



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
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
Main Administrative Office 2 Mid America Plaza, Suite 200, Oakbrook Terrace, IL, US 60181
Mail Address 2 Mid America Plaza, Suite 200, Oakbrook Terrace, IL, US 60181
Primary Location of Books and Records 2 Mid America Plaza, Suite 200, Oakbrook Terrace, IL, US 60181
Internet Web Site Address www.bcsins.com
Statutory Statement Contact Elias Georgopoulos, 630-472-7749
lgeorgo@bcsf.com

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Officers include Howard Francis Beacham III (President & Chief Executive Officer), Susan Ann Pickar (Treasurer), Henry Alan Carpenter (Senior Vice President, General Counsel & Secretary), and Steven Scott Martin (Chairman of the Board).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Other officers include David John Jacobs and Dale Edward Palka (Senior Vice Presidents) and Susan Chylla Lindquist (Senior Vice President).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Directors/Trustees include Howard Francis Beacham III, Steven Scott Martin, Henry Alan Carpenter, David John Jacobs, and Susan Ann Pickar.

State of Illinois
County of DuPage

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.

Signatures of Howard Francis Beacham III, Henry Alan Carpenter, and Susan Ann Pickar with their respective titles.

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

Signature of 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

Table with 12 columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3403, 3498, 3499).

19.AL

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....260,275 and number of persons insured under indemnity only products .....9,523



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.AK

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....513 and number of persons insured under indemnity only products .....177



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....14,554 and number of persons insured under indemnity only products .....3,054

19.AZ



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....3,226 and number of persons insured under indemnity only products .....1,399

19.AR



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                      |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....872,937 and number of persons insured under indemnity only products .....13,589

19.CA



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....10,269 and number of persons insured under indemnity only products .....2,184

19.CO



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                              |

19.CT

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....45,604 and number of persons insured under indemnity only products .....1,211



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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 products .....1,194 and number of persons insured under indemnity only products .....374

19.DE



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....5,981 and number of persons insured under indemnity only products .....122

19.DC



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....46,070 and number of persons insured under indemnity only products .....5,760

19.FL



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....28,667 and number of persons insured under indemnity only products .....9,434

19.GA



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                            |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....74 and number of persons insured under indemnity only products .....32

19.HI



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), and DETAILS OF WRITE-INS.

19.ID

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....563 and number of persons insured under indemnity only products .....742



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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 products .....7,702 and number of persons insured under indemnity only products .....6,690

191L



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

Table with columns: Line of Business, Gross Premiums, Direct Premiums Written/Earned, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred/Unpaid, Direct Defense and Cost Containment Expense Paid/Incurred/Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Medicare Title XVIII, Federal Employees Health Benefits Plan, Workers' compensation, Products liability, Private passenger auto, Commercial auto, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins, and TOTALS (a).

19.IN

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,985 and number of persons insured under indemnity only products 11,642



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.1A

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,150 and number of persons insured under indemnity only products .....2,684



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....43,503 and number of persons insured under indemnity only products .....1,758

19.KS



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

Table with 13 columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins for other lines of business, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3403, 3498, 3499).

19.KY

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,077 and number of persons insured under indemnity only products .....2,997



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.LA

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....18,483 and number of persons insured under indemnity only products .....2,251



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....215 and number of persons insured under indemnity only products .....1,042

19.ME



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

Table with 12 columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3403, 3498, 3499).

19.MD

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,127 and number of persons insured under indemnity only products .....1,501



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....3,118 and number of persons insured under indemnity only products .....361

19.MA



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....9,261 and number of persons insured under indemnity only products .....6,333

19.MI



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.MN

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,925 and number of persons insured under indemnity only products .....6,652



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,179 and number of persons insured under indemnity only products .....3,779

19.MS



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....7,660 and number of persons insured under indemnity only products .....3,138

19.MO



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....439 and number of persons insured under indemnity only products .....289

19.MT



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.NE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....590 and number of persons insured under indemnity only products .....1,459



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....5,084 and number of persons insured under indemnity only products .....1,019

19.NV



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                              |

19.NH

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....16,408 and number of persons insured under indemnity only products .....226



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....32,555 and number of persons insured under indemnity only products .....2,145

19.NJ



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.NM

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,260 and number of persons insured under indemnity only products .....570



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.NY

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....338,974 and number of persons insured under indemnity only products .....2,613



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....5,107 and number of persons insured under indemnity only products .....10,713

19.NC



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                          |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.ND

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....220 and number of persons insured under indemnity only products .....284



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

Table with 12 columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3403, 3498, 3499).

19.OH

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....8,163 and number of persons insured under indemnity only products .....11,015



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.OK

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....751 and number of persons insured under indemnity only products .....4,475



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                              |

19. OR

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,147 and number of persons insured under indemnity only products .....2,325



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.PA

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....37,907 and number of persons insured under indemnity only products .....6,186



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                              |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

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

19.PP.R



**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 |                             | 3<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.RI

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....86,952 and number of persons insured under indemnity only products .....136



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         | 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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,962 and number of persons insured under indemnity only products .....8,745

19.SC



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

Table with columns: Line of Business, Gross Premiums, Direct Premiums Written/Earned, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred/Unpaid, Direct Defense and Cost Containment Expense Paid/Incurred/Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins for other lines of business, TOTALS (a), and DETAILS OF WRITE-INS (3401-3403, 3498, 3499).

19.SD

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....320 and number of persons insured under indemnity only products .....161



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto, Commercial auto, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins, and TOTALS (a).

19.TN

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6,058 and number of persons insured under indemnity only products 9,425



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.TX

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....38,604 and number of persons insured under indemnity only products .....18,261



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,058 and number of persons insured under indemnity only products .....2,672

19.UT



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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 products .....13,754 and number of persons insured under indemnity only products .....134

19.VT



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                              |

19.VA

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....17,409 and number of persons insured under indemnity only products .....6,338



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

Table with 12 columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, 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. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Collectively renewable A & H, Non-cancelable A & H, Guaranteed renewable A & H, Non-renewable for stated reasons only, Other accident only, Medicare Title XVIII, All other A & H, Federal Employees Health Benefits Plan premium, Workers' compensation, Other liability, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault, Other private passenger auto liability, Commercial auto no-fault, Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins, and TOTALS (a). Includes a section for DETAILS OF WRITE-INS (3401-3403, 3498, 3499).

19.WA

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .95,742 and number of persons insured under indemnity only products 3,643



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.WV

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....650 and number of persons insured under indemnity only products .....704



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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           |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 15.8 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                         |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.W1

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,488 and number of persons insured under indemnity only products .....3,574



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                        |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.WY

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....5,420 and number of persons insured under indemnity only products .....174



**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<br>Dividends Paid or Credited to Policyholders on Direct Business | 4<br>Direct Unearned Premium Reserves | 5<br>Direct Losses Paid (deducting salvage) | 6<br>Direct Losses Incurred | 7<br>Direct Losses Unpaid | 8<br>Direct Defense and Cost Containment Expense Paid | 9<br>Direct Defense and Cost Containment Expense Incurred | 10<br>Direct Defense and Cost Containment Expense Unpaid | 11<br>Commissions and Brokerage Expenses | 12<br>Taxes, Licenses and Fees |
|---|---|-----------------------------|---|---------------------------------------|---|-----------------------------|---------------------------|---|---|--|--|--------------------------------|
|   | 1<br>Direct Premiums Written  | 2<br>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                      |
| <b>DETAILS OF WRITE-INS</b>   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3401.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3402.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3403.   |   |                             |   |                                       |   |                             |                           |   |   |  |  |                                |
| 3498. Summary of remaining write-ins for Line 34 from overflow page | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |
| 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)    | 0   | 0                           | 0   | 0                                     | 0   | 0                           | 0                         | 0   | 0   | 0  | 0  | 0                              |

19.GT

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,112,334 and number of persons insured under indemnity only products 195,715

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**SCHEDULE F - PART 1**

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

| 1<br>ID Number                                     | 2<br>NAIC Company Code | 3<br>Name of Reinsured        | 4<br>Domiciliary Jurisdiction | 5<br>Assumed Premium | Reinsurance On                                |                                |                 | 9<br>Contingent Commissions Payable | 10<br>Assumed Premiums Receivable | 11<br>Unearned Premium | 12<br>Funds Held By or Deposited With Reinsured Companies | 13<br>Letters of Credit Posted | 14<br>Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit | 15<br>Amount of Assets Pledged or Collateral Held in Trust |
|--|------------------------|-------------------------------|-------------------------------|----------------------|---|--------------------------------|-----------------|-------------------------------------|-----------------------------------|------------------------|---|--------------------------------|---|--|
|  |                        |                               |                               |                      | 6<br>Paid Losses and Loss Adjustment Expenses | 7<br>Known Case Losses and LAE | 8<br>Cols. 6 +7 |                                     |                                   |                        |   |                                |   |  |
| Affiliates - U.S. Non-Pool - Other                 |                        |                               |                               |                      |   |                                |                 |                                     |                                   |                        |   |                                |   |  |
| 36-2149353   | 80985                  | 4 EVER LIFE INS CO            | IL                            | 1,421                |   |                                | 0               |                                     | 84                                |                        |   |                                |   |  |
| 0399999 - Total Affiliates - U.S. Non-Pool - Other |                        |                               |                               | 1,421                | 0   | 0                              | 0               | 0                                   | 84                                | 0                      | 0   | 0                              | 0   | 0  |
| 0499999 - Total Affiliates - U.S. Non-Pool - Total |                        |                               |                               | 1,421                | 0   | 0                              | 0               | 0                                   | 84                                | 0                      | 0   | 0                              | 0   | 0  |
| 0899999 - Total Affiliates - Total Affiliates      |                        |                               |                               | 1,421                | 0   | 0                              | 0               | 0                                   | 84                                | 0                      | 0   | 0                              | 0   | 0  |
| Other U.S. Unaffiliated Insurers                   |                        |                               |                               |                      |   |                                |                 |                                     |                                   |                        |   |                                |   |  |
| 41-1366075   | 90611                  | ALLIANZ LIFE INS CO OF N AMER | MN                            | 4                    |   | 53                             | 53              |                                     |                                   | 55                     |   |                                |   |  |
| 43-1257251   | 47171                  | BCBS OF KC                    | MO                            | 2,518                |   |                                | 0               |                                     |                                   |                        |   |                                |   |  |
| 48-0952857   | 47163                  | BCBS OF KS INC                | KS                            |                      |   | 112                            | 112             |                                     |                                   | 153                    |   |                                |   |  |
| 61-1237516   | 95120                  | ANTHEM HLTH PLANS OF KY INC   | KY                            |                      |   |                                | 0               |                                     |                                   | 367                    |   |                                |   |  |
| 38-2069753   | 54291                  | BCBS OF MI                    | MI                            | (454)                |   |                                | 0               |                                     |                                   | 1,551                  |   |                                |   |  |
| 05-0158952   | 53473                  | BCBS OF RI                    | RI                            | 3,578                |   |                                | 0               | 250                                 |                                   |                        | 400   |                                |   |  |
| 31-1071217   | 53996                  | BCBS OF WV INC                | WV                            |                      |   |                                | 0               |                                     |                                   | 1,551                  |   |                                |   |  |
| 63-0168500   | 67997                  | PREFERRED LIFE INS CO         | AL                            | 3                    |   |                                | 0               |                                     |                                   | 24                     |   |                                |   |  |
| 95-4513631   | 10352                  | SCPIE IND CO                  | CA                            |                      |   | 27                             | 27              |                                     |                                   |                        |   |                                |   |  |
| 0999999 - Total Other U.S. Unaffiliated Insurers   |                        |                               |                               | 5,649                | 0   | 192                            | 192             | 0                                   | 250                               | 3,701                  | 400   | 0                              | 0   | 0  |
| <b>9999999 Totals</b>                              |                        |                               |                               | <b>7,070</b>         | <b>0</b>                                      | <b>192</b>                     | <b>192</b>      | <b>0</b>                            | <b>334</b>                        | <b>3,701</b>           | <b>400</b>  | <b>0</b>                       | <b>0</b>  | <b>0</b>   |

**SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year

| 1<br>ID<br>Number                              | 2<br>NAIC<br>Company<br>Code | 3<br>Name of Company | 4<br>Date of Contract | 5<br>Original Premium | 6<br>Reinsurance<br>Premium |
|--|------------------------------|----------------------|-----------------------|-----------------------|-----------------------------|
| 0199999 Total Reinsurance Ceded by Portfolio   |                              |                      |                       | 0                     | 0                           |
| 0299999 Total Reinsurance Assumed by Portfolio |                              |                      |                       | 0                     | 0                           |
| <p><b>NONE</b></p>                             |                              |                      |                       |                       |                             |

**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<br>ID Number  | 2<br>NAIC Company Code | 3<br>Name of Reinsurer                             | 4<br>Domiciliary Jurisdiction | 5<br>Reinsurance Contracts Ceding 75% or More of Direct Premiums Written | 6<br>Reinsurance Premiums Ceded | 7<br>Reinsurance Recoverable On |               |                               |                               |                          |                         |                         |                              |                                 |                              | 8<br>Reinsurance Payable              |        | 18<br>Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17] | 19<br>Funds Held By Company Under Reinsurance Treaties |
|---|------------------------|--|-------------------------------|--|---------------------------------|---------------------------------|---------------|-------------------------------|-------------------------------|--------------------------|-------------------------|-------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------------|--------|---|--|
|   |                        |  |                               |  |                                 | 7<br>Paid Losses                | 8<br>Paid LAE | 9<br>Known Case Loss Reserves | 10<br>Known Case LAE Reserves | 11<br>IBNR Loss Reserves | 12<br>IBNR LAE Reserves | 13<br>Unearned Premiums | 14<br>Contingent Commissions | 15<br>Cols. 7 through 14 Totals | 16<br>Ceded Balances Payable | 17<br>Other Amounts Due to Reinsurers |        |   |  |
| 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)                             |               |                               |                               |                          |                         |                         |                              | 0                               | (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                           |                                 | 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                           |  | 0                               | 0                               | 0             | 1                             | 23                            | 0                        | 0                       | 0                       |                              | 24                              | (11)                         |                                       | 35     |   |  |
| AA-1127200  | 00000                  | Lloyd's Syndicate Number 1200                      | GBR                           |  | 14                              | 0                               | 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                             | 0                               |               | 0                             | 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                       | 0                       |                              | 0                               | (4)                          |                                       | 4      |   |  |
| AA-1120102  | 00000                  | LLOYD'S SYNDICATE NUMBER 1458                      | GBR                           |  | 321                             | 0                               | 3             | 234                           | 7                             |                          | 48                      |                         |                              | 292                             | (37)                         |                                       | 329    |   |  |
| AA-1126183  | 00000                  | LLOYD'S SYNDICATE NUMBER 183                       | GBR                           |  | 0                               | 0                               | 0             | 2                             |                               | 0                        | 0                       | 0                       |                              | 0                               | 0                            |                                       | 2      |   |  |
| AA-1120084  | 00000                  | Lloyd's Syndicate Number 1955                      | GBR                           |  | 57                              | 0                               |               | 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                               | 0             | 0                             |                               | 134                      | 0                       |                         |                              | 134                             | 39                           |                                       | 95     |   |  |
| AA-1126205  | 00000                  | LLOYD'S SYNDICATE NUMBER 205                       | GBR                           |  | 0                               | 0                               | 0             | 0                             |                               | 0                        | 0                       | 0                       |                              | 0                               | 1                            |                                       | (1)    |   |  |
| AA-1126227  | 00000                  | LLOYD'S SYNDICATE NUMBER 227                       | GBR                           |  | 0                               | 0                               | 0             | 0                             |                               | 0                        | 0                       | 0                       |                              | 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                       | 0                       |                              | 0                               | (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                               | 4             | 0                             | 16                            | 0                        | 0                       | 0                       |                              | 16                              | (17)                         |                                       | 33     |   |  |
| AA-1126362  | 00000                  | LLOYD'S SYNDICATE NUMBER 362                       | GBR                           |  | 0                               | 0                               | 0             | 1                             |                               | 0                        | 0                       | 0                       |                              | 1                               | 1                            |                                       | 0      |   |  |
| AA-1120075  | 00000                  | Lloyd's Syndicate Number 4020                      | GBR                           |  | 267                             | 0                               | 2             | 525                           | 15                            | 216                      | 74                      | 57                      |                              | 889                             | 61                           |                                       | 828    |   |  |
| AA-1126435  | 00000                  | LLOYD'S SYNDICATE NUMBER 435                       | GBR                           |  | 807                             | 0                               | 2             | 1,451                         | 113                           | 960                      | 160                     | 173                     |                              | 2,859                           | 439                          |                                       | 2,420  |   |  |
| AA-1126006  | 00000                  | Lloyd's Syndicate Number 4472                      | GBR                           |  | 1,579                           | 0                               | 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<br>ID Number  | 2<br>NAIC Company Code | 3<br>Name of Reinsurer              | 4<br>Domiciliary Jurisdiction | 5<br>Reinsurance Contracts Ceding 75% or More of Direct Premiums Written | 6<br>Reinsurance Premiums Ceded | 7<br>Reinsurance Recoverable On |               |                               |                               |                          |                         |                         |                              |                                 |                              | 8<br>Reinsurance Payable              |                | 18<br>Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17] | 19<br>Funds Held By Company Under Reinsurance Treaties |
|---|------------------------|-------------------------------------|-------------------------------|--|---------------------------------|---------------------------------|---------------|-------------------------------|-------------------------------|--------------------------|-------------------------|-------------------------|------------------------------|---------------------------------|------------------------------|---------------------------------------|----------------|---|--|
|   |                        |                                     |                               |  |                                 | 7<br>Paid Losses                | 8<br>Paid LAE | 9<br>Known Case Loss Reserves | 10<br>Known Case LAE Reserves | 11<br>IBNR Loss Reserves | 12<br>IBNR LAE Reserves | 13<br>Unearned Premiums | 14<br>Contingent Commissions | 15<br>Cols. 7 through 14 Totals | 16<br>Ceded Balances Payable | 17<br>Other Amounts Due to Reinsurers |                |   |  |
| AA-1126570  | 00000                  | LLOYD'S SYNDICATE NUMBER 570        | GBR                           |  | (4)                             | 0                               | 1             | 26                            | 1                             | 0                        | 0                       | 0                       | 0                            | 28                              | 19                           |                                       | 9              |   |  |
| AA-1126609  | 00000                  | LLOYD'S SYNDICATE NUMBER 609        | GBR                           |  | 35                              | 0                               | 0             | 0                             | 0                             | 0                        | 0                       | 0                       | 5                            | (17)                            |                              | 22                                    |                |   |  |
| AA-1126623  | 00000                  | LLOYD'S SYNDICATE NUMBER 623        | GBR                           |  | (9)                             | 0                               | 0             | 156                           | 5                             | 0                        | 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                            | 0                                     | 38             |   |  |
| AA-1126990  | 00000                  | LLOYD'S SYNDICATE NUMBER 990        | GBR                           |  | (2)                             | 0                               | 0             | 0                             | 0                             | 0                        | 0                       | 0                       | 0                            | 0                               | 0                            | 0                                     |                |   |  |
| AA-1126991  | 00000                  | LLOYD'S SYNDICATE NUMBER 991        | GBR                           |  | 0                               | 0                               | 0             | 2                             | 0                             | 0                        | 0                       | 0                       | 2                            | 2                               | 0                            | 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                           |  |                                 | 0                               | 0             | 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                           |  |                                 | 0                               | 0             |                               |                               | 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                  | AMERHEALTH 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  |  |
| <b>9999999 Totals</b>   |                        |                                     |                               |  | <b>217,000</b>                  | <b>8,006</b>                    | <b>332</b>    | <b>44,620</b>                 | <b>3,494</b>                  | <b>59,605</b>            | <b>4,272</b>            | <b>16,864</b>           | <b>0</b>                     | <b>137,193</b>                  | <b>29,083</b>                | <b>0</b>                              | <b>108,110</b> | <b>69</b>   |  |

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<br>Name of Reinsurer             | 2<br>Commission Rate | 3<br>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<br>Name of Reinsurer             | 2<br>Total Recoverables | 3<br>Ceded Premiums | 4<br>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<br>ID Number  | 2<br>NAIC Company Code | 3<br>Name of Reinsurer                            | 4<br>Domiciliary Jurisdiction | Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses |                   |                   |                    |                    |            |  | 11<br>Total Due<br>Cols. 5 + 10 | 12<br>Percentage<br>Overdue<br>Col. 10/Col. 11 | 13<br>Percentage More<br>Than 120 Days<br>Overdue Col. 9 /<br>Col. 11 |
|---|------------------------|---|-------------------------------|--|-------------------|-------------------|--------------------|--------------------|------------|--|---------------------------------|--|---|
|   |                        |   |                               | 5<br>Current   | Overdue           |                   |                    |                    |            | 10<br>Total Overdue<br>Cols. 6 + 7 + 8 + 9 |                                 |  |   |
|   |                        |   |                               |  | 6<br>1 to 29 Days | 7<br>30 - 90 Days | 8<br>91 - 120 Days | 9<br>Over 120 Days | 10         |  |                                 |  |   |
| Authorized - Affiliates - U.S. Non-Pool - Other                         |                        |   |                               |  |                   |                   |                    |                    |            |  |                                 |  |   |
| 36-2149353  | 80985                  | 4 EVER LIFE INS CO                                | IL                            | 2,794  | 0                 | 0                 | 0                  | 0                  | 0          | 0  | 2,794                           | 0.0  | 0.0   |
| 36-3503362  | 26794                  | PLANS' LIAB INS CO                                | OH                            | 447  | 0                 | 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          | 0  | 3,241                           | 0.0  | 0.0   |
| 0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total         |                        |   |                               | 3,241  | 0                 | 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          | 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  |   |
| <b>9999999 Totals</b>   |                        |   |                               | <b>7,708</b>   | <b>0</b>          | <b>0</b>          | <b>0</b>           | <b>630</b>         | <b>630</b> | <b>8,338</b>                               | <b>7.6</b>                      | <b>7.6</b>                                     |   |

**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)

| 1  | 2                 | 3   | 4                        | 5  | 6  | 7                 | 8   | 9                      | 10                             | 11   | 12   | 13  | 14  | 15                       | 16  | 17   | 18  |
|--|-------------------|---|--------------------------|--|--|-------------------|---|------------------------|--------------------------------|--|--|---|---|--------------------------|---|--|---|
| ID Number  | NAIC Company Code | Name of Reinsurer                                 | Domiciliary Jurisdiction | Reinsurance Recoverable All Items Schedule F Part 3, Col. 15 | Funds Held By Company Under Reinsurance Treaties | Letters of Credit | Issuing or Confirming Bank Reference Number (a) | Ceded Balances Payable | Miscellaneous Balances Payable | Trust Funds and Other Allowed Offset Items | Total Collateral and Offsets Allowed (Cols. 6+7+9+10+11 but not in Excess of Col. 5) | Provision for Unauthorized Reinsurance (Col. 5 Minus Col. 12) | Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute | 20% of Amount in Col. 14 | 20% of Amount In Dispute Included in Column 5 | Provision for Overdue Reinsurance (Col. 15 plus Col. 16) | Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5) |
| Other U.S. Unaffiliated Insurers                 |                   |   |                          |  |  |                   |   |                        |                                |  |  |   |   |                          |   |  |   |
| 57-0287419                                       | 38520             | BCBS OF SC INC. GROUP HOSPITALIZATION & MED SRVCS | SC                       | 10,662   |  | 1,550             | 1   | 10,201                 |                                |  | 10,662   | .0  |   | .0                       | .0  | .0   | .0  |
| 53-0078070                                       | 53007             | HCI, INC  | DC                       | 555  |  | 1,000             | 2   | .0                     |                                |  | 555  | .0  |   | .0                       | .0  | .0   | .0  |
| 75-3002215                                       | 11435             | HTH RE, LTD                                       | VT                       | 431  |  | 238               | 3   | 123                    |                                |  | 361  | 70  |   | .0                       | .0  | .0   | 70  |
| 98-0408753                                       | 00000             | LUMBERMENS MUT CAS CO                             | HI                       | 14,225   |  | 6,218             | 4   | 8,983                  |                                |  | 14,225   | .0  |   | .0                       | .0  | .0   | .0  |
| 36-1410470                                       | 22977             | TRANSAMERICA OCCIDENTAL LIFE INS CO               | IL                       | 141  |  |                   |   | .1                     |                                |  | .1   | 140   | 140   | 28                       | .0  | .28  | 141   |
| 95-1060502                                       | 67121             | UNITED TRUST INS CO                               | IA                       | .0   | 31   | 750               | 5   | .6                     |                                |  | .0   | .0  |   | .0                       | .0  | .0   | .0  |
| 63-0477090                                       | 81531             |   | AL                       | 599  |  |                   |   |                        |                                |  | 599  | .0  |   | .0                       | .0  | .0   | .0  |
| 0999999 - Total Other U.S. Unaffiliated Insurers |                   |   |                          | 26,613   | 31   | 9,756             | XXX   | 19,314                 | 0                              | 0  | 26,403   | 210   | 140   | 28                       | 0   | 28   | 211   |
| Other Non-U.S. Insurers                          |                   |   |                          |  |  |                   |   |                        |                                |  |  |   |   |                          |   |  |   |
| AA-1440006                                       | 00000             | AGA REINS   | FRA                      | 7,698  |  | 7,600             | 6   | 3,852                  |                                |  | 7,698  | .0  |   | .0                       | .0  | .0   | .0  |
| AA-3190795                                       | 00000             | AMERICAN SAFETY REINS LTD.                        | BMU                      | 1,615  |  | 1,125             | 7   | 193                    |                                |  | 1,318  | 297   |   | .0                       | .0  | .0   | 297   |
| AA-0000000                                       | 00000             | AMERHEALTH ASSURANCE, LTD.                        | BMU                      | 195  |  |                   | 8   | .0                     |                                |  | 112  | 83  |   | .0                       | .0  | .0   | 83  |
| AA-3190874                                       | 00000             | AMLIN BERMUDA LTD                                 | BMU                      | 367  |  | 200               | 9   | (31)                   |                                |  | 169  | 198   |   | .0                       | .0  | .0   | 198   |
| AA-3194161                                       | 00000             | JRG REINS CO LTD                                  | BMU                      | 943  |  | 1,108             | 10  | 84                     |                                |  | 943  | .0  |   | .0                       | .0  | .0   | .0  |
| AA-3190958                                       | 00000             | PACIFIC LIGHTHOUSE REINS LTD                      | BMU                      | 724  |  | 1,201             | 11  | 181                    |                                |  | 724  | .0  |   | .0                       | .0  | .0   | .0  |
| AA-3190744                                       | 00000             | SPHERE DRAKE INS LTD                              | BMU                      | 824  |  | 775               | 12  | 296                    |                                |  | 824  | .0  |   | .0                       | .0  | .0   | .0  |
| AA-1121366                                       | 00000             |   | GBR                      | 2  |  | 2                 | 13  | .3                     |                                |  | 2  | .0  |   | .0                       | .0  | .0   | .0  |
| 1299999 - Total Other Non-U.S. Insurers          |                   |   |                          | 12,368   | 0  | 12,123            | XXX   | 4,578                  | 0                              | 0  | 11,790   | 578   | 0   | 0                        | 0   | 0  | 578   |
| 1399999 - Total Affiliates and Others            |                   |   |                          | 38,981   | 31   | 21,879            | XXX   | 23,892                 | 0                              | 0  | 38,193   | 788   | 140   | 28                       | 0   | 28   | 789   |
| 9999999 Totals                                   |                   |   |                          | 38,981   | 31   | 21,879            | XXX   | 23,892                 | 0                              | 0  | 38,193   | 788   | 140   | 28                       | 0   | 28   | 789   |

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**

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**SCHEDULE F - PART 7**

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

| 1                                 | 2                 | 3                         | 4  | 5   | 6                              | 7                               | 8   | 9   | 10                      | 11  |
|-----------------------------------|-------------------|---------------------------|--|---|--------------------------------|---------------------------------|---|---|-------------------------|---|
| ID Number                         | NAIC Company Code | Name of Reinsurer         | Reinsurance Recoverable on Paid Losses and LAE More Than 90 Days Overdue (a) | Total Reinsurance Recoverable on Paid Losses and Paid LAE (b) | Amounts Received Prior 90 Days | Col. 4 divided by (Cols. 5 + 6) | Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7 | Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7 | 20% of Amount in Col. 9 | Amount Reported in Col. 8 x 20% + Col. 10 |
| Provision for Overdue Reinsurance |                   |                           |  |   |                                |                                 |   |   |                         |   |
| 06-1022232                        | 24899             | ALEA NORTH AMERICA INS CO | 10,000   | 10,000  |                                | 100.000                         | 0   | 0   | 0                       | 0   |
| 06-1325038                        | 39136             | FINIAL REINSURANCE CO     | 1,000  | 1,000   |                                | 100.000                         | 0   | 0   | 0                       | 0   |
| AA-1120355                        | 00000             | CX REINS CO LTD           | 479,000  | 479,000   |                                | 100.000                         | 0   | 0   | 0                       | 0   |
| 9999999 Totals                    |                   |                           | 490,000  | 490,000   | 0                              | XXX                             | 0   | 0   | 0                       | 0   |

(a) From Schedule F - Part 4 Columns 8 + 9, total authorized, less \$ .....0 in dispute.

(b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$ .....0 in dispute.

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**SCHEDULE F - PART 8**

Provision for Overdue Reinsurance as of December 31, Current Year

| 1<br>ID<br>Number                 | 2<br>NAIC<br>Company<br>Code | 3<br>Name of Reinsurer    | 4<br>Reinsurance<br>Recoverable<br>All Items | 5<br>Funds Held By<br>Company Under<br>Reinsurance Treaties | 6<br>Letters of Credit | 7<br>Ceded Balances<br>Payable | 8<br>Other Miscellaneous<br>Balances | 9<br>Other Allowed<br>Offset Items | 10<br>Sum of Cols. 5<br>through 9 but not in<br>Excess of Col. 4 | 11<br>Col. 4 minus Col. 10 | 12<br>Greater of Col. 11 or<br>Schedule F - Part 4<br>Cols. 8 + 9 |
|-----------------------------------|------------------------------|---------------------------|--|---|------------------------|--------------------------------|--------------------------------------|------------------------------------|--|----------------------------|---|
| Provision for Overdue Reinsurance |                              |                           |  |   |                        |                                |                                      |                                    |  |                            |   |
| 06-1022232                        | 24899                        | ALEA NORTH AMERICA INS CO | 10,000                                       |   |                        | (1,000)                        |                                      |                                    | (1,000)  | 11,000                     | 11,000  |
| 06-1325038                        | 30730                        | FINIAL REINSURANCE CO     | 1,000  |   |                        | 0                              |                                      |                                    | 0  | 1,000                      | 1,000   |
| AA-1120355                        | 00000                        | CX REINS CO LTD           | 984,000                                      |   |                        | 6,000                          |                                      |                                    | 6,000  | 978,000                    | 978,000   |
| <b>9999999 Totals</b>             |                              |                           | 995,000                                      | 0   | 0                      | 5,000                          | 0                                    | 0                                  | 5,000  | 990,000                    | 990,000   |

|  |         |
|--|---------|
| 1. Total   | 990,000 |
| 2. Line 1 x .20  | 198,000 |
| 3. Schedule F - Part 7 Col. 11   | 0       |
| 4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)  | 198,000 |
| 5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5, Col. 18 x 1000)                | 789,000 |
| 6. Provision for Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 1, Col. 21 x 1000)         | 0       |
| 7. Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Schedule F, Part 6, Section 2, Col. 15 x 1000) | 0       |
| 8. Provision for Reinsurance (sum Lines 4 + 5 + 6 + 7) (Enter this amount on Page 3, Line 16)                      | 987,000 |

**SCHEDULE F - PART 9**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

|   | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| <b>ASSETS</b> (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                       |
| <b>LIABILITIES</b> (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<br>(Group and Individual) |     | Collectively Renewable |     | Other Individual Contracts |     |                      |     |                                       |     |                     |     |           |     |
|--|-------------|------|---------------------------|------|--|-----|------------------------|-----|----------------------------|-----|----------------------|-----|---------------------------------------|-----|---------------------|-----|-----------|-----|
|  | 1           | 2    | 3                         | 4    | 5                                      | 6   | 7                      | 8   | Non-Cancelable             |     | Guaranteed Renewable |     | Non-Renewable for Stated Reasons Only |     | Other Accident Only |     | All Other |     |
|  | Amount      | %    | Amount                    | %    | Amount                                 | %   | Amount                 | %   | Amount                     | %   | Amount               | %   | Amount                                | %   | Amount              | %   | Amount    | %   |
| <b>PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS</b>                          |             |      |                           |      |  |     |                        |     |                            |     |                      |     |                                       |     |                     |     |           |     |
| 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<br>containment expenses (Lines 3<br>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<br>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<br>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 |
| <b>DETAILS OF WRITE-INS</b>  |             |      |                           |      |  |     |                        |     |                            |     |                      |     |                                       |     |                     |     |           |     |
| 1101. ....   |             |      |                           |      |  |     |                        |     |                            |     |                      |     |                                       |     |                     |     |           |     |
| 1102. ....   |             |      |                           |      |  |     |                        |     |                            |     |                      |     |                                       |     |                     |     |           |     |
| 1103. ....   |             |      |                           |      |  |     |                        |     |                            |     |                      |     |                                       |     |                     |     |           |     |
| 1198. Summary of remaining write-ins for<br>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<br>plus 1198) (Line 11 above) .....    | 0           | 0.0  | 0                         | 0.0  | 0                                      | 0.0 | 0                      | 0.0 | 0                          | 0.0 | 0                    | 0.0 | 0                                     | 0.0 | 0                   | 0.0 | 0         | 0.0 |

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

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**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 |
| <b>PART 2 - RESERVES AND LIABILITIES</b>        |            |                           |                                   |                        |                            |                      |                                       |                     |           |
| 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         |

| <b>PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b> |             |             |   |   |   |   |   |   |   |
|---|-------------|-------------|---|---|---|---|---|---|---|
| 1. Claims paid during the year:                                     |             |             |   |   |   |   |   |   |   |
| 1.1 On claims incurred prior to current year .....                  | 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 |

| <b>PART 4 - REINSURANCE</b> |             |             |  |  |  |  |  |  |  |
|-----------------------------|-------------|-------------|--|--|--|--|--|--|--|
| 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<br>Medical | 2<br>Dental | 3<br>Other | 4<br>Total  |
|--|--------------|-------------|------------|-------------|
| <b>A. Direct:</b>  |              |             |            |             |
| 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>B. Assumed Reinsurance:</b>                               |              |             |            |             |
| 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   |
| <b>C. Ceded Reinsurance:</b>                                 |              |             |            |             |
| 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 |
| <b>D. Net:</b>   |              |             |            |             |
| 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  |
| <b>E. Net Incurred Claims and Cost Containment Expenses:</b> |              |             |            |             |
| 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  |

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

---

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**

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned         |            |                        | Loss and Loss Expense Payments |            |                                       |            |                              |            | 12<br>Number of Claims Reported Direct and Assumed |  |  |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net (Cols. 1 - 2) | Loss Payments                  |            | Defense and Cost Containment Payments |            | Adjusting and Other Payments |            |  | 10<br>Salvage and Subrogation Received | 11<br>Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
|  |                         |            |                        | 4<br>Direct and Assumed        | 5<br>Ceded | 6<br>Direct and Assumed               | 7<br>Ceded | 8<br>Direct and Assumed      | 9<br>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  | 0                                      | 4  |
| 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  | 0                                      | 4  |

|     | Losses Unpaid            |             |                          |             | Defense and Cost Containment Unpaid |             |                          |             | Adjusting and Other Unpaid |             | 23<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|-----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
|     | Case Basis               |             | Bulk + IBNR              |             | Case Basis                          |             | Bulk + IBNR              |             | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|     | 13<br>Direct and Assumed | 14<br>Ceded | 15<br>Direct and Assumed | 16<br>Ceded | 17<br>Direct and Assumed            | 18<br>Ceded | 19<br>Direct and Assumed | 20<br>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<br>Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount |                            |
|-----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
|     | 26<br>Direct and Assumed                | 27<br>Ceded | 28<br>Net | 29<br>Direct and Assumed                                    | 30<br>Ceded | 31<br>Net | 32<br>Loss          | 33<br>Loss Expense |  | 35<br>Losses Unpaid                       | 36<br>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)**

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned         |            |                        | Loss and Loss Expense Payments |            |                                       |            |                              |            | 12<br>Number of Claims Reported Direct and Assumed |  |  |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net (Cols. 1 - 2) | Loss Payments                  |            | Defense and Cost Containment Payments |            | Adjusting and Other Payments |            |  | 10<br>Salvage and Subrogation Received | 11<br>Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
|  |                         |            |                        | 4<br>Direct and Assumed        | 5<br>Ceded | 6<br>Direct and Assumed               | 7<br>Ceded | 8<br>Direct and Assumed      | 9<br>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<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|-----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
|     | Case Basis               |             | Bulk + IBNR              |             | Case Basis                          |             | Bulk + IBNR              |             | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|     | 13<br>Direct and Assumed | 14<br>Ceded | 15<br>Direct and Assumed | 16<br>Ceded | 17<br>Direct and Assumed            | 18<br>Ceded | 19<br>Direct and Assumed | 20<br>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   |

NONE

|     | Total Losses and Loss Expenses Incurred |             |           | Loss and Loss Expense Percentage (Incurred/Premiums Earned) |             |           | Nontabular Discount |                    | 34<br>Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount |                            |
|-----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
|     | 26<br>Direct and Assumed                | 27<br>Ceded | 28<br>Net | 29<br>Direct and Assumed                                    | 30<br>Ceded | 31<br>Net | 32<br>Loss          | 33<br>Loss Expense |  | 35<br>Losses Unpaid                       | 36<br>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**

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned         |            |                        | Loss and Loss Expense Payments |            |                                       |            |                              |            |  | 12<br>Number of Claims Reported Direct and Assumed |  |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net (Cols. 1 - 2) | Loss Payments                  |            | Defense and Cost Containment Payments |            | Adjusting and Other Payments |            | 10<br>Salvage and Subrogation Received |  | 11<br>Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
|  |                         |            |                        | 4<br>Direct and Assumed        | 5<br>Ceded | 6<br>Direct and Assumed               | 7<br>Ceded | 8<br>Direct and Assumed      | 9<br>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<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|-----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
|     | Case Basis               |             | Bulk + IBNR              |             | Case Basis                          |             | Bulk + IBNR              |             | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|     | 13<br>Direct and Assumed | 14<br>Ceded | 15<br>Direct and Assumed | 16<br>Ceded | 17<br>Direct and Assumed            | 18<br>Ceded | 19<br>Direct and Assumed | 20<br>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<br>Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount |                            |
|-----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
|     | 26<br>Direct and Assumed                | 27<br>Ceded | 28<br>Net | 29<br>Direct and Assumed                                    | 30<br>Ceded | 31<br>Net | 32<br>Loss          | 33<br>Loss Expense |  | 35<br>Losses Unpaid                       | 36<br>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                          |

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

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

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned         |            |                        | Loss and Loss Expense Payments |            |                                       |            |                              |            |  | 12<br>Number of Claims Reported Direct and Assumed |  |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net (Cols. 1 - 2) | Loss Payments                  |            | Defense and Cost Containment Payments |            | Adjusting and Other Payments |            | 10<br>Salvage and Subrogation Received |  | 11<br>Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
|  |                         |            |                        | 4<br>Direct and Assumed        | 5<br>Ceded | 6<br>Direct and Assumed               | 7<br>Ceded | 8<br>Direct and Assumed      | 9<br>Ceded |  |  |  |
| 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<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|-----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
|     | Case Basis               |             | Bulk + IBNR              |             | Case Basis                          |             | Bulk + IBNR              |             | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|     | 13<br>Direct and Assumed | 14<br>Ceded | 15<br>Direct and Assumed | 16<br>Ceded | 17<br>Direct and Assumed            | 18<br>Ceded | 19<br>Direct and Assumed | 20<br>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<br>Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount |                            |
|-----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
|     | 26<br>Direct and Assumed                | 27<br>Ceded | 28<br>Net | 29<br>Direct and Assumed                                    | 30<br>Ceded | 31<br>Net | 32<br>Loss          | 33<br>Loss Expense |  | 35<br>Losses Unpaid                       | 36<br>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 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**  
 (\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned    |        |                   | Loss and Loss Expense Payments |            |                                       |            |                              |            | 10<br>Salvage and Subrogation Received | 11<br>Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) | 12<br>Number of Claims Reported Direct and Assumed |
|--|--------------------|--------|-------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
|  | 1                  | 2      | 3                 | Loss Payments                  |            | Defense and Cost Containment Payments |            | Adjusting and Other Payments |            |  |  |  |
|  | Direct and Assumed | Ceded  | Net (Cols. 1 - 2) | 4<br>Direct and Assumed        | 5<br>Ceded | 6<br>Direct and Assumed               | 7<br>Ceded | 8<br>Direct and Assumed      | 9<br>Ceded |  |  |  |
| 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<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
|    | Case Basis               |             | Bulk + IBNR              |             | Case Basis                          |             | Bulk + IBNR              |             | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|    | 13<br>Direct and Assumed | 14<br>Ceded | 15<br>Direct and Assumed | 16<br>Ceded | 17<br>Direct and Assumed            | 18<br>Ceded | 19<br>Direct and Assumed | 20<br>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<br>Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount |                            |
|----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
|    | 26<br>Direct and Assumed                | 27<br>Ceded | 28<br>Net | 29<br>Direct and Assumed                                    | 30<br>Ceded | 31<br>Net | 32<br>Loss          | 33<br>Loss Expense |  | 35<br>Losses Unpaid                       | 36<br>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<br>Number of Claims Reported Direct and Assumed |  |  |
|--|-------------------------|------------|------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|--|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net (Cols. 1 - 2) | Loss Payments                  |            | Defense and Cost Containment Payments |            | Adjusting and Other Payments |            |  | 10<br>Salvage and Subrogation Received | 11<br>Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9) |
|  |                         |            |                        | 4<br>Direct and Assumed        | 5<br>Ceded | 6<br>Direct and Assumed               | 7<br>Ceded | 8<br>Direct and Assumed      | 9<br>Ceded |  |  |  |
| 1. Prior   | XXX                     | XXX        | XXX                    | 0                              | 0          | 0                                     | 0          | 0                            | 0          | 0  | 0                                      | XXX  |
| 2. 2012  | 0                       | 0          | 0                      | 0                              | 0          | 0                                     | 0          | 0                            | 0          | 0  | 0                                      | 0  |
| 3. 2013  | 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<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
|    | Case Basis               |             | Bulk + IBNR              |             | Case Basis                          |             | Bulk + IBNR              |             | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|    | 13<br>Direct and Assumed | 14<br>Ceded | 15<br>Direct and Assumed | 16<br>Ceded | 17<br>Direct and Assumed            | 18<br>Ceded | 19<br>Direct and Assumed | 20<br>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   |

**NONE**

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

**SCHEDULE P-PART 1K - FIDELITY/SURETY**

(\$000 OMITTED)

| Years in Which Premiums Were Earned and Losses Were Incurred | Premiums Earned         |            |                           | Loss and Loss Expense Payments |       |                                       |       |                              |       |  |   | 12<br>Number of Claims Reported Direct and Assumed |
|--|-------------------------|------------|---------------------------|--------------------------------|-------|---------------------------------------|-------|------------------------------|-------|--|---|--|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net<br>(Cols. 1 - 2) | Loss Payments                  |       | Defense and Cost Containment Payments |       | Adjusting and Other Payments |       | 10<br>Salvage and Subrogation Received | 11<br>Total Net Paid<br>(Cols. 4 - 5 + 6 - 7 + 8 - 9) |  |
|  |                         |            |                           | 4                              | 5     | 6                                     | 7     | 8                            | 9     |  |   |  |
|  |                         |            |                           | Direct and Assumed             | Ceded | Direct and Assumed                    | Ceded | Direct and Assumed           | Ceded |  |   |  |
| 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<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|----|--------------------|-------|--------------------|-------|-------------------------------------|-------|--------------------|-------|----------------------------|-------------|---|--|---|
|    | Case Basis         |       | Bulk + IBNR        |       | Case Basis                          |       | Bulk + IBNR        |       | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|    | 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. | 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<br>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<br>Number of Claims Reported Direct and Assumed |   |
|--|-------------------------|------------|---------------------------|--------------------------------|------------|---------------------------------------|------------|------------------------------|------------|--|--|---|
|  | 1<br>Direct and Assumed | 2<br>Ceded | 3<br>Net<br>(Cols. 1 - 2) | Loss Payments                  |            | Defense and Cost Containment Payments |            | Adjusting and Other Payments |            | 10<br>Salvage and Subrogation Received |  | 11<br>Total Net Paid<br>(Cols. 4 - 5 + 6 - 7 + 8 - 9) |
|  |                         |            |                           | 4<br>Direct and Assumed        | 5<br>Ceded | 6<br>Direct and Assumed               | 7<br>Ceded | 8<br>Direct and Assumed      | 9<br>Ceded |  |  |   |
| 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<br>Salvage and Subrogation Anticipated | 24<br>Total Net Losses and Expenses Unpaid | 25<br>Number of Claims Outstanding Direct and Assumed |
|----|--------------------------|-------------|--------------------------|-------------|-------------------------------------|-------------|--------------------------|-------------|----------------------------|-------------|---|--|---|
|    | Case Basis               |             | Bulk + IBNR              |             | Case Basis                          |             | Bulk + IBNR              |             | 21<br>Direct and Assumed   | 22<br>Ceded |   |  |   |
|    | 13<br>Direct and Assumed | 14<br>Ceded | 15<br>Direct and Assumed | 16<br>Ceded | 17<br>Direct and Assumed            | 18<br>Ceded | 19<br>Direct and Assumed | 20<br>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<br>Inter-Company Pooling Participation Percentage | Net Balance Sheet Reserves After Discount |                            |
|----|---|-------------|-----------|---|-------------|-----------|---------------------|--------------------|--|---|----------------------------|
|    | 26<br>Direct and Assumed                | 27<br>Ceded | 28<br>Net | 29<br>Direct and Assumed                                    | 30<br>Ceded | 31<br>Net | 32<br>Loss          | 33<br>Loss Expense |  | 35<br>Losses Unpaid                       | 36<br>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<br>2004  | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 | 11<br>One Year | 12<br>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       | XXX       | XXX       | 0         | 0         | 0         | 0         | 0          | 0              | 0              |
| 6. 2008                             | XXX  | XXX       | XXX       | XXX       | XXX       | 0         | 0         | 0         | 0         | 0          | 0              | 0              |
| 7. 2009                             | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | 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            |
| <b>12. Totals</b>                   |  |           |           |           |           |           |           |           |           |            | 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   |
| <b>12. Totals</b> |       |       |       |       |       |       |       |       |       |       | (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 | XXX | XXX | 0   | 0   | 0   | 0   | 0 | 0   | 0   |
| 6. 2008           | XXX | XXX | XXX | XXX | XXX | 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 |
| <b>12. Totals</b> |     |     |     |     |     |     |     |     |     |   | 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 |
| <b>12. Totals</b> |     |     |     |     |     |     |     |     |     |     | 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   |
| <b>12. Totals</b> |     |     |     |       |       |       |       |       |       |        | 4,163 | 3,263 |

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

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

| Years in Which Losses Were Incurred | INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) |           |           |           |           |           |           |           |           |            | DEVELOPMENT    |                |
|-------------------------------------|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|----------------|----------------|
|                                     | 1<br>2004  | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 | 11<br>One Year | 12<br>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            |
| <b>4. Totals</b>                    |  |           |           |           |           |           |           |           |           |            | (8)            | 0              |

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

|                  |     |     |     |     |     |     |     |     |     |   |     |     |
|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|-----|-----|
| 1. Prior         | XXX | 0   | 0   | 0 | 0   | 0   |
| 2. 2012          | XXX | 0   | 0 | 0   | XXX |
| 3. 2013          | XXX | 0 | XXX | XXX |
| <b>4. Totals</b> |     |     |     |     |     |     |     |     |     |   | 0   | 0   |

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

|                  |     |     |     |     |     |     |     |     |     |     |     |     |
|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Prior         | XXX | 0   | 3   | (4) | (7) | (4) |
| 2. 2012          | XXX | 0   | 0   | 0   | XXX |
| 3. 2013          | XXX | 0   | XXX | XXX |
| <b>4. Totals</b> |     |     |     |     |     |     |     |     |     |     | (7) | (4) |

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

|                  |     |     |     |     |     |     |     |        |        |        |         |         |
|------------------|-----|-----|-----|-----|-----|-----|-----|--------|--------|--------|---------|---------|
| 1. Prior         | XXX | 25,166 | 19,563 | 19,067 | (496)   | (6,099) |
| 2. 2012          | XXX    | 61,444 | 60,161 | (1,283) | XXX     |
| 3. 2013          | XXX    | XXX    | 72,944 | XXX     | XXX     |
| <b>4. Totals</b> |     |     |     |     |     |     |     |        |        |        | (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 |
| <b>12. Totals</b> |     |     |     |     |     |     |     |     |     |   | 0   | 0   |

Schedule P - Part 2N

**NONE**

Schedule P - Part 2O

**NONE**

Schedule P - Part 2P

**NONE**

Schedule P - Part 2R - Prod Liab Occur

**NONE**

Schedule P - Part 2R - Prod Liab Claims

**NONE**

Schedule P - Part 2S

**NONE**

Schedule P - Part 2T

**NONE**

Schedule P - Part 3A

**NONE**

Schedule P - Part 3B

**NONE**

Schedule P - Part 3C

**NONE**

Schedule P - Part 3D

**NONE**

Schedule P - Part 3E

**NONE**

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

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

| Years in Which Losses Were Incurred | CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) |      |      |      |      |      |      |      |      |      | 11  | 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   | .0 |
| 2. 2004                             | .0  | .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   | .0 |
| 4. 2006                             | XXX   | XXX  | .0   | .0   | .0   | .0   | .0   | .0   | .0   | .0   | .0  | .0   | .0 |
| 5. 2007                             | XXX   | XXX  | XXX  | .0   | .0   | .0   | .0   | .0   | .0   | .0   | .0  | .0   | .0 |
| 6. 2008                             | XXX   | XXX  | XXX  | XXX  | .0   | .0   | .0   | .0   | .0   | .0   | .0  | .0   | .0 |
| 7. 2009                             | XXX   | XXX  | XXX  | XXX  | XXX  | .0   | .0   | .0   | .0   | .0   | .0  | .0   | .0 |
| 8. 2010                             | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | .0   | .0   | .0   | .0   | .0  | .0   | .0 |
| 9. 2011                             | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | .0   | .0   | .0   | .0  | .0   | .0 |
| 10. 2012                            | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | .0   | .0   | .0  | .0   | .0 |
| 11. 2013                            | XXX   | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | XXX  | 0    | 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   |

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**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<br>(\$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 | .000 | .0   | .0 | .0 | .0 |
| 2. 2012  | .XXX | .0   | .0 | .0 | .0 |
| 3. 2013  | .XXX | .0 | .0 | .0 |

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

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

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

|          |      |      |      |      |      |      |      |      |        |        |      |      |
|----------|------|------|------|------|------|------|------|------|--------|--------|------|------|
| 1. Prior | .XXX | .000 | 18,330 | 18,857 | .XXX | .XXX |
| 2. 2012  | .XXX | 40,314 | 59,303 | .XXX | .XXX |
| 3. 2013  | .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**

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

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

| Years in Which Losses Were Incurred | BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED) |      |      |      |      |      |      |      |      |      |
|-------------------------------------|---|------|------|------|------|------|------|------|------|------|
|                                     | 1   | 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 |

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**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 | 0   | 0   | 0 |
| 2. 2012  | XXX | 0   | 0 |
| 3. 2013  | XXX | 0 |

NONE

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

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

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

|          |     |     |     |     |     |     |     |        |        |        |
|----------|-----|-----|-----|-----|-----|-----|-----|--------|--------|--------|
| 1. Prior | XXX | 24,351 | 879    | 87     |
| 2. 2012  | XXX    | 21,048 | 679    |
| 3. 2013  | 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 | 0   | 0   | 0 |
| 6. 2008  | XXX | 0   | 0   | 0 |
| 7. 2009  | XXX | 0   | 0   | 0 |
| 8. 2010  | XXX | 0   | 0   | 0 |
| 9. 2011  | XXX | 0   | 0   | 0 |
| 10. 2012 | XXX | 0   | 0 |
| 11. 2013 | XXX | 0 |

NONE

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    |

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**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    |

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

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

**SECTION 1B**

| Years in Which Premiums Were Earned and Losses Were Incurred | CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END |      |      |      |      |      |      |      |      |      |
|--|---|------|------|------|------|------|------|------|------|------|
|  | 1   | 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<br>2004   | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>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<br>2004  | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>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<br>2004   | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>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<br>2004  | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>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<br>2004   | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |                                 |        |
| 1. Prior   | .0  | .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     | 41,480                          | .0     |
| 3. 2005  | XXX   | 43,204    | 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     | 38,490                          | .0     |
| 5. 2007  | XXX   | XXX       | XXX       | 32,443    | 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     | 23,168                          | .0     |
| 7. 2009  | XXX   | XXX       | XXX       | XXX       | XXX       | 23,366    | 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     | 24,533                          | .0     |
| 9. 2011  | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 27,813    | 27,813    | 27,813     | 27,813                          | .0     |
| 10. 2012   | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 32,675    | 32,675     | 32,675                          | .0     |
| 11. 2013   | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 36,495     | 36,495                          | 36,495 |
| 12. Total  | XXX   | 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<br>2004  | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |                                 |        |
| 1. Prior   | .0   | .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     | 40,936                          | .0     |
| 3. 2005  | XXX  | 42,281    | 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     | 37,420                          | .0     |
| 5. 2007  | XXX  | XXX       | XXX       | 30,931    | 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     | 20,735                          | .0     |
| 7. 2009  | XXX  | XXX       | XXX       | XXX       | XXX       | 20,846    | 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     | 20,352                          | .0     |
| 9. 2011  | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 18,739    | 18,739    | 18,739     | 18,739                          | .0     |
| 10. 2012   | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 17,614    | 17,614     | 17,614                          | .0     |
| 11. 2013   | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | 17,088     | 17,088                          | 17,088 |
| 12. Total  | XXX  | 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<br>2004   | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |                                 |     |
| 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                              | .0  |
| 11. 2013   | XXX   | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | .0         | .0                              | .0  |
| 12. Total  | XXX   | 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          | 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<br>2004  | 2<br>2005 | 3<br>2006 | 4<br>2007 | 5<br>2008 | 6<br>2009 | 7<br>2010 | 8<br>2011 | 9<br>2012 | 10<br>2013 |                                 |     |
| 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                              | .0  |
| 11. 2013   | XXX  | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | XXX       | .0         | .0                              | .0  |
| 12. Total  | XXX  | 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          | 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? Yes [ X ] No [ ]  
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$ .....313,300
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [ ] No [ 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<br>Section 1: Occurrence  | 2<br>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                |                                       |  |   |                             | Totals |
|------------------------------|-----|-------------------------------------|---------------------------------------|--|---|-----------------------------|--------|
|                              |     | 1<br>Life<br>(Group and Individual) | 2<br>Annuities (Group and Individual) | 3<br>Disability Income<br>(Group and Individual) | 4<br>Long-Term Care<br>(Group and Individual) | 5<br>Deposit-Type Contracts |        |
| 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 | MP  |                                     |                                       |  |   |                             | .0     |
| 57. Canada                   | CAN |                                     |                                       |  |   |                             | .0     |
| 58. Aggregate Other Alien    | OT  |                                     |                                       |  |   |                             | .0     |
| 59. Totals                   |     | 0                                   | 0                                     | 0  | 88,032  | 0                           | 88,032 |



**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company**

**SCHEDULE Y**

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

| 1                             | 2                 | 3  | 4                     | 5                     | 6  | 7  | 8   | 9   | 10  | 11   | 12           | 13   |
|-------------------------------|-------------------|--|-----------------------|-----------------------|--|--|---|---|-----|--|--------------|--|
| NAIC Company Code             | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | *   | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals       | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 80985                         | 36-2149353        | 4 Ever Life Insurance Company                            | (4,000,000)           |                       |  |  | (7,996,092)                                 | (1,185,967)   |     |  | (13,182,059) | (13,349,478)   |
| 38245                         | 36-6033921        | BCS Insurance Company                                    | (5,000,000)           |                       |  |  | (13,442,029)                                | 12,540,147  |     |  | (5,901,882)  | 46,696,581   |
| 26794                         | 36-3503382        | Plans' Liability Insurance Company                       |                       |                       |  |  | (1,331,916)                                 | (11,354,180)  |     |  | (12,686,096) | (33,347,103)   |
|                               | 36-4247278        | BCS Financial Corporation                                | 9,000,000             | (4,000,000)           |  |  | 23,704,980                                  |   |     |  | 28,704,980   |  |
|                               | 36-4303124        | BCS Financial Services Corporation                       |                       |                       |  |  | (934,943)                                   |   |     |  | (934,943)    |  |
|                               | 36-3120811        | BCS Insurance Agency, Inc                                |                       |                       |  |  |   |   |     |  | 0            |  |
|                               | 37-1732732        | Ancilyze Technologies LLC                                |                       | 4,000,000             |  |  |   |   |     |  | 4,000,000    |  |
| <b>9999999 Control Totals</b> |                   |  | 0                     | 0                     | 0  | 0  | 0   | 0   | XXX | 0  | 0            | 0  |

**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.

| <b>MARCH FILING</b>   | <b>RESPONSES</b>          |
|---|---------------------------|
| 1. Will an actuarial opinion be filed by March 1?   | .....YES.....             |
| 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?                                 | .....YES.....             |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?   | .....YES.....             |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?              | .....YES.....             |
| <b>APRIL FILING</b>   |                           |
| 5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?                            | .....YES.....             |
| 6. Will Management's Discussion and Analysis be filed by April 1?   | .....YES.....             |
| 7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?  | .....YES.....             |
| <b>MAY FILING</b>   |                           |
| 8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?                         | .....SEE EXPLANATION..... |
| <b>JUNE FILING</b>  |                           |
| 9. Will an audited financial report be filed by June 1?   | .....YES.....             |
| 10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | .....YES.....             |
| <b>AUGUST FILING</b>  |                           |
| 11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?    | .....YES.....             |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **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.

| <b>MARCH FILING</b>  |                           |
|--|---------------------------|
| 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..... |

# 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            | 2          |
|--|--------------|------------|
|  | Current Year | 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            | 2          |
|--|--------------|------------|
|  | Current Year | 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               | 2                   | 3                            | 4          | 5                            | 6          |
|--|-----------------|---------------------|------------------------------|------------|------------------------------|------------|
|  | Type of Deposit | Purpose of Deposit  | Book/Adjusted Carrying Value | Fair Value | Book/Adjusted Carrying Value | 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 |



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 Alabama

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

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

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.AL



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 Alaska

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.AK

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Arizona

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 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"
 

.....

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.AR

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
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 ..... NAIC Company Code 38245  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit ..... Telephone Number  
 Title .....

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 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"
 

.....

.....

360.CA



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 Colorado

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.CO

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 Connecticut

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 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"
 

.....

360.CT



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 Delaware

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

360.DC



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 Florida

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 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"
 

.....

360.FL



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 Georgia

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.GA

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

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.HI

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

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.ID



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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.IL

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.IN

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 Iowa

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.IA

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 Kansas

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.KS

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 Kentucky

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

360.KY



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 Louisiana

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

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.LA



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 Maine

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

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, NAIC Company Code 38245, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.MD

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for individual policies and totals for individual and group policies.

360.MA

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
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, NAIC Company Code 38245, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.MI

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

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

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, NAIC Company Code 38245, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.MS



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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

360.MO



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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.MT

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 Nebraska

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.NE

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 Nevada

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

.....

360.NV



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 Hampshire

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.NH

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 New Jersey

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |

360.NJ

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 New Mexico

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.NM

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

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 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"
 

.....

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.NC

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, NAIC Company Code 38245, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

NONE

360.ND

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 Ohio

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.OH

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 Oklahoma

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

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

NONE

360.OK

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 Oregon

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit

Telephone Number

Title

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360. OR

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 Pennsylvania

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 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"
 

.....

360.PA



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 Puerto Rico

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.PR

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 Rhode Island

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.RI

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 South Carolina

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.SC

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 South Dakota

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 0299999 TOTAL EXPERIENCE ON GROUP POLICIES      |                    |   |                 |                      |               |                         |                   |             |                             | 0                            | 0               | 0.0                        | 0                                   | 0               | 0               | 0.0                        | 0                       |

360.SD

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 Tennessee

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.TN

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

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.TX

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

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.UT



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 Vermont

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit

Telephone Number

Title

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2010), 15-18 (Policies Issued in 2011, 2012, 2013). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.VT

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 Virginia

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

360.VA



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 Washington

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

| 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                       |
| <b>NONE</b>                                     |                    |   |                 |                      |               |                         |                   |             |                             |                              |                 |                            |                                     |                 |                 |                            |                         |
| 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"
 

.....

360.WA



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 West Virginia

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

Table with 18 columns: 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, Policies Issued Through 2010 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2011, 2012, 2013 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.WV



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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

360.WI



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 Wyoming

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

| 1<br>Compliance<br>with OBRA                    | 2<br>Policy Form<br>Number | 3<br>Standardized<br>Medicare<br>Supplement<br>Benefit Plan | 4<br>Medicare<br>Select | 5<br>Plan<br>Character-<br>istics | 6<br>Date<br>Approved | 7<br>Date<br>Approval<br>Withdrawn | 8<br>Date<br>Last<br>Amended | 9<br>Date<br>Closed | 10<br>Policy Marketing Trade<br>Name | Policies Issued Through 2010 |                       |  | Policies Issued in 2011, 2012, 2013 |                          |                       |  |                                     |
|---|----------------------------|---|-------------------------|-----------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------------|--|-------------------------------------|--------------------------|-----------------------|--|-------------------------------------|
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 11<br>Premiums<br>Earned     | 12<br>Incurred Claims |  | 14<br>Number of<br>Covered<br>Lives | 15<br>Premiums<br>Earned | 16<br>Incurred Claims |  | 18<br>Number of<br>Covered<br>Lives |
|   |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              | 12<br>Amount          | 13<br>Percent of<br>Premiums<br>Earned |                                     |                          | 16<br>Amount          | 17<br>Percent of<br>Premiums<br>Earned |                                     |
| 0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES |                            |   |                         |                                   |                       |                                    |                              |                     |                                      | 0                            | 0                     | 0.0                                    | 0                                   | 0                        | 0                     | 0.0                                    | 0                                   |
| <b>NONE</b>                                     |                            |   |                         |                                   |                       |                                    |                              |                     |                                      |                              |                       |  |                                     |                          |                       |  |                                     |
| 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"
 

.....

360.WY



SUPPLEMENT FOR THE YEAR 2013 OF THE BCS Insurance Company

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

For the Year Ended December 31, 2013

NAIC Group Code 00023

To be Filed by March 1

NAIC Company Code 38245

(A) Financial Impact

Table with 4 columns: Description, 1 As Reported, 2 Interrogatory 9 Reinsurance Effect, 3 Restated Without Interrogatory 9 Reinsurance. Rows include A01 Assets, A02 Liabilities, A03 Surplus as regards to policyholders, and A04 Income before taxes.

(B) Summary of Reinsurance Contract Terms

(C) Management's Objectives

Table with 2 columns: (B) Summary of Reinsurance Contract Terms and (C) Management's Objectives. (B) describes the reinsurance treaty between BCS and PLIC. (C) states PLIC was formed for the sole purpose of reinsuring BCS's professional liability business.

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<br>Direct<br>Premiums<br>Written | 2<br>Direct<br>Premiums<br>Earned | Direct Losses Paid |                          | 5<br>Direct<br>Losses<br>Incurred | Direct Losses Unpaid    |                          | 8<br>Direct Losses<br>Incurred But<br>Not Reported |
|--|------------------------------------|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|
|  |                                    |                                   | 3<br>Amount        | 4<br>Number of<br>Claims |                                   | 6<br>Amount<br>Reported | 7<br>Number of<br>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  |
| <b>DETAILS OF WRITE-INS</b>  |                                    |                                   |                    |                          |                                   |                         |                          |  |
| 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 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<br>Direct<br>Premiums<br>Written | 2<br>Direct<br>Premiums<br>Earned | Direct Losses Paid |                          | 5<br>Direct<br>Losses<br>Incurred | Direct Losses Unpaid    |                          | 8<br>Direct Losses<br>Incurred But<br>Not Reported |
|--|------------------------------------|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|
|  |                                    |                                   | 3<br>Amount        | 4<br>Number of<br>Claims |                                   | 6<br>Amount<br>Reported | 7<br>Number of<br>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  |
| <b>DETAILS OF WRITE-INS</b>  |                                    |                                   |                    |                          |                                   |                         |                          |  |
| 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 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<br>Direct<br>Premiums<br>Written | 2<br>Direct<br>Premiums<br>Earned | Direct Losses Paid |                          | 5<br>Direct<br>Losses<br>Incurred | Direct Losses Unpaid    |                          | 8<br>Direct Losses<br>Incurred But<br>Not Reported |
|--|------------------------------------|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|
|  |                                    |                                   | 3<br>Amount        | 4<br>Number of<br>Claims |                                   | 6<br>Amount<br>Reported | 7<br>Number of<br>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  |
| <b>DETAILS OF WRITE-INS</b>  |                                    |                                   |                    |                          |                                   |                         |                          |  |
| 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 DECEMBER 31, 2013 OF THE BCS Insurance Company**

Designate the type of health care providers reported on this page.  
Other Health Care Facilities

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

| States, Etc.   | 1<br>Direct<br>Premiums<br>Written | 2<br>Direct<br>Premiums<br>Earned | Direct Losses Paid |                          | 5<br>Direct<br>Losses<br>Incurred | Direct Losses Unpaid    |                          | 8<br>Direct Losses<br>Incurred But<br>Not Reported |
|--|------------------------------------|-----------------------------------|--------------------|--------------------------|-----------------------------------|-------------------------|--------------------------|--|
|  |                                    |                                   | 3<br>Amount        | 4<br>Number of<br>Claims |                                   | 6<br>Amount<br>Reported | 7<br>Number of<br>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  |
| <b>DETAILS OF WRITE-INS</b>  |                                    |                                   |                    |                          |                                   |                         |                          |  |
| 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 Code 00023

NAIC Company Code 38245

Company Name BCS Insurance Company

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

1. Monoline Policies

| Direct Premiums |               | Direct Losses |               | Direct Defense and Cost Containment |               | Percentage of In Force Policies |                 |
|-----------------|---------------|---------------|---------------|-------------------------------------|---------------|---------------------------------|-----------------|
| 1<br>Written    | 2<br>Earned   | 3<br>Paid     | 4<br>Incurred | 5<br>Paid                           | 6<br>Incurred | 7<br>Claims Made                | 8<br>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<br>Paid     | 2<br>Paid + Change in Case Reserves | 3<br>Paid                           | 4<br>Paid + Change in Case Reserves | 5<br>Claims Made                | 6<br>Occurrence |
| \$ 0          | \$ 0                                | \$ 0                                | \$ 0                                | 0.0                             | % 0.0 %         |

# ALPHABETICAL INDEX

---

## ANNUAL STATEMENT BLANK

|   |      |
|---|------|
| Assets                                      | 2    |
| Cash Flow                                   | 5    |
| Exhibit of Capital Gains (Losses)           | 12   |
| Exhibit of Net Investment Income            | 12   |
| Exhibit of Nonadmitted Assets               | 13   |
| Exhibit of Premiums and Losses (State Page) | 19   |
| Five-Year Historical Data                   | 17   |
| General Interrogatories                     | 15   |
| Jurat Page                                  | 1    |
| Liabilities, Surplus and Other Funds        | 3    |
| Notes To Financial Statements               | 14   |
| Overflow Page For Write-Ins                 | 100  |
| Schedule A – Part 1                         | E01  |
| Schedule A – Part 2                         | E02  |
| Schedule A – Part 3                         | E03  |
| Schedule A – Verification Between Years     | SI02 |
| Schedule B – Part 1                         | E04  |
| Schedule B – Part 2                         | E05  |
| Schedule B – Part 3                         | E06  |
| Schedule B – Verification Between Years     | SI02 |
| Schedule BA – Part 1                        | E07  |
| Schedule BA – Part 2                        | E08  |
| Schedule BA – Part 3                        | E09  |
| Schedule BA – Verification Between Years    | SI03 |
| Schedule D – Part 1                         | E10  |
| Schedule D – Part 1A – Section 1            | SI05 |
| Schedule D – Part 1A – Section 2            | SI08 |
| Schedule D – Part 2 – Section 1             | E11  |
| Schedule D – Part 2 – Section 2             | E12  |
| Schedule D – Part 3                         | E13  |
| Schedule D – Part 4                         | E14  |
| Schedule D – Part 5                         | E15  |
| Schedule D – Part 6 – Section 1             | E16  |
| Schedule D – Part 6 – Section 2             | E16  |
| Schedule D – Summary By Country             | SI04 |
| Schedule D – Verification Between Years     | SI03 |
| Schedule DA – Part 1                        | E17  |

# ALPHABETICAL INDEX

---

## ANNUAL STATEMENT BLANK (Continued)

|   |      |
|---|------|
| Schedule DA – Verification Between Years  | SI10 |
| Schedule DB – Part A – Section 1  | E18  |
| Schedule DB – Part A – Section 2  | E19  |
| Schedule DB – Part A – Verification Between Years                                     | SI11 |
| Schedule DB – Part B – Section 1  | E20  |
| Schedule DB – Part B – Section 2  | E21  |
| Schedule DB – Part B – Verification Between Years                                     | SI11 |
| Schedule DB – Part C – Section 1  | SI12 |
| Schedule DB – Part C – Section 2  | SI13 |
| Schedule DB – Part D – Section 1  | E22  |
| Schedule DB – Part D – Section 2  | E23  |
| Schedule DB – Verification  | SI14 |
| Schedule DL – Part 1  | E24  |
| Schedule DL – Part 2  | E25  |
| Schedule E – Part 1 – Cash  | E26  |
| Schedule E – Part 2 – Cash Equivalents  | E27  |
| Schedule E – Part 3 – Special Deposits  | E28  |
| Schedule E – Verification Between Years   | SI15 |
| Schedule F – Part 1   | 20   |
| Schedule F – Part 2   | 21   |
| Schedule F – Part 3   | 22   |
| Schedule F – Part 4   | 23   |
| Schedule F – Part 5   | 24   |
| Schedule F – Part 6 – Section 1   | 25   |
| Schedule F – Part 6 – Section 2   | 26   |
| Schedule F – Part 7   | 27   |
| Schedule F – Part 8   | 28   |
| Schedule F – Part 9   | 29   |
| Schedule H – Accident and Health Exhibit – Part 1                                     | 30   |
| Schedule H – Part 2, Part 3, and Part 4   | 31   |
| Schedule H – Part 5 – Health Claims   | 32   |
| Schedule P – Part 1 – Summary   | 33   |
| Schedule P – Part 1A – Homeowners/Farmowners  | 35   |
| Schedule P – Part 1B – Private Passenger Auto Liability/Medical                       | 36   |
| Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical                        | 37   |
| Schedule P – Part 1D – Workers’ Compensation (Excluding Excess Workers’ Compensation) | 38   |

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK (Continued)

|  |    |
|--|----|
| Schedule P – Part 1E – Commercial Multiple Peril   | 39 |
| Schedule P – Part 1F – Section 1 – Medical Professional Liability – Occurrence                               | 40 |
| Schedule P – Part 1F – Section 2 – Medical Professional Liability – Claims-Made                              | 41 |
| Schedule P – Part 1G – Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)        | 42 |
| Schedule P – Part 1H – Section 1 – Other Liability–Occurrence  | 43 |
| Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made   | 44 |
| Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)    | 45 |
| Schedule P – Part 1J – Auto Physical Damage  | 46 |
| Schedule P – Part 1K – Fidelity/Surety   | 47 |
| Schedule P – Part 1L – Other (Including Credit, Accident and Health)   | 48 |
| Schedule P – Part 1M – International   | 49 |
| Schedule P – Part 1N – Reinsurance – Nonproportional Assumed Property  | 50 |
| Schedule P – Part 1O – Reinsurance – Nonproportional Assumed Liability                                       | 51 |
| Schedule P – Part 1P – Reinsurance – Nonproportional Assumed Financial Lines                                 | 52 |
| Schedule P – Part 1R – Section 1 – Products Liability – Occurrence   | 53 |
| Schedule P – Part 1R – Section 2 – Products Liability – Claims – Made  | 54 |
| Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty  | 55 |
| Schedule P – Part 1T – Warranty  | 56 |
| Schedule P – Part 2, Part 3 and Part 4 – Summary   | 34 |
| Schedule P – Part 2A – Homeowners/Farmowners   | 57 |
| Schedule P – Part 2B – Private Passenger Auto Liability/Medical  | 57 |
| Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical   | 57 |
| Schedule P – Part 2D – Workers’ Compensation (Excluding Excess Workers’ Compensation)                        | 57 |
| Schedule P – Part 2E – Commercial Multiple Peril   | 57 |
| Schedule P – Part 2F – Section 1 – Medical Professional Liability – Occurrence                               | 58 |
| Schedule P – Part 2F – Section 2 – Medical Professional Liability – Claims – Made                            | 58 |
| Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)         | 58 |
| Schedule P – Part 2H – Section 1 – Other Liability – Occurrence  | 58 |
| Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made   | 58 |
| Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) | 59 |
| Schedule P – Part 2J – Auto Physical Damage  | 59 |
| Schedule P – Part 2K – Fidelity, Surety  | 59 |
| Schedule P – Part 2L – Other (Including Credit, Accident and Health)   | 59 |
| Schedule P – Part 2M – International   | 59 |
| Schedule P – Part 2N – Reinsurance – Nonproportional Assumed Property  | 60 |
| Schedule P – Part 2O – Reinsurance – Nonproportional Assumed Liability                                       | 60 |
| Schedule P – Part 2P – Reinsurance – Nonproportional Assumed Financial Lines                                 | 60 |
| Schedule P – Part 2R – Section 1 – Products Liability – Occurrence   | 61 |
| Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made  | 61 |
| Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty  | 61 |
| Schedule P – Part 2T – Warranty  | 61 |
| Schedule P – Part 3A – Homeowners/Farmowners   | 62 |

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK (Continued)

|  |    |
|--|----|
| Schedule P – Part 3B – Private Passenger Auto Liability/Medical  | 62 |
| Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical   | 62 |
| Schedule P – Part 3D – Workers’ Compensation (Excluding Excess Workers’ Compensation)                        | 62 |
| Schedule P – Part 3E – Commercial Multiple Peril   | 62 |
| Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence                               | 63 |
| Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made                              | 63 |
| Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)         | 63 |
| Schedule P – Part 3H – Section 1 – Other Liability – Occurrence  | 63 |
| Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made   | 63 |
| Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft) | 64 |
| Schedule P – Part 3J – Auto Physical Damage  | 64 |
| Schedule P – Part 3K – Fidelity/Surety   | 64 |
| Schedule P – Part 3L – Other (Including Credit, Accident and Health)   | 64 |
| Schedule P – Part 3M – International   | 64 |
| Schedule P – Part 3N – Reinsurance – Nonproportional Assumed Property  | 65 |
| Schedule P – Part 3O – Reinsurance – Nonproportional Assumed Liability                                       | 65 |
| Schedule P – Part 3P – Reinsurance – Nonproportional Assumed Financial Lines                                 | 65 |
| Schedule P – Part 3R – Section 1 – Products Liability – Occurrence   | 66 |
| Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made  | 66 |
| Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty  | 66 |
| Schedule P – Part 3T – Warranty  | 66 |
| Schedule P – Part 4A – Homeowners/Farmowners   | 67 |
| Schedule P – Part 4B – Private Passenger Auto Liability/Medical  | 67 |
| Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical   | 67 |
| Schedule P – Part 4D – Workers’ Compensation (Excluding Excess Workers’ Compensation)                        | 67 |
| Schedule P – Part 4E – Commercial Multiple Peril   | 67 |
| Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence                               | 68 |
| Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made                              | 68 |
| Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)         | 68 |
| Schedule P – Part 4H – Section 1 – Other Liability – Occurrence  | 68 |
| Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made   | 68 |
| Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)  | 69 |
| Schedule P – Part 4J – Auto Physical Damage  | 69 |
| Schedule P – Part 4K – Fidelity/Surety   | 69 |
| Schedule P – Part 4L – Other (Including Credit, Accident and Health)   | 69 |
| Schedule P – Part 4M – International   | 69 |
| Schedule P – Part 4N – Reinsurance – Nonproportional Assumed Property  | 70 |
| Schedule P – Part 4O – Reinsurance – Nonproportional Assumed Liability                                       | 70 |
| Schedule P – Part 4P – Reinsurance – Nonproportional Assumed Financial Lines                                 | 70 |
| Schedule P – Part 4R – Section 1 – Products Liability – Occurrence   | 71 |
| Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made  | 71 |

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK (Continued)

|  |      |
|--|------|
| Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty                                  | 71   |
| Schedule P – Part 4T – Warranty  | 71   |
| Schedule P – Part 5A – Homeowners/Farmowners   | 72   |
| Schedule P – Part 5B – Private Passenger Auto Liability/Medical                              | 73   |
| Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical                               | 74   |
| Schedule P – Part 5D – Workers’ Compensation (Excluding Excess Workers’ Compensation)        | 75   |
| Schedule P – Part 5E – Commercial Multiple Peril   | 76   |
| Schedule P – Part 5F – Medical Professional Liability – Claims-Made                          | 78   |
| Schedule P – Part 5F – Medical Professional Liability – Occurrence                           | 77   |
| Schedule P – Part 5H – Other Liability – Claims-Made   | 80   |
| Schedule P – Part 5H – Other Liability – Occurrence  | 79   |
| Schedule P – Part 5R – Products Liability – Claims-Made                                      | 82   |
| Schedule P – Part 5R – Products Liability – Occurrence                                       | 81   |
| Schedule P – Part 5T – Warranty  | 83   |
| Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical                               | 84   |
| Schedule P – Part 6D – Workers’ Compensation (Excluding Excess Workers’ Compensation)        | 84   |
| Schedule P – Part 6E – Commercial Multiple Peril   | 85   |
| Schedule P – Part 6H – Other Liability – Claims-Made   | 86   |
| Schedule P – Part 6H – Other Liability – Occurrence  | 85   |
| Schedule P – Part 6M – International   | 86   |
| Schedule P – Part 6N – Reinsurance – Nonproportional Assumed Property                        | 87   |
| Schedule P – Part 6O – Reinsurance – Nonproportional Assumed Liability                       | 87   |
| Schedule P – Part 6R – Products Liability – Claims-Made                                      | 88   |
| Schedule P – Part 6R – Products Liability – Occurrence                                       | 88   |
| Schedule P – Part 7A – Primary Loss Sensitive Contracts                                      | 89   |
| Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts                                  | 91   |
| Schedule P Interrogatories   | 93   |
| Schedule T – Exhibit of Premiums Written   | 94   |
| Schedule T – Part 2 – Interstate Compact   | 95   |
| Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 96   |
| Schedule Y – Part 1A – Detail of Insurance Holding Company System                            | 97   |
| Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates                  | 98   |
| Statement of Income  | 4    |
| Summary Investment Schedule  | SI01 |
| Supplemental Exhibits and Schedules Interrogatories  | 99   |
| Underwriting and Investment Exhibit Part 1   | 6    |
| Underwriting and Investment Exhibit Part 1A  | 7    |
| Underwriting and Investment Exhibit Part 1B  | 8    |
| Underwriting and Investment Exhibit Part 2   | 9    |
| Underwriting and Investment Exhibit Part 2A  | 10   |
| Underwriting and Investment Exhibit Part 3   | 11   |

