW YORK MELLON	112
	9	1	026009580	THE ROYAL BANK OF SCOTLAND	200
	10	1	021000089	CITIBANK	1,108
	11	1	072000096	COMERICA	1,201
	12	1	121000358	BANK OF AMERICA	775
	13	1	021000089	CITIBANK	2

Schedule F - Part 6 - Section 1

NONE

Schedule F - Part 6 - Section 2

NONE

27

27

27

27

27

27

28

1. Total
2. Line 1 x .20
3. Schedule F - Part 7 Col. 11
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5, Col. 18 x 1000)
6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 1, Col. 21 x 1000)
7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 2, Col. 15 x 1000)
8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)

[illegible]

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance			
	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	208,590,744		208,590,744
2. Premiums and considerations (Line 15)	36,910,997		36,910,997
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	8,337,981	(8,337,981)	0
4 Funds held by or deposited with reinsured companies (Line 16.2).....	400,000	(400,000)	0
5. Other assets	13,651,643		13,651,643
6. Net amount recoverable from reinsurers			0
7. Protected cell assets (Line 27)	0	107,454,492	107,454,492
8. Totals (Line 28)	267,891,365	98,716,511	366,607,876
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	43,443,848	111,991,000	155,434,848
10. Taxes, expenses, and other obligations (Lines 4 through 8)	5,373,166		5,373,166
11. Unearned premiums (Line 9)	23,748,443	16,864,450	40,612,893
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)	29,083,189	(29,083,189)	0
15. Funds held by company under reinsurance treaties (Line 13)	68,750	(68,750)	0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	987,000	(987,000)	0
18. Other liabilities	12,318,826		12,318,826
19. Total liabilities excluding protected cell business (Line 26)	115,023,222	98,716,511	213,739,733
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	152,868,143	X X X	152,868,143
22. Totals (Line 38)	267,891,365	98,716,511	366,607,876

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 2013 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 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	111,043,290	XXX	111,043,290	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2.	Premiums earned	106,642,017	XXX	106,642,017	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3.	Incurred claims	70,344,706	66.0	70,344,706	66.0	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	819,350	0.8	819,350	0.8		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)	71,164,056	66.7	71,164,056	66.7	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)	9,957,618	9.3	9,957,618	9.3		0.0		0.0		0.0		0.0		0.0		0.0		0.0
8.	Other general insurance expenses	13,402,878	12.6	13,402,878	12.6		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9.	Taxes, licenses and fees	7,621,583	7.1	7,621,583	7.1		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred	30,982,079	29.1	30,982,079	29.1	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	4,495,882	4.2	4,495,882	4.2	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
14.	Gain from underwriting after dividends or refunds	4,495,882	4.2	4,495,882	4.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
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."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	10,764,836	10,764,836							
2. Advance premiums	0	0							
3. Reserve for rate credits	3,622,258	3,622,258							
4. Total premium reserves, current year	14,387,094	14,387,094	0	0	0	0	0	0	0
5. Total premium reserves, prior year	9,985,821	9,985,821	0	0	0	0	0	0	0
6. Increase in total premium reserves	4,401,273	4,401,273	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	0	0							
2. Reserve for future contingent benefits	0	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	25,171,493	25,171,493							
2. Total prior year	22,116,715	22,116,715	0	0	0	0	0	0	0
3. Increase	3,054,778	3,054,778	0	0	0	0	0	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	19,270,415	19,270,415							
1.2 On claims incurred during current year	48,019,513	48,019,513							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	1,022,689	1,022,689							
2.2 On claims incurred during current year	24,148,804	24,148,804							
3. Test:									
3.1 Lines 1.1 and 2.1	20,293,104	20,293,104	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31 prior year	22,116,714	22,116,714	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	(1,823,610)	(1,823,610)	0	0	0	0	0	0	0

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	7,069,933	7,069,933							
2. Premiums earned	5,685,575	5,685,575							
3. Incurred claims	5,746,588	5,746,588							
4. Commissions	1,116,371	1,116,371							
B. Reinsurance Ceded:									
1. Premiums written	184,222,402	184,222,402							
2. Premiums earned	186,650,343	186,650,343							
3. Incurred claims	109,056,782	109,056,782							
4. Commissions	55,364,915	55,364,915							

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....	170,510,757	2,319,828	824,315	173,654,900
2. Beginning Claim Reserves and Liabilities.....	49,350,453	661,257	1,027,864	51,039,574
3. Ending Claim Reserves and Liabilities	54,634,335	415,451	949,073	55,998,859
4. Claims Paid	165,226,875	2,565,634	903,106	168,695,615
B. Assumed Reinsurance:				
5. Incurred Claims.....	5,746,587	0	0	5,746,587
6. Beginning Claim Reserves and Liabilities.....	4,451,222	0	67,958	4,519,180
7. Ending Claim Reserves and Liabilities.....	3,004,878	0	61,336	3,066,214
8. Claims Paid	7,192,931	0	6,622	7,199,553
C. Ceded Reinsurance:				
9. Incurred Claims.....	107,391,798	1,146,636	518,346	109,056,780
10. Beginning Claim Reserves and Liabilities.....	32,447,706	326,783	667,549	33,442,038
11. Ending Claim Reserves and Liabilities.....	33,084,294	202,592	606,694	33,893,580
12. Claims Paid	106,755,210	1,270,827	579,201	108,605,238
D. Net:				
13. Incurred Claims.....	68,865,546	1,173,192	305,969	70,344,707
14. Beginning Claim Reserves and Liabilities.....	21,353,969	334,474	428,273	22,116,716
15. Ending Claim Reserves and Liabilities.....	24,554,919	212,859	403,715	25,171,493
16. Claims Paid.....	65,664,596	1,294,807	330,527	67,289,930
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....	69,684,895	1,173,192	305,969	71,164,056
18. Beginning Reserves and Liabilities.....	21,600,887	334,474	428,272	22,363,633
19. Ending Reserves and Liabilities.....	24,779,344	212,859	403,715	25,395,918
20. Paid Claims and Cost Containment Expenses	66,506,438	1,294,807	330,526	68,131,771

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004	0	812	(812)	0	0	0	0	0	0	0	0	1
3. 2005	585	226	358	0	0	4	0	0	0	0	4	0
4. 2006	311	597	(286)	0	0	0	0	0	0	0	0	0
5. 2007	518	572	(54)	0	0	0	0	0	0	0	0	0
6. 2008	477	632	(155)	0	0	0	0	0	0	0	0	0
7. 2009	420	420	0	0	0	0	0	0	0	0	0	0
8. 2010	366	366	0	0	0	0	0	0	0	0	0	0
9. 2011	331	331	0	0	0	0	0	0	0	0	0	0
10. 2012	349	349	0	0	0	0	0	0	0	0	0	0
11. 2013	272	272	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	4	0	0	0	0	4	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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	27	0	42	0	0	0	14	0	0	0	0	83	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	21	21	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	15	15	0	0	0	0	0	0	0	0	0
8.	0	0	155	155	0	0	0	0	0	0	0	0	0
9.	0	0	75	75	0	0	0	0	0	0	0	0	0
10.	0	0	110	110	0	0	0	0	0	0	0	0	0
11.	0	0	78	78	0	0	0	0	0	0	0	0	0
12.	27	0	517	475	0	0	14	0	0	0	0	83	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	69	14
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	4	0	4	0.7	0.0	1.1	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	21	21	0	4.1	3.7	0.0	0	0	0.0	0	0
6.	21	21	0	4.4	3.3	0.0	0	0	0.0	0	0
7.	15	15	0	3.6	3.6	0.0	0	0	0.0	0	0
8.	155	155	0	42.3	42.3	0.0	0	0	0.0	0	0
9.	75	75	0	22.7	22.7	0.0	0	0	0.0	0	0
10.	110	110	0	31.5	31.5	0.0	0	0	0.0	0	0
11.	78	78	0	28.7	28.7	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	69	14

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2013	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 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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2004	10,387	10,240	147	5,808	5,734	0	0	111	115	0	70	470
3. 2005	10,577	10,570	7	9,422	9,422	0	0	15	14	0	1	1,102
4. 2006	10,268	10,268	0	9,252	9,252	0	0	1	0	0	1	333
5. 2007	1,539	1,539	0	122	122	0	0	1	0	0	1	1
6. 2008	0	0	0	0	0	2	1	1	0	0	1	0
7. 2009	0	0	0	0	0	2	2	2	0	0	2	0
8. 2010	0	0	0	0	0	0	0	0	0	0	0	0
9. 2011	0	0	0	0	0	0	0	0	0	0	0	0
10. 2012	0	0	0	0	0	0	0	0	0	0	0	0
11. 2013	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	24,603	24,529	4	3	130	129	0	75	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	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	5,919	5,849	70	57.0	57.1	47.5	0	0	0.0	0	0
3.	9,437	9,436	1	89.2	89.3	10.5	0	0	0.0	0	0
4.	9,253	9,252	1	90.1	90.1	0.0	0	0	0.0	0	0
5.	122	122	1	8.0	7.9	0.0	0	0	0.0	0	0
6.	2	1	1	(3,002.4)	(1,227.7)	0.0	0	0	0.0	0	0
7.	3	2	2	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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed	
1. Prior	XXX	XXX	XXX	25	25	1,530	1,530	0	0	0	0	XXX
2. 2004	41,480	40,936	544	3,065	3,014	442	404	754	754	0	90	339
3. 2005	43,204	42,281	923	7,574	6,480	1,894	1,679	1,407	1,110	0	1,606	162
4. 2006	38,490	37,420	1,070	14,742	14,643	2,026	1,908	923	903	0	237	215
5. 2007	32,443	30,931	1,511	2,307	2,198	1,185	1,066	1,219	1,091	0	356	173
6. 2008	23,168	20,735	2,432	2,772	2,242	1,406	1,174	1,464	1,147	0	1,079	244
7. 2009	23,366	20,846	2,520	2,852	2,510	531	418	970	808	0	616	254
8. 2010	24,533	20,352	4,181	24,316	22,714	1,237	745	991	722	0	2,362	138
9. 2011	27,813	18,739	9,074	2,144	78	3,229	313	1,445	548	0	5,879	237
10. 2012	32,675	17,614	15,061	2,620	82	3,882	596	1,384	500	0	6,708	359
11. 2013	36,495	17,088	19,407	984	0	551	0	518	303	0	1,750	263
12. Totals	XXX	XXX	XXX	63,402	53,986	17,913	9,834	11,076	7,887	0	20,684	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1.	1,940	1,940	11	11	1,679	1,679	11	11	0	0	0	0	19
2.	251	245	6	6	52	51	6	6	0	0	0	7	3
3.	630	630	0	0	63	63	0	0	0	0	0	0	2
4.	200	200	0	0	25	25	0	0	0	0	0	0	1
5.	1,284	1,284	2,800	2,800	76	76	0	0	0	0	0	0	1
6.	1,168	1,168	2,500	2,500	183	183	0	0	0	0	0	0	11
7.	675	672	1,218	1,212	49	46	515	510	5	3	0	19	7
8.	742	726	2,278	2,273	60	34	512	507	162	144	0	70	20
9.	1,477	1,018	4,269	4,005	530	29	1,144	920	403	273	0	1,578	50
10.	35,612	32,703	5,314	4,971	2,522	1,238	835	423	794	380	0	5,362	267
11.	5,396	2,980	9,273	6,386	1,524	0	2,509	522	1,056	466	0	9,404	257
12.	49,375	43,566	27,669	24,164	6,763	3,424	5,532	2,899	2,420	1,266	0	16,440	638

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	4,577	4,480	97	11.0	10.9	17.9	0	0	0.0	6	1
3.	11,568	9,962	1,606	26.8	23.6	174.1	0	0	0.0	0	0
4.	17,916	17,679	237	46.5	47.2	22.2	0	0	0.0	0	0
5.	8,871	8,515	356	27.3	27.5	23.6	0	0	0.0	0	0
6.	9,493	8,414	1,079	41.0	40.6	44.4	0	0	0.0	0	0
7.	6,815	6,180	635	29.2	29.6	25.2	0	0	0.0	9	10
8.	30,298	27,866	2,432	123.5	136.9	58.2	0	0	0.0	21	49
9.	14,642	7,184	7,457	52.6	38.3	82.2	0	0	0.0	723	855
10.	52,963	40,893	12,070	162.1	232.2	80.1	0	0	0.0	3,252	2,110
11.	21,811	10,657	11,154	59.8	62.4	57.5	0	0	0.0	5,303	4,101
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	9,314	7,126

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	31	31	0	0	0	0	0	0	XXX
2. 2012	11,521	11,479	42	6,249	6,225	4	4	0	0	0	24	XXX
3. 2013	14,082	14,000	82	4,113	4,086	0	0	0	0	0	27	XXX
4. Totals	XXX	XXX	XXX	10,393	10,342	4	4	0	0	0	51	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	1
2.	0	0	12	12	0	0	5	5	0	0	0	0	3
3.	0	0	2,069	2,045	0	0	20	20	0	0	0	24	503
4.	0	0	2,081	2,057	0	0	25	25	0	0	0	24	507

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26	27	28	29	30	31	32	33		35	36	
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0	
2.	6,270	6,246	24	54.4	54.4	57.1	0	0	0.0	0	0	
3.	6,202	6,151	51	44.0	43.9	62.2	0	0	0.0	24	0	
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	24	0	

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2012	0	0	0	0	0	0	0	0	0	0	0	0
3. 2013	0	0	0	0	0	0	0	0	0	0	0	0
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	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	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

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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	12
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	(4)	0	0	0	0	0	0	(4)	XXX
2. 2012	68	68	0	0	0	0	0	0	0	0	0	XXX
3. 2013	65	65	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	(4)	0	0	0	0	0	0	(4)	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					
1.	0	0	10	10	3	3	1	1	0	0	0	0	0
2.	0	0	21	21	0	0	3	3	0	0	0	0	0
3.	0	0	41	41	0	0	5	5	0	0	0	0	0
4.	0	0	72	72	3	3	9	9	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	24	24	0	35.3	35.3	0.0	0	0	0.0	0	0
3.	46	46	0	70.8	70.8	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	1,081	560	14	8	6	0	0	533	XXX
2. 2012	251,266	157,405	93,861	151,945	93,420	1,095	317	2,785	686	0	61,402	XXX
3. 2013	293,293	186,650	106,643	125,839	77,819	859	262	2,511	891	0	50,237	XXX
4. Totals	XXX	XXX	XXX	278,865	171,799	1,968	587	5,302	1,577	0	112,172	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	Direct and Assumed	Ceded			
1.	408	327	178	91	42	0	4	4	7	0	0	217	13
2.	907	728	1,768	1,093	0	0	19	15	50	0	0	908	36
3.	0	0	55,803	31,654	0	0	297	119	1,444	0	0	25,771	2,720
4.	1,315	1,055	57,749	32,838	42	0	320	138	1,501	0	0	26,896	2,769

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount		
	26	27	28	29	30	31	32	33		35	36	
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid	
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	168	49	
2.	158,569	96,259	62,310	63.1	61.2	66.4	0	0	0.0	854	54	
3.	186,753	110,745	76,008	63.7	59.3	71.3	0	0	0.0	24,149	1,622	
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	25,171	1,725	

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 2013 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	2	3	4	5	6	7	8	9	10	11	12
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2004	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2008	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2013	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	3,557	2,945	2,356	2,392	2,535	2,472	2,341	2,273	2,235	2,162	(73)	(111)
2. 2004	8	8	45	0	0	0	0	0	0	0	0	0
3. 2005	XXX	306	4	4	4	4	4	4	4	4	0	0
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2008	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(73)	(111)

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. 2004	0	0	0	0	0	0	0	0	0	0	0	0
3. 2005	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2008	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2013	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	197	131	163	161	170	124	122	116	116	116	0	0
2. 2004	75	74	74	74	74	74	74	74	74	74	0	0
3. 2005	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2008	XXX	XXX	XXX	XXX	0	1	1	1	1	1	0	0
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior	216	306	418	332	227	226	226	226	226	226	0	0
2. 2004	494	389	290	182	120	179	97	97	97	97	0	0
3. 2005	XXX	704	970	2,186	1,394	1,361	1,316	1,309	1,309	1,309	0	0
4. 2006	XXX	XXX	315	244	173	234	225	217	217	217	0	0
5. 2007	XXX	XXX	XXX	460	293	291	236	237	228	228	0	(9)
6. 2008	XXX	XXX	XXX	XXX	1,159	771	865	782	772	762	(10)	(20)
7. 2009	XXX	XXX	XXX	XXX	XXX	866	587	548	484	471	(13)	(77)
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	1,545	1,203	1,671	2,146	475	943
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,005	6,078	6,430	352	2,425
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,413	10,772	3,359	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,349	XXX	XXX
12. Totals											4,163	3,263

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	2	3	4	5	6	7	8	9	10	11	12
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.32	.24	.(8)	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	XXX	XXX
4. Totals											(8)	0

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.3	.(4)	.(7)	.(4)
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											(7)	(4)

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.25,166	.19,563	.19,067	.(496)	.(6,099)
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.61,444	.60,161	.(1,283)	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	72,944	XXX	XXX
4. Totals											(1,779)	(6,099)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

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

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	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013		
1. Prior	.000.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2013	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.	.629	1,114	1,463	2,003	2,080	2,081	2,079	2,079	2,079	.8	.0
2. 2004	.8	.8	45	.0	.0	.0	.0	.0	.0	.0	.1	.0
3. 2005	XXX	.4	.4	.4	.4	.4	.4	.4	.4	.4	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2013	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. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	.000.	23	55	112	121	122	122	116	116	116	427	395
2. 2004	72	74	74	74	74	74	74	74	74	74	178	292
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	289	813
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	170	163
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.1	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.1	.1	.1	.1	.1	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

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

1. Prior	.000.	(6)	160	162	226	226	226	226	226	226	213	590
2. 2004	15	50	56	60	67	76	76	81	89	90	11	325
3. 2005	XXX	45	124	989	749	1,273	1,294	1,309	1,309	1,309	27	133
4. 2006	XXX	XXX	1	93	128	149	217	217	217	217	28	186
5. 2007	XXX	XXX	XXX	22	127	201	228	229	228	228	17	155
6. 2008	XXX	XXX	XXX	XXX	97	505	711	718	762	762	16	217
7. 2009	XXX	XXX	XXX	XXX	XXX	95	243	330	341	454	21	226
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	27	420	1,217	2,094	14	104
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	341	3,394	4,982	44	143
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,740	5,824	54	38
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,535	1	5

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	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	.0	XXX	XXX
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	24	XXX	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	.0	.0	.0
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	(4)	XXX	XXX
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	18,330	18,857	XXX	XXX
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,314	59,303	XXX	XXX
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48,617	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

NONE

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

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	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

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

1. Prior	2,454	1,610	.769	.550	.372	.295	.233	.167	.129	.56
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.302	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	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. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

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

1. Prior	124	.50	.8	.0	.0	.0	.0	.0	.0	.0
2. 2004	.3	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

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

1. Prior	.1	.0	.123	.39	.1	.0	.0	.0	.0	.0
2. 2004	.360	.201	.116	.47	.32	.82	.0	.0	.0	.0
3. 2005	XXX	.556	.308	.99	.37	.10	.0	.0	.0	.0
4. 2006	XXX	XXX	.271	.85	.23	.13	.4	.0	.0	.0
5. 2007	XXX	XXX	XXX	.371	.107	.57	.5	.6	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.600	.135	.78	.9	.10	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.590	.178	.81	.9	.11
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.1,004	.34	.62	.10
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,259	.892	.488
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.2,107	.755
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,874

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	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	0
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,351	879	87
2. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,048	679
3. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,327

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2004	0	0	0	0	0	0	0	0	0	0
3. 2005	XXX	0	0	0	0	0	0	0	0	0
4. 2006	XXX	XXX	0	0	0	0	0	0	0	0
5. 2007	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2008	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2009	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2013	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

Schedule P - Part 5E- SN3
NONE

Schedule P - Part 5F- SN1A
NONE

Schedule P - Part 5F- SN2A
NONE

Schedule P - Part 5F- SN3A
NONE

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	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	.0	.2	.2	.1	.3	.0	.0	.0	.0	.0
2. 2004	1	1	1	1	1	1	1	1	1	1
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	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	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	15	18	21	4	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	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	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	(51)	.5	.5	(16)	(1)	.0	.0	.0	.0	.0
2. 2004	1	1	1	1	1	1	1	1	1	1
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	.41	.0	.124	.209	.94	.0	.0	.0	.0	.0
2. 2004	178	178	178	178	178	178	178	178	178	178
3. 2005	XXX	.0	.242	.289	.289	.289	.289	.289	.289	.289
4. 2006	XXX	XXX	.27	.167	.170	.170	.170	.170	.170	.170
5. 2007	XXX	XXX	XXX	.1	.1	.1	.1	.1	.1	.1
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	.58	.61	.72	.9	.1	.0	.0	.0	.0	.0
2. 2004	.15	.15	.15	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.20	.40	.2	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.2	.6	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	.52	.3	.297	.336	.129	(1)	.0	.0	.0	.0
2. 2004	485	485	485	470	470	470	470	470	470	470
3. 2005	XXX	480	1,053	1,104	1,102	1,102	1,102	1,102	1,102	1,102
4. 2006	XXX	XXX	.64	.335	.333	.333	.333	.333	.333	.333
5. 2007	XXX	XXX	XXX	.1	.1	.1	.1	.1	.1	.1
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	8	5	7	9	7	8	13	4	158	2
2. 2004	0	0	0	2	2	4	4	7	11	11
3. 2005	XXX	0	5	6	8	10	15	19	27	27
4. 2006	XXX	XXX	1	2	4	7	12	16	28	28
5. 2007	XXX	XXX	XXX	0	2	3	8	12	17	17
6. 2008	XXX	XXX	XXX	XXX	1	3	6	12	15	16
7. 2009	XXX	XXX	XXX	XXX	XXX	0	1	15	21	21
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	0	8	12	14
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	13	44
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	54
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	556	259	260	349	213	198	179	128	96	19
2. 2004	303	46	48	26	22	11	10	8	3	3
3. 2005	XXX	42	44	93	42	38	30	13	2	2
4. 2006	XXX	XXX	28	165	71	48	50	17	1	1
5. 2007	XXX	XXX	XXX	62	45	17	13	11	1	1
6. 2008	XXX	XXX	XXX	XXX	7	51	42	22	17	11
7. 2009	XXX	XXX	XXX	XXX	XXX	40	48	35	7	7
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	122	129	101	20
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	267	189	50
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190	267
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior	112	7	26	115	(110)	14	33	7	163	11
2. 2004	330	330	333	315	312	311	315	339	339	339
3. 2005	XXX	71	85	141	102	113	132	162	162	162
4. 2006	XXX	XXX	32	179	121	133	176	215	215	215
5. 2007	XXX	XXX	XXX	63	56	90	129	173	173	173
6. 2008	XXX	XXX	XXX	XXX	9	119	199	244	244	244
7. 2009	XXX	XXX	XXX	XXX	XXX	49	175	254	254	254
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	136	205	205	138
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	281	281	237
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209	359
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	263

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 2013 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	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2013	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	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2013	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

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	10,387	10,387	10,387	10,387	10,387	10,387	10,387	10,387	10,387	10,387	.0
3. 2005	XXX	10,577	10,577	10,577	10,577	10,577	10,577	10,577	10,577	10,577	.0
4. 2006	XXX	XXX	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	.0
5. 2007	XXX	XXX	XXX	1,539	1,539	1,539	1,539	1,539	1,539	1,539	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2013	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)	10,387	10,577	10,268	1,539	0	0	0	0	0	0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	10,240	10,240	10,240	10,240	10,240	10,240	10,240	10,240	10,240	10,240	.0
3. 2005	XXX	10,570	10,570	10,570	10,570	10,570	10,570	10,570	10,570	10,570	.0
4. 2006	XXX	XXX	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	.0
5. 2007	XXX	XXX	XXX	1,539	1,539	1,539	1,539	1,539	1,539	1,539	.0
6. 2008	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2013	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)	10,240	10,570	10,268	1,539	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2013 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	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	41,480	41,480	41,480	41,480	41,480	41,480	41,480	41,480	41,480	41,480	.0
3. 2005	XXX	43,204	43,204	43,204	43,204	43,204	43,204	43,204	43,204	43,204	.0
4. 2006	XXX	XXX	38,490	38,490	38,490	38,490	38,490	38,490	38,490	38,490	.0
5. 2007	XXX	XXX	XXX	32,443	32,443	32,443	32,443	32,443	32,443	32,443	.0
6. 2008	XXX	XXX	XXX	XXX	23,168	23,168	23,168	23,168	23,168	23,168	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	23,366	23,366	23,366	23,366	23,366	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	24,533	24,533	24,533	24,533	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,813	27,813	27,813	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32,675	32,675	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,495	36,495
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,495
13. Earned Premiums (Sc P-Pt 1)	41,480	43,204	38,490	32,443	23,168	23,366	24,533	27,813	32,675	36,495	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	40,936	40,936	40,936	40,936	40,936	40,936	40,936	40,936	40,936	40,936	.0
3. 2005	XXX	42,281	42,281	42,281	42,281	42,281	42,281	42,281	42,281	42,281	.0
4. 2006	XXX	XXX	37,420	37,420	37,420	37,420	37,420	37,420	37,420	37,420	.0
5. 2007	XXX	XXX	XXX	30,931	30,931	30,931	30,931	30,931	30,931	30,931	.0
6. 2008	XXX	XXX	XXX	XXX	20,735	20,735	20,735	20,735	20,735	20,735	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	20,846	20,846	20,846	20,846	20,846	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	20,352	20,352	20,352	20,352	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,739	18,739	18,739	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,614	17,614	.0
11. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,088	17,088
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,088
13. Earned Premiums (Sc P-Pt 1)	40,936	42,281	37,420	30,931	20,735	20,846	20,352	18,739	17,614	17,088	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2013	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	2	3	4	5	6	7	8	9	10	
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2004	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2005	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2006	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2007	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2008	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2009	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2010	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2011	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2013	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

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

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?
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:

Yes [X] No []
- 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 [X]
- 1.4

Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [] No [X]
- 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 [X]
- 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		
1.602	2004.....		
1.603	2005.....		
1.604	2006.....		
1.605	2007.....		
1.606	2008.....		
1.607	2009.....		
1.608	2010.....		
1.609	2011.....		
1.610	2012.....		
1.611	2013.....		
1.612	Totals	0	0

2.

The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement?

Yes [X] No []
3.

The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?:

Yes [X] No []
4.

Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [] No [X]

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

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

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5.

What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity

\$0

5.2 Surety

\$0
6.

Claim count information is reported per claim or per claimant. (indicate which).....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 [X]
- 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 activity. Adjusting and other expense reserves are allocated based on the distribution of outstanding loss reserves.....

ANNUAL STATEMENT FOR THE YEAR 2013 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	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT				1,138		1,138
8. Delaware	DE .....						.0
9. District of Columbia	DC				529		529
10. Florida	FL				920		920
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL				74,674		74,674
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME				196		196
21. Maryland	MD				977		977
22. Massachusetts	MA				1,339		1,339
23. Michigan	MI				169		169
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO				94		94
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ				3,220		3,220
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH				492		492
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA				3,466		3,466
40. Rhode Island	RI .....						.0
41. South Carolina	SC				771		771
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX				47		47
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	88,032	0	88,032

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[illegible]

Asterisk	Explanation
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ANNUAL STATEMENT FOR THE YEAR 2013 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.

MARCH FILING		RESPONSES
1.	Will an actuarial opinion be filed by March 1?	.....YES.....
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....YES.....
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
6.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
MAY FILING		
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....SEE EXPLANATION.....
JUNE FILING		
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.....
AUGUST FILING		
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 **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
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?	.....SEE EXPLANATION.....
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 2013 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?	.....SEE EXPLANATION.....
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. Not applicable
13. Not applicable
16. Not applicable
17. Not applicable
19. Not applicable
22. Not applicable
23. Not applicable
25. Not applicable
26. Not applicable
27. Not applicable
28. Not applicable

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

P002 Additional Aggregate Lines for Page 2 Line 25.
*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. State Income Tax & Premium Tax Recoverable.....	9,645		9,645	37,520
2505. Miscellaneous Accounts Receivable.....	0		0	4,820
2597. Summary of remaining write-ins for Line 25 from page 2	9,645	0	9,645	42,340

P003 Additional Aggregate Lines for Page 3 Line 25.
*LIAB - Liabilities

	1 Current Year	2 Prior Year
2504. Retroactive Reinsurance Reserve Ceded.....	(55,870)	(80,492)
2597. Summary of remaining write-ins for Line 25 from page 3	(55,870)	(80,492)

P004 Additional Aggregate Lines for Page 4 Line 14.
*STMTINCOME - Statement of Income

	1 Current Year	2 Prior Year
1404. Retroactive Reinsurance Ceded.....	(24,622)	(31,427)
1497. Summary of remaining write-ins for Line 14 from page 4	(24,622)	(31,427)

E27 Additional Aggregate Lines for Line 58.
*SCEPT3 - Schedule E - Part 3 - Special Deposits

	1 Type of Deposit	2 Purpose of Deposit	3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
5804. FHLMC POOL C04619.....	B.....	Held for collateral			1,067,012	1,005,302
5805. FHLMC POOL A93497.....	B.....	Held for collateral			217,355	224,113
5806. FHLMC POOL A94423.....	B.....	Held for collateral			418,941	415,815
5807. FHLMC POOL A93679.....	B.....	Held for collateral			517,988	519,804
5808. FHLMC POOL A94314.....	B.....	Held for collateral			334,306	342,236
5809. FHLMC POOL A94703.....	B.....	Held for collateral			327,915	323,122
5810. FHLMC POOL A95090.....	B.....	Held for collateral			452,884	468,551
5811. FHLMC POOL Q00858.....	B.....	Held for collateral			221,411	224,967
5812. FHLMC POOL Q10802.....	B.....	Held for collateral			468,926	430,889
5813. FHLMC POOL Q12044.....	B.....	Held for collateral			391,013	356,162
5814. FNMA POOL 730954.....	B.....	Held for collateral			201,773	230,230
5815. FNMA POOL 832011.....	B.....	Held for collateral			160,990	177,206
5816. FNMA POOL 839033.....	B.....	Held for collateral			189,626	214,723
5817. FNMA POOL 982249.....	B.....	Held for collateral			190,443	215,014
5818. US TREASURY N/B 8 3/4% Due 5/15/2017 MN15.....	B.....	Held for collateral			1,380,976	1,539,580
5819. US TREASURY N/B 8 7/8% Due 8/15/2017 FA15.....	B.....	Held for collateral			718,248	778,299
5820. US TREASURY N/B 4 3/4% Due 8/15/2017 FA15.....	B.....	Held for collateral			1,714,128	1,920,660
5821. US TREASURY N/B 0 5/8% Due 11/30/2017 MN31.....	B.....	Held for collateral			325,130	316,875
5822. FREDDIE MAC 4 7/8% Due 6/13/2018 JD13.....	B.....	Held for collateral			302,792	340,890
5897. Summary of remaining write-ins for Line 58 from page E27	XXX	XXX	0	0	9,601,857	10,044,438



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Alabama

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.AL



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Alaska

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

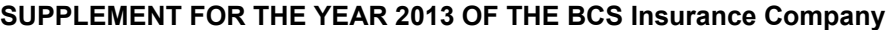
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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
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 - 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.AK



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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
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 - 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.AZ

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF California

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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"



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

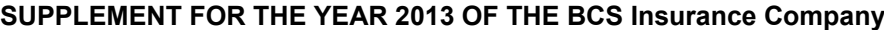
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.CO



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL 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"

360.CT



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Delaware

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.DE



SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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
Title
NAIC Company Code 38245
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

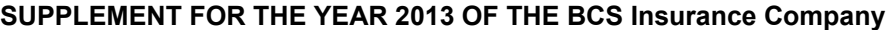
1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state

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"



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

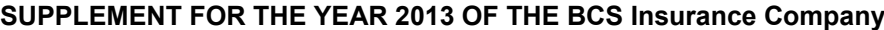
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.FL



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.GA

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Hawaii

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013				
										11	Incurred Claims		14	15	Incurred Claims		18	
											12	13			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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL 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 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Idaho

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013				
										11	Incurred Claims		14	15	Incurred Claims		18	
											12	13			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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES											0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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 - 2.1 Address:
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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 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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"



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Iowa

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.1A



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.KS



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

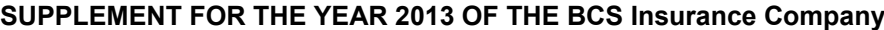
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.KY



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

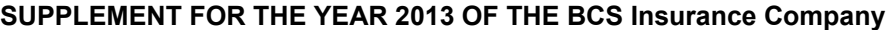
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.LA



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.ME



SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Maryland

NAIC Group Code 00023
Address (City, State and Zip Code) Oakbrook Terrace, IL 60181
Person Completing This Exhibit
Title
NAIC Company Code 38245
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts

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

GENERAL INTERROGATORIES

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: PO Box 248108 Cleveland, OH 44124
- 2.2 Contact Person and Phone Number: B'nai B'rith Member Ins. 800-723-2624
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
- 3.1 Address: PO Box 248108 Cleveland, OH 44124
- 3.2 Contact Person and Phone Number: B'nai B'rith Member Ins. 800-723-2624
4. Explain any policies identified above as policy type "O"

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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

Title

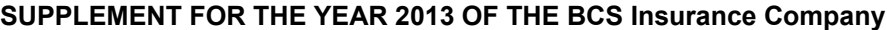
NAIC Company Code 38245

Telephone Number

[illegible]

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"



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Minnesota

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.MN

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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 2013 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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
Title
NAIC Company Code 38245
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL 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 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Montana

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

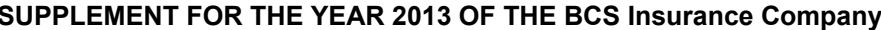
NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013																					
										11	Incurred Claims		14	15	Incurred Claims		18																		
											12	13			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																		
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0																		
NONE																																			
																		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"



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

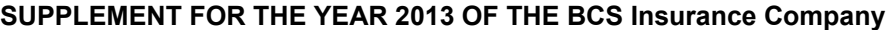
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.NE



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.NV



For the Year Ended December 31, 2013
(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

Person Completing This Exhibit

Title

NAIC Company Code 38245

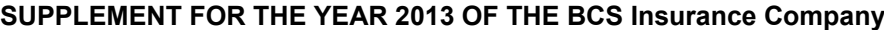
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.NH



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code	00023	NAIC Company Code	38245
Address (City, State and Zip Code)	Oakbrook Terrace, IL 60181		
Person Completing This Exhibit			
Title		Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.NJ

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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"



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.NY

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"



For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Ohio

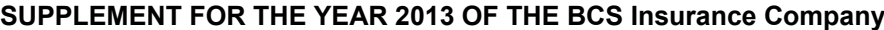
NAIC Group Code	00023	NAIC Company Code	38245
Address (City, State and Zip Code)	Oakbrook Terrace, IL 60181		
Person Completing This Exhibit			
Title		Telephone Number	

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

NONE



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.OK



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.0R

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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"



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

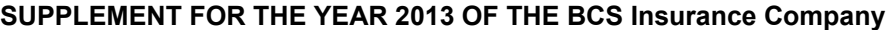
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.RI



For the Year Ended December 31, 2013
(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

Title

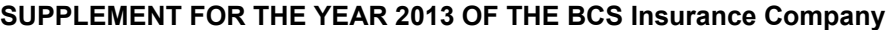
NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

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"

360.SD



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.TN

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF Utah

NAIC Group Code 00023

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

Person Completing This Exhibit

Title

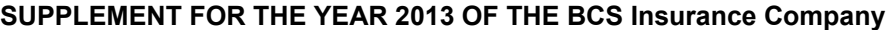
NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013				
										11	Incurred Claims		14	15	Incurred Claims		18	
											12	13			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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL 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"



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

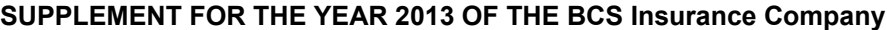
Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	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	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.VT



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL 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"

360.VA



For the Year Ended December 31, 2013
(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

Person Completing This Exhibit

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.W/A

**SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

[illegible]

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"



For the Year Ended December 31, 2013
(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

Title

NAIC Company Code 38245

Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012, 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			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
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										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"

360.WY



SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

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

NAIC Group Code00023

For the Year Ended December 31, 2013

To be Filed by March 1

NAIC Company Code38245

(A) Financial Impact			
	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01. Assets	267,891,365	56,208,423	324,099,788
A02. Liabilities	115,023,222	42,433,745	157,456,967
A03. Surplus as regards to policyholders	152,868,143	13,774,678	166,642,821
A04. Income before taxes	9,145,599	(11,378,179)	(2,232,580)

(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 also reinsures a loss corridor retention for the above reinsurance layer. 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 shareholders of PLIC own 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.....

.....



SUPPLEMENT FOR DECEMBER 31, 2013 OF THE BCS Insurance Company

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

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	CAN							
58.	Aggregate other aliens	OT	0	0	0	0	0	0	0
59.	Totals		0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR DECEMBER 31, 2013 OF THE BCS Insurance Company

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

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	CAN							
58.	Aggregate other aliens	OT	0	0	0	0	0	0	0
59.	Totals		0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0



SUPPLEMENT FOR DECEMBER 31, 2013 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					(18,466)			41,903
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	284,896	272,448			(16,849)			473,154
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other aliens	OT	0	0	0	0	0	0	0	0
59. Totals		284,896	272,448	0	0	(35,315)	0	0	515,057
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



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	CAN								
58. Aggregate other aliens	OT	0	0	0	0	0	0	0	0
59. Totals		0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2013
(To Be Filed by March 1)

NAIC Group Code00023

NAIC Company Code38245

Company NameBCS 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 of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 13,816,545	\$ 13,021,000	\$ 22,560,337	\$ 19,167,919	\$ 2,238,910	\$ 1,412,195	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 of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$ 0	\$ 0	\$ 0	\$ 0	0.0 %	0.0 %

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