



ANNUAL STATEMENT
For the Year Ended December 31, 2014
OF THE CONDITION AND AFFAIRS OF THE
BCS Insurance Company

NAIC Group Code 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@bcspf.com, 630-472-7837

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Officers include Howard Francis Beacham III (President & Chief Executive Officer), Terry Michael Hackett # (General Counsel & Secretary), Susan Ann Pickar (Chief Financial Officer & Treasurer), and Steven Scott Martin (Chairman of the Board).

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Officers include Peter Lorin Costello # (Chief Marketing Officer), David John Jacobs (Chief Actuary), and Susan Chylla Lindquist (Chief Talent Officer).

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Name, Name, Name. Directors include Howard Francis Beacham III, Peter Lorin Costello #, Terry Michael Hackett #, and David John Jacobs.

State of Illinois ss
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, Terry Michael Hackett, and Susan Ann Pickar with their respective titles: President & Chief Executive Officer, General Counsel & Secretary, and Chief Financial Officer & Treasurer.

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

Subscribed and sworn to before me this 6th day of February, 2015

Jennifer Mark, Notary Public
03/24/2018





ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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)	27,031,366	27,033,160	0	35,529	18,402,994	18,781,974	10,284,432	0	(4)	0	3,030,731	617,337
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	2,279,715	2,279,715	0	0	12,427	685,498	5,604,287	109,840	(3,265,580)	930,765	83,558	42,899
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	29,311,081	29,312,875	0	35,529	18,415,421	19,467,472	15,888,719	109,840	(3,265,584)	930,765	3,114,289	660,236
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 products276,696 and number of persons insured under indemnity only products7,849

19.AL



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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)	119,893	267,463	0	698	75,490	104,866	58,094	0	0	0	30,922	3,597
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												
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)	119,893	267,463	0	698	75,490	104,866	58,094	0	0	0	30,922	3,597
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.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 products0 and number of persons insured under indemnity only products556



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.AZ

(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 products174 and number of persons insured under indemnity only products18,469



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.AR

(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

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

.....3,220



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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, 3402, 3403, 3498, 3499).

19.CA

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

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

11,305 and number of persons insured under indemnity only products

896,982



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	86,323	86,501	0	0	24,109	26,861	13,617	0	0	0	12,219	1,711
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)	2,999,725	2,976,560	0	90,156	1,160,253	1,092,751	654,331	408	376	0	785,467	70,369
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	1,544,432	1,533,833	0	637,400	201,072	228,129	618,794	98,499	(13,783)	243,196	210,627	34,568
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	4,630,480	4,596,894	0	727,556	1,385,434	1,347,741	1,286,742	98,907	(13,407)	243,196	1,008,313	106,648
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,280 and number of persons insured under indemnity only products12,295

19.CO



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	995,018	987,556	0	8,572	201,014	167,436	112,688	0	0	0	254,129	14,366
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)	6,350,052	6,470,812	0	140,608	2,393,921	2,697,043	894,120	2,509	8,236	5,728	2,455,472	183,868
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												
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)	7,345,070	7,458,368	0	149,180	2,594,935	2,864,479	1,006,808	2,509	8,236	5,728	2,709,601	198,234
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

370 and number of persons insured under indemnity only products

57,820

19.CT



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498, 3499.

19.DE

(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

567

and number of persons insured under indemnity only products

717



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.DC

(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

2,749 and number of persons insured under indemnity only products

269



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	56,814	59,864	0	2,683	42,685	36,126	9,482	0	0	0	15,348	836
10. Financial guaranty												
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake												
13. Group accident and health (b)	8,073,575	7,901,818	0	787,568	5,497,570	5,158,707	1,286,787	996	(1,088)	1,096	2,034,987	281,585
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	109,864	109,864	0	0	0	16,958	56,701	11,635	42,500	30,865	17,101	2,807
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	8,240,253	8,071,546	0	790,251	5,540,255	5,211,791	1,352,970	12,631	41,412	31,961	2,067,436	285,228
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 products27,684 and number of persons insured under indemnity only products13,872

19.FL



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	241,293	241,264	0	29	49,639	40,708	27,098	0	0	0	60,130	3,469
10. Financial guaranty												
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake												
13. Group accident and health (b)	8,833,214	8,897,343	0	47,257	4,912,510	5,364,832	1,877,515	0	(372)	0	1,782,095	188,884
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	263,609	264,918	0	124,907	0	70,581	138,744	2,588	75,657	78,699	46,729	7,669
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	9,338,116	9,403,525	0	172,193	4,962,149	5,476,121	2,043,357	2,588	75,285	78,699	1,888,954	200,022
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 products27,481 and number of persons insured under indemnity only products11,311

19.GA



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	22,623	22,623	0	0	2,315	2,437	2,589	0	0	0	5,505	332
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)	88,269	93,215	0	10,126	80,778	78,716	10,126	0	0	0	26,174	6,593
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)	0	0	0	0	0	0
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	110,892	115,838	0	10,126	83,093	36,153	12,715	0	0	0	31,679	6,925
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
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 products48 and number of persons insured under indemnity only products0

19.HI



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	25,542	25,542	0	0	12,626	9,238	2,928	0	0	0	6,211	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)	477,275	480,928	0	105,785	287,982	240,826	84,678	1,345	1,209	0	114,675	10,500
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	329,752	266,643	0	132,763	6,297	46,963	141,926	13,072	129,376	119,198	52,913	8,684
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	832,569	773,113	0	238,548	306,905	297,027	229,532	14,417	130,585	119,198	173,799	19,559
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
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

2,471 and number of persons insured under indemnity only products

684

19.ID



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	335,073	336,128	0	107	72,494	50,352	38,170	0	0	0	83,337	4,833
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)	6,896,331	6,852,688	0	732,622	6,058,445	6,695,299	1,649,451	7,862	3,523	305	1,272,366	136,972
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	1,252,601	2,054,225	0	726,490	2,952,035	27,293,649	39,397,953	239,797	185,379	259,905	86,849	25,353
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	8,484,005	9,243,041	0	1,459,219	9,082,974	34,039,300	41,085,574	247,659	188,902	260,210	1,442,552	167,158
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

29,855 and number of persons insured under indemnity only products

7,653

19.1L



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	3,355,595	3,356,071	0	17	521,054	479,541	388,718	0	0	0	806,489	49,769
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)	6,319,968	6,362,548	0	165,842	4,011,888	3,945,220	737,479	7,610	2,765	179	1,680,479	228,411
14. Credit A & H (group and individual)												
15.1 Collectively renewable A & H (b)												
15.2 Non-cancelable A & H (b)												
15.3 Guaranteed renewable A & H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other A & H (b)												
15.8 Federal Employees Health Benefits Plan premium (b)												
16. Workers' compensation												
17.1 Other liability-Occurrence												
17.2 Other Liability-Claims-Made	1,189,732	1,189,732	0	97,796	0	56,000	558,000	5,431	82,377	83,855	0	17,846
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	10,865,295	10,908,351	0	263,655	4,532,942	4,480,761	1,684,197	13,041	85,142	84,034	2,486,968	296,026
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

2,211 and number of persons insured under indemnity only products

11,495

19.IN



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	52,497	53,210	0	0	11,582	9,331	6,411	0	0	0	12,626	777
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)	2,240,153	2,094,706	0	171,400	983,690	935,161	476,068	0	(2)	0	465,832	105,524
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	166,419	118,350	0	69,200	0	4,251	26,395	0	0	0	24,227	3,976
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	2,459,069	2,266,266	0	240,600	995,272	948,743	508,874	0	(2)	0	502,685	110,277
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

19.1A

(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

1,044 and number of persons insured under indemnity only products

2,696



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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, Medical professional liability, Group accident and health, and various auto liability types.

19.KS

(a) Finance and service charges not included in Lines 1 to 35 \$7 and number of persons insured under indemnity only products30,520
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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, Private crop, 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, 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.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 products28 and number of persons insured under indemnity only products3,750



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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.

19.LA

(a) Finance and service charges not included in Lines 1 to 35 \$26,087 and number of persons insured under indemnity only products2,858
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	90,996	90,863	0	133	19,843	17,118	10,148	0	0	0	22,867	1,304
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)	395,603	397,547	0	8,255	240,478	227,741	46,619	0	(74)	0	99,965	8,723
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												
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)	486,599	488,410	0	8,388	260,321	244,859	56,767	0	(74)	0	122,832	10,027
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 and number of persons insured under indemnity only products

.....1,175

19.ME



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	142,783	144,109	0	0	60,366	52,200	16,782	0	0	0	35,511	2,048
10. Financial guaranty												
11. Medical professional liability	0	0	0	0	0	(41,903)	0	0	(13,967)	0	0	0
12. Earthquake												
13. Group accident and health (b)	1,291,114	1,309,658	0	13,285	721,782	644,830	146,658	0	(9)	0	333,370	25,822
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	512,366	553,258	0	438,311	(1,000)	4,039,730	4,297,607	467,891	708,048	240,157	43,796	7,188
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	50,908	50,580	0	16,739	0	(73)	55,253	0	(12,417)	0	0	1,343
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)	1,997,171	2,057,605	0	468,335	781,148	4,694,784	4,516,300	467,891	681,655	240,157	412,677	36,401
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.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 products28 and number of persons insured under indemnity only products2,092



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	159,145	108,148	0	52,141	9,512	30,996	24,245	0	0	0	69,841	3,152
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)	1,450,269	1,451,718	0	69,857	946,524	912,789	232,216	412	403	0	464,681	106,833
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	100,118	99,016	0	78,145	0	(372,799)	429,492	1,209,520	1,299,914	90,394	1,032	169
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	1,709,532	1,658,882	0	200,143	956,036	570,986	685,953	1,209,932	1,300,317	90,394	535,554	110,154
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

218 and number of persons insured under indemnity only products

5,233

19.MA



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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), DETAILS OF WRITE-INS (3401, 3402, 3403, 3498, 3499).

19.MI

(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

13,402 and number of persons insured under indemnity only products

5,933



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	36,374	38,080	0	0	7,839	10,923	4,839	0	0	0	9,094	521
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)	3,616,753	3,651,510	0	126,778	1,650,467	1,468,611	447,155	0	0	0	941,776	69,490
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	855,492	786,478	0	243,207	44,137	889,471	1,623,190	78,024	147,619	116,464	61,401	23,417
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	4,508,619	4,476,068	0	369,985	1,702,443	2,369,005	2,075,184	78,024	147,619	116,464	1,012,271	93,428
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.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

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

.....7,122



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	4,151	4,151	0	0	1,067	1,528	462	0	0	0	1,039	59
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)	2,435,779	2,394,658	0	159,924	1,127,141	1,108,420	277,968	0	(3,510)	0	635,456	20,309
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	572,488	210,656	0	378,707	50,000	370,385	365,935	35,732	68,970	33,239	34,176	19,579
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	3,012,418	2,609,465	0	538,631	1,178,208	1,480,333	644,365	35,732	65,460	33,239	670,671	39,947
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.MS

(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 products208 and number of persons insured under indemnity only products4,969



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.MO

(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

3,914 and number of persons insured under indemnity only products

4,028



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	151,679	151,679	0	0	25,329	28,026	24,271	0	0	0	20,292	3,065
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)	212,992	212,967	0	3,107	154,359	126,569	23,356	0	(8)	0	56,621	5,857
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												
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)	364,671	364,646	0	3,107	179,688	154,595	47,627	0	(8)	0	76,913	8,922
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

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

.....383

19.MT



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	50,076	50,076	0	0	8,548	6,403	5,683	0	0	0	12,311	729
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)	744,446	742,028	0	27,078	452,896	443,589	81,850	30	26	17	186,974	3,722
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	883,815	876,915	0	149,242	7,500	386,969	5,204,560	56,201	(190,476)	428,608	104,770	28,048
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												
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)	1,678,337	1,669,019	0	176,320	468,944	836,961	5,292,093	56,231	(190,450)	428,625	304,055	32,499
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

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

.....1,663

19.NE



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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), DETAILS OF WRITE-INS (3401, 3402, 3403, 3498, 3499).

19.NV

(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 and number of persons insured under indemnity only products

.....9,881



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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.

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 0 and number of persons insured under indemnity only products 15,168



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.NJ

(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

34,930 and number of persons insured under indemnity only products

6,006



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	42,207	42,207	0	0	3,227	2,608	5,064	0	0	0	9,994	626
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)	366,535	367,959	0	17,916	152,011	156,103	47,803	0	0	0	94,241	13,216
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	12,565	5,704	0	6,861	0	1,407	1,407	0	0	0	2,214	363
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	421,307	415,870	0	24,777	155,238	160,118	54,274	0	0	0	106,449	14,205
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.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 products4,251 and number of persons insured under indemnity only products1,486



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	8,150,660	8,152,912	0	466	1,557,815	1,918,206	909,619	1,890	26,890	25,000	2,043,783	116,632
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)	54,641,769	51,028,946	0	9,438,101	32,958,723	34,593,795	8,307,659	326,979	266,340	53,650	18,554,256	2,059,631
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	380,917	365,143	0	36,952	0	(469,457)	2,087,583	0	(122,618)	111,192	28,410	20,016
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	63,173,346	59,547,001	0	9,475,519	34,516,538	36,042,544	11,304,861	328,869	170,612	189,842	20,626,449	2,196,279
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.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

28,921 and number of persons insured under indemnity only products

282,735



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.NC

(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

2,013 and number of persons insured under indemnity only products

21,010



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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, Private crop, 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, 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.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

29

and number of persons insured under indemnity only products

184



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	256,889	258,070	0	0	52,303	37,119	29,308	0	0	0	63,783	3,714
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)	7,312,352	7,326,180	0	255,627	4,129,200	4,077,095	990,910	6,516	6,160	0	1,936,250	1,398,638
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												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	12,378	12,378	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)	7,569,241	7,584,250	0	255,627	4,181,503	4,114,214	1,020,218	6,516	18,538	12,378	2,000,033	1,402,352
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

19.0H

(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

3,016 and number of persons insured under indemnity only products

15,484



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	112,277	112,277	0	0	33,097	32,463	12,583	0	0	0	27,980	1,615
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)	3,415,200	3,412,449	0	27,259	1,226,559	1,618,488	699,022	0	(239)	0	717,188	74,299
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	25,353	10,351	0	15,003	0	(42,225)	202,775	27,253	35,000	7,747	4,649	763
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	3,552,830	3,535,077	0	42,262	1,259,656	1,608,726	914,380	27,253	34,761	7,747	749,817	76,677
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3,714 and number of persons insured under indemnity only products6,916

19.OK



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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, Private crop, 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, 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).

(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 products193 and number of persons insured under indemnity only products2,291

19.0R



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.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

27,899 and number of persons insured under indemnity only products

14,875



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	0	0	375,256	29,574	80,000	50,426	0	0
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	0	0	0	0	0	0	375,256	29,574	80,000	50,426	0	0
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

19.PR



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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 (3401-3499).

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

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

.....87,760



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	122,790	123,822	0	0	19,777	15,633	14,262	0	0	0	30,513	1,771
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)	6,252,678	6,253,613	0	59,678	4,756,941	4,902,292	961,636	995	995	0	1,463,878	78,158
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	722,648	731,491	0	155,334	7,193	(45,431)	1,314,850	0	(81,671)	0	46,173	15,528
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	7,098,116	7,108,926	0	215,012	4,783,911	4,872,494	2,290,748	995	(80,676)	0	1,540,564	95,457
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3,229 and number of persons insured under indemnity only products12,699

19.S.C



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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.

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

223

and number of persons insured under indemnity only products

119



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	22,159	22,591	0	0	3,644	5,077	2,670	0	0	0	5,545	318
10. Financial guaranty												
11. Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12. Earthquake												
13. Group accident and health (b)	6,547,261	6,540,588	0	47,738	3,252,186	3,262,114	735,710	0	(1)	0	1,676,205	633,424
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	962,877	924,558	0	231,507	195,000	1,594,475	1,684,980	41,863	89,106	154,523	120,300	41,729
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	7,532,297	7,487,737	0	279,245	3,450,830	4,861,666	2,423,360	41,863	89,105	154,523	1,802,050	675,471
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 products101 and number of persons insured under indemnity only products14,062

19.TN



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), 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.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

49,472 and number of persons insured under indemnity only products

37,996



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	116,514	116,514	0	0	62,139	66,820	19,383	0	0	0	14,311	2,406
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)	1,714,416	1,728,089	0	96,361	793,333	780,768	184,764	0	(924)	0	486,634	16,757
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	381,428	243,182	0	215,326	16,000	53,602	77,243	18,140	155,543	144,834	67,703	11,111
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	2,212,358	2,087,785	0	311,687	871,472	901,190	281,390	18,140	154,619	144,834	568,648	30,274
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

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

.....2,817

19.UT



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

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.

19.VT

(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

.....13,628 and number of persons insured under indemnity only products

.....97



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	141,282	141,198	0	84	5,013	20,771	15,757	0	0	0	35,477	2,023
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)	5,489,160	5,578,465	0	296,920	3,343,077	3,447,196	1,139,767	2,952	2,597	1,189	1,184,617	109,783
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												
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)	5,630,442	5,719,663	0	297,004	3,348,090	3,467,967	1,155,524	2,952	2,597	1,189	1,220,094	111,806
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

2,641 and number of persons insured under indemnity only products

13,058

19.VA



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	2,991,306	2,991,306	0	0	199,758	313,352	333,361	0	0	0	749,966	42,805
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)	11,888,331	11,951,205	0	11,772	4,754,090	4,969,111	1,782,728	1,917	1,952	4,290	4,136,020	272,951
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	227,785	226,334	0	169,963	0	215,616	1,589,728	0	0	0	15,698	12,632
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	15,107,422	15,168,845	0	181,735	4,953,848	5,498,079	3,705,817	1,917	1,952	4,290	4,901,684	328,388
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

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

.....98,815

19.WA



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	18,198	18,198	0	0	1,403	1,600	2,057	0	0	0	4,494	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)	497,972	502,205	0	5,045	265,657	238,178	62,080	0	0	0	112,943	15,816
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	11,020	23,796	0	0	0	(47,901)	89,527	1,471	(50,973)	132,275	1,257	206
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
30. Warranty												
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a)	527,190	544,199	0	5,045	267,060	191,877	153,664	1,471	(50,973)	132,275	118,694	16,286
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.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

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

.....2,173



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	89,776	89,885	0	0	25,286	20,809	10,235	0	0	0	22,099	1,305
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)	2,063,008	2,058,699	0	30,960	999,554	731,224	1,144,221	0	(10)	0	513,667	30,987
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												
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)	2,152,784	2,148,584	0	30,960	1,024,840	752,033	1,154,456	0	(10)	0	535,766	32,292
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

.....1,213 and number of persons insured under indemnity only products

.....4,133

19.W1



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
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	28,805	28,805	0	0	1,330	3,929	4,385	0	0	0	4,395	555
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)	4,949,135	4,950,690	0	9,690	5,913,007	6,173,114	2,267,201	0	0	0	444,632	154,039
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												
22. Aircraft (all perils)												
23. Fidelity	15,202	15,202	0	3,208	0	(245)	16,606	0	0	0	0	401
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)	4,993,142	4,994,697	0	12,898	5,914,337	6,176,798	2,288,192	0	0	0	449,027	154,995
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products5,651 and number of persons insured under indemnity only products125

19.WY



ANNUAL STATEMENT FOR THE YEAR 2014 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 2014

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop	.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	21,900,223	21,838,286	.0	97,496	3,391,227	3,850,751	2,540,734	3,895	28,895	25,000	5,377,069	323,450
10. Financial guaranty	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability	109,540	261,091	.0	.0	.0	(455,168)	59,889	.0	(13,967)	.0	.0	2,660
12. Earthquake	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b)	292,288,488	292,177,350	.0	22,453,887	174,198,775	179,429,231	61,229,346	919,546	758,193	183,519	72,053,512	11,111,459
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	36,541,492	40,907,800	.0	9,995,754	9,034,387	44,231,672	112,241,352	7,477,175	9,448,958	14,266,567	4,360,514	925,121
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	66,110	65,782	.0	19,947	(17,259)	(17,577)	71,859	.0	(39)	12,378	.0	1,744
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)	350,905,853	355,250,309	0	32,567,084	186,607,130	227,038,909	176,143,180	8,400,616	10,222,040	14,487,464	81,791,095	12,364,434
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.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 products611,234 and number of persons insured under indemnity only products1,765,504

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 +7							
Affiliates - U.S. Non-Pool - Other														
36-2149353	80985	4 EVER LIFE INS CO	IL	1,174			0		27					
0399999 - Total Affiliates - U.S. Non-Pool - Other				1,174	0	0	0	0	27	0	0	0	0	0
0499999 - Total Affiliates - U.S. Non-Pool - Total				1,174	0	0	0	0	27	0	0	0	0	0
0899999 - Total Affiliates - Total Affiliates				1,174	0	0	0	0	27	0	0	0	0	0
Other U.S. Unaffiliated Insurers														
41-1366075	90611	ALLIANZ LIFE INS CO OF N AMER	MN	3		50	50			53				
63-0103830	55433	BCBS OF AL	AL	4,463			0		742					
86-0004538	53589	BCBS OF AZ INC	AZ				0			713				
43-1257251	47171	BCBS OF KC	MO	5,110			0		139	0				
48-0952857	47163	BCBS OF KS INC	KS				0			25				
61-1237516	95120	ANTHEM HLTH PLANS OF KY INC	KY				0			1,080				
38-2069753	54291	BCBS OF MI MUT INS CO	MI	(148)			0							
05-0158952	53473	BCBS OF RI	RI	3,070			0		180		400			
31-1071217	53996	BCBS OF WV INC	WV				0			1,425				
63-0168500	67997	PREFERRED LIFE INS CO	AL	3			0			23				
95-4513631	10352	SCPIE IND CO	CA			27	27							
03-0277307	53295	BCBS OF VT	VT	1,362			0		114					
15-0265525	55158	UTICA-WATERTOWN HEALTH INS CO INC	NY				0			137				
0999999 - Total Other U.S. Unaffiliated Insurers				13,863	0	77	77	0	1,175	3,456	400	0	0	0
9999999 Totals				15,037	0	77	77	0	1,202	3,456	400	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	7 Reinsurance Recoverable On										8 Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
Authorized - Affiliates - U.S. Non-Pool - Other																			
36-2149353	80985	4 EVER LIFE INS CO	IL		30,157	2,157				13,741					15,898	2,540		13,358	
36-3503382	26794	PLANS' LIAB INS CO	OH		2,495	71	178	23,324	1,107	7,941	1,574	628		34,823	144		34,679		
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other					32,652	2,228	178	23,324	1,107	21,682	1,574	628	0	50,721	2,684	0	48,037	0	
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total					32,652	2,228	178	23,324	1,107	21,682	1,574	628	0	50,721	2,684	0	48,037	0	
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates					32,652	2,228	178	23,324	1,107	21,682	1,574	628	0	50,721	2,684	0	48,037	0	
Authorized - Other U.S. Unaffiliated Insurers																			
06-1022232	24899	ALEA NORTH AMERICA INS CO	NY			11		124	8					143	(1)		144		
59-2048400	39152	AMERICAN HLTHCARE IND CO	DE					2						2	2		0		
51-0434766	20370	AXIS REINS CO	NY							57	13			70	(75)		145		
36-2114545	20443	CONTINENTAL CAS CO	IL				17	320	16					353	20		333		
35-2293075	11551	ENDURANCE REINS CORP OF AMER	DE					18	3					21	98		(77)		
06-1325038	39136	FINIAL REINSURANCE CO	CT					1						1			1		
13-6108721	26433	HARCO NATL INS CO	IL			(1)		12	11	4	3			30			30		
47-0698507	23680	ODYSSEY REINS CO	CT					27	3					34	55		(21)		
13-3031176	38636	PARTNER REINS CO OF THE US	NY					473	23	227	13			751	5		746		
23-1641984	10219	QBE REINS CORP	PA		1,145	373	16	2,088	25	1,113	84			3,699	261		3,438		
43-1235868	93572	RGA REINS CO	MO		3,688	331	1	213		1,196	4	42		1,787	422		1,365		
41-0406690	24767	ST PAUL FIRE & MARINE INS CO	CT					5						5	5		0		
13-2918573	42439	TOA RE INS CO OF AMER	DE		396	252	90	2,142	112	1,392	105	40		4,133	532		3,601		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		10,046	451	85	1,166	95	4,899				6,696	2,507		4,189		
06-0907370	31194	TRAVELERS CAS & SURETY CO OF AMER	CT					1						1	1		0		
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					15,275	1,419	228	6,591	296	8,888	222	82	0	17,726	3,832	0	13,894	0	
Authorized - Other Non-U.S. Insurers																			
AA-1120337	00000	ASPEN INS UK LTD	GBR		1,448	134	15	4,720	35	2,010	363	176		7,453	438		7,015		
AA-1340125	00000	HANNOVER RUECK SE	DEU		1,518	295	68	4,877	74	2,832	299	202		8,647	1,617		7,030		
AA-1127007	00000	LLOYD'S SYNDICATE NUMBER 1007	GBR					1						1	2		(1)		
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR		1,561	176	173	2,124	165	1,227	93	201		4,159	165		3,994		
AA-1127096	00000	LLOYD'S SYNDICATE NUMBER 1096	GBR				7	67	4					78	(4)		82		
AA-1127200	00000	LLOYD'S SYNDICATE NUMBER 1200	GBR							25	10			35	(81)		116		
AA-1127204	00000	LLOYD'S SYNDICATE NUMBER 1204	GBR		(21)									0	97		(97)		
AA-1127212	00000	LLOYD'S SYNDICATE NUMBER 1212	GBR											0	1		(1)		
AA-1127218	00000	LLOYD'S SYNDICATE NUMBER 1218	GBR					1						1	2		(1)		
AA-1127225	00000	LLOYD'S SYNDICATE NUMBER 1225	GBR		1,660					361	180	892		1,433	495		938		
AA-1120085	00000	LLOYD'S SYNDICATE NUMBER 1274	GBR		463	79	10			505	26	107		727	(26)		753		
AA-1126138	00000	LLOYD'S SYNDICATE NUMBER 138	GBR					1						1	0		1		
AA-1127414	00000	LLOYD'S SYNDICATE NUMBER 1414	GBR		46									0	(5)		5		
AA-1120102	00000	LLOYD'S SYNDICATE NUMBER 1458	GBR		476			2,304	9			38		2,351	(66)		2,417		
AA-1120157	00000	LLOYD'S SYNDICATE NUMBER 1729	GBR		2									0	(6)		6		
AA-1126183	00000	LLOYD'S SYNDICATE NUMBER 183	GBR					2						2	0		2		
AA-1120084	00000	LLOYD'S SYNDICATE NUMBER 1955	GBR		245			239	1	160	91	7		498	81		417		
AA-1128000	00000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	GBR				13	211	12	266				502	(65)		567		
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR		1,469	111	97	3,440	95	1,117	188	225		5,273	292		4,981		
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		940	20	6	2,254	12	956	396	248		3,892	81		3,811		
AA-1120158	00000	LLOYD'S SYNDICATE NUMBER 2014	GBR		36					28		12		40	(27)		67		
AA-1128020	00000	LLOYD'S SYNDICATE NUMBER 2020	GBR							134				134	43		91		
AA-1126205	00000	LLOYD'S SYNDICATE NUMBER 205	GBR											0	1		(1)		
AA-1128121	00000	LLOYD'S SYNDICATE NUMBER 2121	GBR		11					11	6			17	7		10		
AA-1126227	00000	LLOYD'S SYNDICATE NUMBER 227	GBR											0	1		(1)		
AA-1128623	00000	LLOYD'S SYNDICATE NUMBER 2623	GBR											0	(26)		26		
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		524	139	27	4,107	38	1,186	180	67		5,744	514		5,230		
AA-1128987	00000	LLOYD'S SYNDICATE NUMBER 2987	GBR		2,118			2,502	10	468	240	916		4,136	469		3,667		
AA-1129000	00000	LLOYD'S SYNDICATE NUMBER 3000	GBR				5	76	4					85			85		
AA-1126362	00000	LLOYD'S SYNDICATE NUMBER 362	GBR					1						1	1		0		
AA-1120075	00000	LLOYD'S SYNDICATE NUMBER 4020	GBR		401			2,302	9	326	149	62		2,848	29		2,819		
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR		735	94	40	2,950	41	1,036	135	153		4,449	625		3,824		
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR		18					18	10			28	11		17		
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GBR		1,691	50	49	3,313	65	1,264	160	228		5,129	76		5,053		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
AA-1126510	00000	LLOYD'S SYNDICATE NUMBER 510	GBR		.48					149					149	.62		.87	
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR		140			897	3					11	.911	(10)		921	
AA-1126570	00000	LLOYD'S SYNDICATE NUMBER 570	GBR					344	2						346	.8		338	
AA-1126609	00000	LLOYD'S SYNDICATE NUMBER 609	GBR		.80					30		17		4	.51	.10		.41	
AA-1126623	00000	LLOYD'S SYNDICATE NUMBER 623	GBR					1,644	6						1,650	(49)		1,699	
AA-1126727	00000	LLOYD'S SYNDICATE NUMBER 727	GBR		730	50	49	183	48	572		41		118	1,061	171		890	
AA-1126780	00000	LLOYD'S SYNDICATE NUMBER 780	GBR		.98			299	.1					15	.315	(31)		346	
AA-1126807	00000	LLOYD'S SYNDICATE NUMBER 807	GBR												.0			.0	.38
AA-1126958	00000	LLOYD'S SYNDICATE NUMBER 958	GBR		.5					4		3			.7	.3		.4	
AA-1126990	00000	LLOYD'S SYNDICATE NUMBER 990	GBR					17	1						.18	.3		.15	
AA-1126991	00000	LLOYD'S SYNDICATE NUMBER 991	GBR					2							.2	.2		.0	
AA-1121425	00000	MARKEL INTL INS CO LTD	GBR					2							.2	.2		.0	
AA-3194129	00000	MONTPELIER REINS LTD	BMU		701	.65	.9	2,030	14	1,048		271		98	3,535	231		3,304	
AA-1560820	00000	TRANSATLANTIC REINS CO	CAN					2							.2	.5		(.3)	
1299999 - Total Authorized - Other Non-U.S. Insurers					17,143	1,213	568	40,912	649	15,733	2,858	3,780	0	65,713	5,149	0	60,564	38	
1399999 - Total Authorized - Total Authorized					65,070	4,860	974	70,827	2,052	46,303	4,654	4,490	0	134,160	11,665	0	122,495	38	
Unauthorized - Other U.S. Unaffiliated Insurers																			
57-0287419	38520	BCBS OF SC INC	SC		56,861	1,868	.75			6,683	.95	438		9,159	7,795		1,364		
53-0078070	53007	GROUP HOSPITALIZATION & MED SRVCS	DC		.18				10	136		273		419			419		
75-3002215	11435	HCI, INC	VT		.4									.0			.0		
98-0408753	00000	HTH RE, LTD	HI	2	48,073					4,895		9,586		14,481	4,762		9,719		
36-1410470	22977	LUMBERMENS MUT CAS CO	IL			140			1					141	.1		140		
20-3462094	12487	MOTOR CLUB INS CO	RI		189					35		102		137	.24		113	158	
95-1060502	67121	TRANSAMERICA OCCIDENTAL LIFE INS CO	IA											.0			.0	.31	
63-0477090	81531	UNITED TRUST INS CO	AL		.72					.6		570		.576	.6		.570		
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers					105,217	2,008	75	11	0	11,755	95	10,969	0	24,913	12,588	0	12,325	189	
Unauthorized - Other non-U.S. Insurers																			
AA-1440066	00000	AGA REINS	FRA	2	59,896					8,100	100			8,200	2,327		5,873		
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BMU		347	.73	.15	1,075	.11	463	.61	.43		1,741	348		1,393		
AA-0000000	00000	AMERHEALTH ASSURANCE, LTD	BMU		106					60				60			60		
AA-3190874	00000	AML IN BERMUDA	BMU		244			194	3	159	.24	29		409	.86		323		
AA-3194161	00000	CATLIN INS CO LTD	BMU		291	.10	.3	1,118	6	278	.131	38		1,584	143		1,441		
AA-3190958	00000	JRG REINS CO LTD	BMU			224		343	1	263	.1			832	.220		612		
AA-3190744	00000	PACIFIC LIGHTHOUSE REINS LTD	BMU		5,216					900				900	207		693		
AA-1121366	00000	SPHERE DRAKE INS LTD	GBR					2						.2	.3		(.1)		
2599999 - Total Unauthorized - Other Non-U.S. Insurers					66,100	307	18	2,732	21	10,223	317	110	0	13,728	3,334	0	10,394	0	
2699999 - Total Unauthorized - Total Unauthorized					171,317	2,315	93	2,743	21	21,978	412	11,079	0	38,641	15,922	0	22,719	189	
4099999 - Total Authorized, Unauthorized and Certified					236,387	7,175	1,067	73,570	2,073	68,281	5,066	15,569	0	172,801	27,587	0	145,214	227	
9999999 Totals					236,387	7,175	1,067	73,570	2,073	68,281	5,066	15,569	0	172,801	27,587	0	145,214	227	

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

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1. AGA REINSURANCE	41.910	59,896
2. BC/BS OF SOUTH CAROLINA	33.270	56,861
3. HTH RE, LTD	41.280	48,073
4. PACIFIC LIGHTHOUSE REINS LTD	30.400	5,216
5. MOTOR CLUB INS CO	61.900	189

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

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1. PLANS' LIABILITY INSURANCE COMPANY	34,823	2,495	Yes [X] No []
2. 4 EVER LIFE INSURANCE CO	15,898	30,157	Yes [X] No []
3. HTH RE, LTD	14,481	48,073	Yes [] No [X]
4. BC/BS OF SOUTH CAROLINA	9,159	56,861	Yes [] No [X]
5. HANNOVER RUECK SE	8,647	1,518	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

SCHEDULE F - PART 4

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				6 Current	7 Overdue					10 Total Overdue Cols. 6 + 7 + 8 + 9			
					8 1 to 29 Days	9 30 - 90 Days	10 91 - 120 Days	11 Over 120 Days	12				
Authorized - Affiliates - U.S. Non-Pool - Other													
36-2149353	80985	4 EVER LIFE INS CO	IL	2,157						0	2,157	0.0	0.0
36-3503382	26794	PLANS' LIAB INS CO	OH	249						0	249	0.0	0.0
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other				2,406	0	0	0	0	0	0	2,406	0.0	0.0
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total				2,406	0	0	0	0	0	0	2,406	0.0	0.0
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates				2,406	0	0	0	0	0	0	2,406	0.0	0.0
Authorized - Other U.S. Unaffiliated Insurers													
06-1022232	24899	ALEA NORTH AMERICA INS CO	NY	1					10	10	11	90.9	90.9
36-2114545	20443	CONTINENTAL CAS CO	IL	17						0	17	0.0	0.0
06-1325038	39136	FINIAL REINSURANCE COMPANY	CT					1		1	1	100.0	100.0
47-0698507	23680	ODYSSEY REINS CO	CT	4						0	4	0.0	0.0
13-3031176	38636	PARTNER REINS CO OF THE US	NY	15						0	15	0.0	0.0
23-1641984	10219	OBE REINS CORP	PA	389						0	389	0.0	0.0
43-1235868	93572	RGA REINS CO	MO	332						0	332	0.0	0.0
13-2918573	42439	TOA RE INS CO OF AMER	DE	342						0	342	0.0	0.0
13-5616275	19453	TRANSATLANTIC REINS CO	NY	536						0	536	0.0	0.0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers				1,636	0	0	0	11	11	0	1,647	0.7	0.7
Authorized - Other Non-U.S. Insurers													
AA-1120337	00000	ASPEN INS UK LTD	GBR	149						0	149	0.0	0.0
AA-1340125	00000	HANNOVER RUECK SE	DEU	363						0	363	0.0	0.0
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR	349						0	349	0.0	0.0
AA-1127096	00000	LLOYD'S SYNDICATE NUMBER 1096	GBR	7						0	7	0.0	0.0
AA-1120085	00000	LLOYD'S SYNDICATE NUMBER 1274	GBR	89						0	89	0.0	0.0
AA-1128000	00000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	GBR	13						0	13	0.0	0.0
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR	208						0	208	0.0	0.0
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR	26						0	26	0.0	0.0
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR	166						0	166	0.0	0.0
AA-1129000	00000	LLOYD'S SYNDICATE NUMBER 300	GBR	5						0	5	0.0	0.0
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR	134						0	134	0.0	0.0
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GBR	99						0	99	0.0	0.0
AA-1126727	00000	LLOYD'S SYNDICATE NUMBER 727	GBR	99						0	99	0.0	0.0
AA-3194129	00000	MONTPELIER REINS LTD	BMU	74						0	74	0.0	0.0
1299999 - Total Authorized - Other Non-U.S. Insurers				1,781	0	0	0	0	0	0	1,781	0.0	0.0
1399999 - Total Authorized - Total Authorized				5,823	0	0	0	11	11	0	5,834	0.2	0.2
Unauthorized - Other U.S. Unaffiliated Insurers													
57-0287419	38520	BCBS OF SC INC	SC	1,943						0	1,943	0.0	0.0
36-1410470	22977	LUMBERMENS MUT CAS CO	IL					140	140	140	140	100.0	100.0
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers				1,943	0	0	0	140	140	140	2,083	6.7	6.7
Unauthorized - Other Non-U.S. Insurers													
AA-3190795	00000	AMERICAN SAFETY REINS LTD	BMU	88						0	88	0.0	0.0
AA-3194161	00000	CATLIN INS CO LTD	BMU	13						0	13	0.0	0.0
AA-3190958	00000	JRG REINS CO LTD	BMU	224						0	224	0.0	0.0
2599999 - Total Unauthorized - Other Non-U.S. Insurers				325	0	0	0	0	0	0	325	0.0	0.0
2699999 - Total Unauthorized - Total Unauthorized				2,268	0	0	0	140	140	140	2,408	5.8	5.8
4099999 - Total Authorized, Unauthorized and Certified				8,091	0	0	0	151	151	151	8,242	1.8	1.8
9999999 Totals				8,091	0	0	0	151	151	151	8,242	1.8	1.8

ANNUAL STATEMENT FOR THE YEAR 2014 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	9,159		1,550	1	7,795			9,159	.0		.0	.0	.0	.0
53-0078070	53007	HTH, RE, LTD.	DC	419		550	2				419	.0		.0	.0	.0	.0
98-0408753	00000	LUMBERMENS MUT CAS CO.	HI	14,481		9,719	3	4,762			14,481	.0		.0	.0	.0	.0
36-1410470	22977	MOTOR CLUB INS CO.	IL	141				1			1	.140	140	.28	.0	.28	.141
20-3462094	12487	TRANSAMERICA OCCIDENTAL LIFE INS CO.	RI	137	158			24			137	.0		.0	.0	.0	.0
95-1060502	67121	UNITED TRUST INS CO.	IA		31							.0		.0	.0	.0	.0
63-0477090	81531		AL	576		750	4	6			576	.0		.0	.0	.0	.0
0999999 - Total Other U.S. Unaffiliated Insurers				24,913	189	12,569	XXX	12,588	0	0	24,773	140	140	28	0	28	141
Other Non-U.S. Insurers																	
AA-1440006	00000	AGA REINS	FRA	8,200		5,900	5	2,327			8,200	.0		.0	.0	.0	.0
AA-3190795	00000	AMERICAN SAFETY REINS LTD.	BMU	1,741		1,628	6	348			1,741	.0		.0	.0	.0	.0
AA-0000000	00000	AMERHEALTH ASSURANCE, LTD.	BMU	60		112	7				60	.0		.0	.0	.0	.0
AA-3190874	00000	AMLIN BERMUDA	BMU	409		447	8	86			409	.0		.0	.0	.0	.0
AA-3194161	00000	CATLIN INS CO LTD	BMU	1,584		1,536	9	143			1,584	.0		.0	.0	.0	.0
AA-3190958	00000	JRG REINS CO LTD	BMU	832		744	10	220			832	.0		.0	.0	.0	.0
AA-3190744	00000	PACIFIC LIGHTHOUSE REINS LTD	BMU	900		900	11	207			900	.0		.0	.0	.0	.0
AA-1121366	00000	SPHERE DRAKE INS LTD	GBR	2		2	12	3			2	.0		.0	.0	.0	.0
1299999 - Total Other Non-U.S. Insurers				13,728	0	11,269	XXX	3,334	0	0	13,728	0	0	0	0	0	0
1399999 - Total Affiliates and Others				38,641	189	23,838	XXX	15,922	0	0	38,501	140	140	28	0	28	141
9999999 Totals				38,641	189	23,838	XXX	15,922	0	0	38,501	140	140	28	0	28	141

1. Amounts in dispute totaling \$0 are included in Column 5.
 2. Amounts in dispute totaling \$0 are excluded from Column 14.

ANNUAL STATEMENT FOR THE YEAR 2014 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	550
3	2	011001234	BANK OF NEW YORK MELLON BANK	9,719
4	1	062000019	REGION BANK	750
5	1	026009179	CREDIT SUISSE AG	5,900
6	1	072000096	COMERICA	1,628
7	2	011001234	BANK OF NEW YORK MELLON	112
8	1	026009580	THE ROYAL BANK OF SCOTLAND	447
9	1	021000089	CITIBANK	1,536
10	1	072000096	COMERICA	744
11	1	121000358	BANK OF AMERICA	900
12	1	021000089	CITIBANK	2

Schedule F - Part 6 - Section 1

NONE

Schedule F - Part 6 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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	11,000		.90909	0	0	0	0
06-1325038	39136	FINIAL REINSURANCE CO	1,000	1,000		100.000	0	0	0	0
9999999 Totals			11,000	12,000	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 2014 OF THE BCS Insurance Company

SCHEDULE F - PART 8

Provision for Overdue Reinsurance as of December 31, Current Year

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Reinsurance Recoverable All Items	5 Funds Held By Company Under Reinsurance Treaties	6 Letters of Credit	7 Ceded Balances Payable	8 Other Miscellaneous Balances	9 Other Allowed Offset Items	10 Sum of Cols. 5 through 9 but not in Excess of Col. 4	11 Col. 4 minus Col. 10	12 Greater of Col. 11 or Schedule F - Part 4 Cols. 8 + 9
Provision for Overdue Reinsurance											
06-1022232	24899	ALEA NORTH AMERICA INS CO	143,000			(1,000)			(1,000)	144,000	144,000
06-1325038	39136	FINIAL REINSURANCE CO	1,000						0	1,000	1,000
9999999 Totals			144,000	0	0	(1,000)	0	0	(1,000)	145,000	145,000

1. Total	145,000
2. Line 1 x .20	29,000
3. Schedule F - Part 7 Col. 11	0
4. Provision for Overdue Authorized Reinsurance (Lines 2 + 3)	29,000
5. Provision for Reinsurance Ceded to Unauthorized Reinsurers (Schedule F - Part 5, Col. 18 x 1000)	141,000
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)	170,000

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	225,981,241		225,981,241
2. Premiums and considerations (Line 15)	34,377,757		34,377,757
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	8,242,484	(8,242,484)	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	400,000	(400,000)	0
5. Other assets	10,606,350		10,606,350
6. Net amount recoverable from reinsurers			0
7. Protected cell assets (Line 27)	0	145,217,704	145,217,704
8. Totals (Line 28)	279,607,832	136,575,220	416,183,052
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	52,328,223	148,990,000	201,318,223
10. Taxes, expenses, and other obligations (Lines 4 through 8)	8,411,727		8,411,727
11. Unearned premiums (Line 9)	20,453,608	15,569,459	36,023,067
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)	27,587,489	(27,587,489)	0
15. Funds held by company under reinsurance treaties (Line 13)	226,750	(226,750)	0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	170,000	(170,000)	0
18. Other liabilities	13,240,351		13,240,351
19. Total liabilities excluding protected cell business (Line 26)	122,418,148	136,575,220	258,993,368
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	157,189,684	X X X	157,189,684
22. Totals (Line 38)	279,607,832	136,575,220	416,183,052

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 2014 OF THE BCS Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit A & H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	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	%
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	114,053,493	XXX	114,053,493	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	113,407,634	XXX	113,407,634	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
3. Incurred claims	72,884,787	64.3	72,884,787	64.3	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	673,880	0.6	673,880	0.6		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	73,558,667	64.9	73,558,667	64.9	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)	9,003,437	7.9	9,003,437	7.9		0.0		0.0		0.0		0.0		0.0		0.0		0.0
8. Other general insurance expenses	13,081,511	11.5	13,081,511	11.5		0.0		0.0		0.0		0.0		0.0		0.0		0.0
9. Taxes, licenses and fees	11,129,325	9.8	11,129,325	9.8		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10. Total other expenses incurred	33,214,273	29.3	33,214,273	29.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	6,634,694	5.9	6,634,694	5.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	6,634,694	5.9	6,634,694	5.9	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2014 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
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	11,652,266	11,652,266							
2. Advance premiums	0								
3. Reserve for rate credits	3,380,685	3,380,685							
4. Total premium reserves, current year	15,032,951	15,032,951	0	0	0	0	0	0	0
5. Total premium reserves, prior year	14,387,094	14,387,094	0	0	0	0	0	0	0
6. Increase in total premium reserves	645,857	645,857	0	0	0	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	0								
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	29,291,556	29,291,556							
2. Total prior year	25,171,493	25,171,493	0	0	0	0	0	0	0
3. Increase	4,120,063	4,120,063	0	0	0	0	0	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	20,847,562	20,847,562							
1.2 On claims incurred during current year	47,917,162	47,917,162							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	2,026,082	2,026,082							
2.2 On claims incurred during current year	27,265,476	27,265,476							
3. Test:									
3.1 Lines 1.1 and 2.1	22,873,644	22,873,644	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31 prior year	25,171,493	25,171,493	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2	(2,297,849)	(2,297,849)	0	0	0	0	0	0	0

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	15,037,119	15,037,119							
2. Premiums earned	15,282,489	15,282,489							
3. Incurred claims	10,788,372	10,788,372							
4. Commissions	529,098	529,098							
B. Reinsurance Ceded:									
1. Premiums written	193,272,113	193,272,113							
2. Premiums earned	194,052,197	194,052,197							
3. Incurred claims	117,332,699	117,332,699							
4. Commissions	63,579,124	63,579,124							

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....	176,313,012	2,779,701	336,399	179,429,112
2. Beginning Claim Reserves and Liabilities.....	54,634,335	415,451	949,073	55,998,859
3. Ending Claim Reserves and Liabilities.....	60,033,466	638,183	557,747	61,229,396
4. Claims Paid.....	170,913,881	2,556,969	727,725	174,198,575
B. Assumed Reinsurance:				
5. Incurred Claims.....	10,788,372	0	0	10,788,372
6. Beginning Claim Reserves and Liabilities.....	3,004,878	0	61,336	3,066,214
7. Ending Claim Reserves and Liabilities.....	7,089,955	0	57,908	7,147,863
8. Claims Paid.....	6,703,295	0	3,428	6,706,723
C. Ceded Reinsurance:				
9. Incurred Claims.....	115,901,107	1,297,853	133,740	117,332,700
10. Beginning Claim Reserves and Liabilities.....	33,084,294	202,592	606,694	33,893,580
11. Ending Claim Reserves and Liabilities.....	38,361,826	313,058	410,820	39,085,704
12. Claims Paid.....	110,623,575	1,187,387	329,614	112,140,576
D. Net:				
13. Incurred Claims.....	71,200,277	1,481,848	202,659	72,884,784
14. Beginning Claim Reserves and Liabilities.....	24,554,919	212,859	403,715	25,171,493
15. Ending Claim Reserves and Liabilities.....	28,761,595	325,125	204,835	29,291,555
16. Claims Paid.....	66,993,601	1,369,582	401,539	68,764,722
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....	71,874,157	1,481,848	202,659	73,558,664
18. Beginning Reserves and Liabilities.....	24,779,344	212,859	403,715	25,395,918
19. Ending Reserves and Liabilities.....	28,907,377	325,125	204,835	29,437,337
20. Paid Claims and Cost Containment Expenses	67,746,124	1,369,582	401,539	69,517,245

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 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	585	226	358	0	0	4	0	0	0	0	0	4
3. 2006	311	597	(286)	0	0	0	0	0	0	0	0	0
4. 2007	518	572	(54)	0	0	0	0	0	0	0	0	0
5. 2008	477	632	(155)	0	0	0	0	0	0	0	0	0
6. 2009	420	420	0	0	0	0	0	0	0	0	0	0
7. 2010	366	366	0	0	0	0	0	0	0	0	0	0
8. 2011	331	331	0	0	0	0	0	0	0	0	0	0
9. 2012	349	349	0	0	0	0	0	0	0	0	0	0
10. 2013	272	272	0	0	0	0	0	0	0	0	0	0
11. 2014	261	74	187	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	27	0	0	0	0	0	0	0	0	0	0	27	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	1	1	0	0	0	0	0	0	0	0	0
8.	0	0	3	3	0	0	0	0	0	0	0	0	0
9.	0	0	9	9	0	0	0	0	0	0	0	0	0
10.	0	0	17	17	0	0	0	0	0	0	0	0	0
11.	0	0	30	30	0	0	0	0	0	0	0	0	0
12.	27	0	60	60	0	0	0	0	0	0	0	27	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	27	0
2.	4	0	4	0.7	0.0	1.1	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.	1	1	0	0.3	0.3	0.0	0	0	0.0	0	0
8.	3	3	0	0.9	0.9	0.0	0	0	0.0	0	0
9.	9	9	0	2.6	2.6	0.0	0	0	0.0	0	0
10.	17	17	0	6.3	6.3	0.0	0	0	0.0	0	0
11.	30	30	0	11.5	40.5	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	27	0

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

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

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2005	10,577	10,570	7	9,422	9,422	0	0	15	14	0	0	1,102
3. 2006	10,268	10,268	0	9,252	9,252	0	0	1	0	0	0	333
4. 2007	1,539	1,539	0	122	122	0	0	1	0	0	0	1
5. 2008	0	0	0	0	0	2	1	1	0	0	0	0
6. 2009	0	0	0	0	0	2	2	2	0	0	0	0
7. 2010	0	0	0	0	0	0	0	0	0	0	0	0
8. 2011	0	0	0	0	0	0	0	0	0	0	0	0
9. 2012	0	0	0	0	0	0	0	0	0	0	0	0
10. 2013	0	0	0	0	0	0	0	0	0	0	0	0
11. 2014	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	18,796	18,796	3	3	19	14	0	5	XXX

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

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	9,437	9,436	1	89.2	89.3	10.5	0	0	0.0	0	0
3.	9,253	9,252	1	90.1	90.1	0.0	0	0	0.0	0	0
4.	122	122	1	8.0	7.9	0.0	0	0	0.0	0	0
5.	2	1	1	(3,002.4)	(1,227.7)	0.0	0	0	0.0	0	0
6.	3	2	2	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	34	(225)	1,804	1,776	0	0	0	287	XXX
2. 2005	43,204	42,281	923	7,572	6,478	1,921	1,706	1,407	1,110	0	1,606	162
3. 2006	38,490	37,420	1,070	14,742	14,643	2,033	1,915	923	903	0	237	215
4. 2007	32,443	30,931	1,511	2,307	2,198	1,368	1,249	1,219	1,091	0	356	173
5. 2008	23,168	20,735	2,432	2,788	2,258	1,422	1,190	1,524	1,207	0	1,079	244
6. 2009	23,366	20,846	2,520	2,882	2,531	534	420	1,031	868	0	627	254
7. 2010	24,533	20,352	4,181	24,316	22,714	1,284	745	1,126	850	0	2,416	138
8. 2011	27,813	18,739	9,074	2,382	77	3,293	396	1,542	626	0	6,118	237
9. 2012	32,675	17,614	15,061	7,645	3,093	6,471	1,415	1,880	751	0	10,737	359
10. 2013	36,495	17,088	19,407	4,109	454	2,196	195	998	455	0	6,199	361
11. 2014	40,908	21,696	19,212	569	0	1,092	88	326	93	0	1,806	315
12. Totals	XXX	XXX	XXX	69,347	54,222	23,418	11,096	11,976	7,955	0	31,468	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	5,827	5,552	0	0	753	749	0	0	0	0	0	279	22
2.	425	425	0	0	28	28	0	0	0	0	0	0	2
3.	200	200	0	0	18	18	0	0	0	0	0	0	0
4.	1,004	1,004	3,080	3,080	86	86	0	0	0	0	0	0	1
5.	1,085	1,085	2,547	2,547	127	127	0	0	0	0	0	0	10
6.	579	576	1,296	1,296	45	44	250	250	2	1	0	5	6
7.	750	594	2,394	2,387	69	5	464	459	117	113	0	236	13
8.	1,070	880	3,920	3,906	155	9	862	850	205	188	0	379	22
9.	59,170	57,445	4,404	4,271	2,488	947	430	320	352	164	0	3,697	180
10.	4,715	3,232	5,421	4,803	1,226	12	1,020	610	346	256	0	3,815	164
11.	7,082	1,856	7,273	4,973	3,999	0	2,248	1,169	725	524	0	12,805	187
12.	81,907	72,849	30,335	27,263	8,994	2,025	5,274	3,658	1,747	1,246	0	21,216	607

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	275	4
2.	11,353	9,747	1,606	26.3	23.1	174.1	0	0	0.0	0	0
3.	17,916	17,679	237	46.5	47.2	22.2	0	0	0.0	0	0
4.	9,064	8,708	356	27.9	28.2	23.6	0	0	0.0	0	0
5.	9,493	8,414	1,079	41.0	40.6	44.4	0	0	0.0	0	0
6.	6,619	5,987	632	28.3	28.7	25.1	0	0	0.0	3	2
7.	30,520	27,868	2,652	124.4	136.9	63.4	0	0	0.0	163	73
8.	13,430	6,932	6,497	48.3	37.0	71.6	0	0	0.0	204	175
9.	82,840	68,406	14,434	253.5	388.4	95.8	0	0	0.0	1,858	1,839
10.	20,031	10,017	10,014	54.9	58.6	51.6	0	0	0.0	2,101	1,714
11.	23,314	8,703	14,611	57.0	40.1	76.1	0	0	0.0	7,526	5,279
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	12,130	9,086

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 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	12 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 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	15	15	2	2	0	0	0	0	XXX
2. 2013	14,082	14,000	82	5,074	5,037	0	0	0	0	0	37	XXX
3. 2014	21,838	21,794	44	2,415	2,383	2	2	0	0	0	32	XXX
4. Totals	XXX	XXX	XXX	7,504	7,435	4	4	0	0	0	69	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	4
2.	0	0	61	61	0	0	10	10	0	0	0	0	6
3.	0	0	2,479	2,460	0	0	15	15	0	0	0	19	731
4.	0	0	2,540	2,521	0	0	25	25	0	0	0	19	741

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	5,145	5,108	37	36.5	36.5	45.1	0	0	0.0	0	0
3.	4,911	4,860	51	22.5	22.3	115.9	0	0	0.0	19	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	19	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

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

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

NONE

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	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 2014 OF THE BCS Insurance Company

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4	5	6	7	8	9				
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior	XXX	XXX	XXX	(17)	0	0	0	0	0	0	17	(17)	XXX
2. 2013	65	65	0	0	0	0	0	0	0	0	0	0	XXX
3. 2014	66	66	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	(17)	0	0	0	0	0	0	17	(17)	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	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	11	11	3	3	1	1	0	0	0	0	0
2.	0	0	20	20	0	0	3	3	0	0	0	0	0
3.	0	0	41	41	0	0	5	5	0	0	0	0	0
4.	0	0	72	72	3	3	9	9	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	23	23	0	35.4	35.4	0.0	0	0	0.0	0	0
3.	46	46	0	69.7	69.7	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	1,747	952	6	3	28	0	0	826	XXX
2. 2013	293,293	186,650	106,643	172,846	104,775	1,173	340	3,127	937	0	71,094	XXX
3. 2014	307,460	194,052	113,408	132,150	84,233	600	86	2,524	785	0	50,170	XXX
4. Totals	XXX	XXX	XXX	306,743	189,960	1,779	429	5,679	1,722	0	122,090	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	905	719	169	102	42	0	0	0	13	0	0	308	8
2.	0	0	3,907	2,133	0	0	20	15	62	0	0	1,841	16
3.	2	2	63,394	36,129	0	0	165	65	1,648	95	0	28,918	1,667
4.	907	721	67,470	38,364	42	0	185	80	1,723	95	0	31,067	1,691

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	253	55
2.	181,135	108,200	72,935	61.8	58.0	68.4	0	0	0.0	1,774	67
3.	200,483	121,395	79,088	65.2	62.6	69.7	0	0	0.0	27,265	1,653
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	29,292	1,775

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 2014 OF THE BCS Insurance Company

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior	2,316	1,764	1,755	1,898	1,834	1,704	1,636	1,598	1,525	1,469	(56)	(129)
2. 2005	306	4	4	4	4	4	4	4	4	4	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(56)	(129)

**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. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior	108	139	138	147	100	99	93	93	93	93	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	1	1	1	1	1	1	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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

1. Prior	650	664	469	303	361	279	279	279	279	838	559	559
2. 2005	704	970	2,186	1,394	1,361	1,316	1,309	1,309	1,309	1,309	0	0
3. 2006	XXX	315	244	173	234	225	217	217	217	217	0	0
4. 2007	XXX	XXX	460	293	291	236	237	228	228	228	0	0
5. 2008	XXX	XXX	XXX	1,159	771	865	782	772	762	762	0	(10)
6. 2009	XXX	XXX	XXX	XXX	866	587	548	484	471	468	(3)	(16)
7. 2010	XXX	XXX	XXX	XXX	XXX	1,545	1,203	1,671	2,146	2,373	227	702
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	4,005	6,078	6,430	5,564	(866)	(514)
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7,413	10,772	13,117	2,345	5,704
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,349	9,381	(968)	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,177	14,177	XXX	XXX
12. Totals											1,294	6,425

ANNUAL STATEMENT FOR THE YEAR 2014 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014	11 One Year	12 Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	24	24	0	(8)
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	37	(14)	XXX
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	XXX	XXX
4. Totals											(14)	(8)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	0	0	0	0	0						
2. 2013	XXX	0	0	0	XXX							
3. 2014	XXX	0	XXX	XXX								
4. Totals											0	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	3	(4)	(21)	(17)	(24)						
2. 2013	XXX	0	0	0	XXX							
3. 2014	XXX	0	XXX	XXX								
4. Totals											(17)	(24)

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

1. Prior	XXX	22,363	20,584	20,609	25	(1,754)						
2. 2013	XXX	72,944	70,683	(2,261)	XXX							
3. 2014	XXX	XXX	75,796	XXX	XXX							
4. Totals											(2,236)	(1,754)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

Schedule P - Part 2N

NONE

Schedule P - Part 2O

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

NONE

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014		
1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2006	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2007	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2008	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
9. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
10. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0
11. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0

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

1. Prior	.000	.522	.826	1,366	1,443	1,444	1,442	1,442	1,442	1,442	6	.0
2. 2005	.4	.4	.4	.4	.4	.4	.4	.4	.4	.4	.0	.0
3. 2006	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2007	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2008	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
9. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
10. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0
11. 2014	.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. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
3. 2006	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
4. 2007	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
5. 2008	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
6. 2009	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.XXX	.XXX
7. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.XXX	.XXX
8. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.XXX	.XXX
9. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.XXX	.XXX
10. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.XXX	.XXX
11. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.XXX	.XXX

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

1. Prior	.000	.32	.89	.98	.99	.99	.93	.93	.93	.93	.427	.395
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.289	.813
3. 2006	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.170	.163
4. 2007	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0
5. 2008	.XXX	.XXX	.XXX	.0	.1	.1	.1	.1	.1	.1	.0	.0
6. 2009	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
9. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
10. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0
11. 2014	.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	.172	.177	.249	.258	.258	.263	.271	.272	.559	.219	.332
2. 2005	.45	.124	.989	.749	1,273	1,294	1,309	1,309	1,309	1,309	.27	.133
3. 2006	.XXX	.1	.93	.128	.149	.217	.217	.217	.217	.217	.28	.187
4. 2007	.XXX	.XXX	.22	.127	.201	.228	.229	.228	.228	.228	.17	.155
5. 2008	.XXX	.XXX	.XXX	.97	.505	.711	.718	.762	.762	.762	.17	.217
6. 2009	.XXX	.XXX	.XXX	.XXX	.95	.243	.330	.341	.454	.464	.22	.226
7. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.27	.420	1,217	2,094	2,141	.17	.108
8. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.341	3,394	4,982	5,202	.59	.156
9. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	1,740	5,824	9,608	.91	.88
10. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	1,535	5,656	.40	.157
11. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	1,573	.13	.115

ANNUAL STATEMENT FOR THE YEAR 2014 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 (\$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	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014			
1. Prior	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.000		24	24	XXX	XXX
2. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		27	37	XXX	XXX
3. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX		32	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	.XXX	.000		.0	.0	.0	.0						
2. 2013	.XXX		.0	.0	.0	.0							
3. 2014	.XXX		0	0	0								

NONE

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	.XXX	.000		(4)	(21)	XXX	XXX						
2. 2013	.XXX		.0	.0	XXX	XXX							
3. 2014	.XXX		0	XXX	XXX								

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

1. Prior	.XXX	.000		19,516	20,314	XXX	XXX						
2. 2013	.XXX		48,617	68,904	XXX	XXX							
3. 2014	.XXX		48,431	XXX	XXX								

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2006	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2007	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2008	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2009	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
8. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	XXX	XXX
9. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	XXX	XXX
10. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	XXX	XXX
11. 2014	.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 2014 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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

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

1. Prior	1,610	769	550	372	295	233	167	129	56	0
2. 2005	302	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	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. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

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

1. Prior	50	8	0	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	201	239	85	33	82	0	0	0	0	0
2. 2005	556	308	99	37	10	0	0	0	0	0
3. 2006	XXX	271	85	23	13	4	0	0	0	0
4. 2007	XXX	XXX	371	107	57	5	6	0	0	0
5. 2008	XXX	XXX	XXX	600	135	78	9	10	0	0
6. 2009	XXX	XXX	XXX	XXX	590	178	81	9	11	0
7. 2010	XXX	XXX	XXX	XXX	XXX	1,004	34	62	10	12
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	1,259	892	488	26
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,107	755	243
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,874	1,028
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,379

ANNUAL STATEMENT FOR THE YEAR 2014 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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.32	.0	.0
2. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.24	.0
3. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	.0	.0	.0						
2. 2013	XXX	.0	.0							
3. 2014	XXX	0								

NONE

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	.0	.0	.0						
2. 2013	XXX	.0	.0							
3. 2014	XXX	0								

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

1. Prior	XXX	21,927	766	.67						
2. 2013	XXX	24,327	1,779							
3. 2014	XXX	XXX	27,365							

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2006	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2007	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2008	XXX	.0	.0	.0						
6. 2009	XXX	.0	.0	.0						
7. 2010	XXX	.0	.0	.0						
8. 2011	XXX	.0	.0	.0						
9. 2012	XXX	.0	.0	.0						
10. 2013	XXX	.0	.0							
11. 2014	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	2	2	1	3	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	18	21	4	0	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	5	5	(16)	(1)	0	0	0	0	0	0
2. 2005	0	0	0	0	0	0	0	0	0	0
3. 2006	XXX	0	0	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2014 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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	0	124	209	94	0	0	0	0	0	0
2. 2005	0	242	289	289	289	289	289	289	289	289
3. 2006	XXX	27	167	170	170	170	170	170	170	170
4. 2007	XXX	XXX	1	1	1	1	1	1	1	1
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	76	87	9	1	0	0	0	0	0	0
2. 2005	20	40	2	0	0	0	0	0	0	0
3. 2006	XXX	2	6	0	0	0	0	0	0	0
4. 2007	XXX	XXX	0	0	0	0	0	0	0	0
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	3	297	321	129	(1)	0	0	0	0	0
2. 2005	480	1,053	1,104	1,102	1,102	1,102	1,102	1,102	1,102	1,102
3. 2006	XXX	64	335	333	333	333	333	333	333	333
4. 2007	XXX	XXX	1	1	1	1	1	1	1	1
5. 2008	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2009	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2010	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2014 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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	5	7	11	7	10	13	7	162	2	0
2. 2005	0	5	6	8	10	15	19	27	27	27
3. 2006	XXX	1	2	4	7	12	16	28	28	28
4. 2007	XXX	XXX	0	2	3	8	12	17	17	17
5. 2008	XXX	XXX	XXX	1	3	6	12	15	16	17
6. 2009	XXX	XXX	XXX	XXX	0	1	15	21	21	22
7. 2010	XXX	XXX	XXX	XXX	XXX	0	8	12	14	17
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	6	13	44	59
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	54	91
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	40
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	305	308	375	235	209	189	136	99	22	22
2. 2005	42	44	93	42	38	30	13	2	2	2
3. 2006	XXX	28	165	71	48	50	17	1	1	0
4. 2007	XXX	XXX	62	45	17	13	11	1	1	1
5. 2008	XXX	XXX	XXX	7	51	42	22	17	11	10
6. 2009	XXX	XXX	XXX	XXX	40	48	35	7	7	6
7. 2010	XXX	XXX	XXX	XXX	XXX	122	129	101	20	13
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	267	189	50	22
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	190	267	180
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257	164
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187

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
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
1. Prior	7	29	97	(113)	13	37	31	163	11	0
2. 2005	71	85	141	102	113	132	162	162	162	162
3. 2006	XXX	32	179	121	133	176	215	215	215	215
4. 2007	XXX	XXX	63	56	90	129	173	173	173	173
5. 2008	XXX	XXX	XXX	9	119	199	244	244	244	244
6. 2009	XXX	XXX	XXX	XXX	49	175	254	254	254	254
7. 2010	XXX	XXX	XXX	XXX	XXX	136	205	205	138	138
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	281	281	237	237
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209	359	359
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	263	361
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	315

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 2014 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2006	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2007	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2008	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2014	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2006	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2007	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2008	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2014	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 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	10,577	10,577	10,577	10,577	10,577	10,577	10,577	10,577	10,577	10,577	10,577	.0
3. 2006	XXX	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	.0
4. 2007	XXX	XXX	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	.0
5. 2008	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2014	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)	10,577	10,268	1,539	0	0	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	10,570	10,570	10,570	10,570	10,570	10,570	10,570	10,570	10,570	10,570	10,570	.0
3. 2006	XXX	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	.0
4. 2007	XXX	XXX	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	.0
5. 2008	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2014	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)	10,570	10,268	1,539	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	43,204	43,204	43,204	43,204	43,204	43,204	43,204	43,204	43,204	43,204	43,204	.0
3. 2006	XXX	38,490	38,490	38,490	38,490	38,490	38,490	38,490	38,490	38,490	38,490	.0
4. 2007	XXX	XXX	32,443	32,443	32,443	32,443	32,443	32,443	32,443	32,443	32,443	.0
5. 2008	XXX	XXX	XXX	23,168	23,168	23,168	23,168	23,168	23,168	23,168	23,168	.0
6. 2009	XXX	XXX	XXX	XXX	23,366	23,366	23,366	23,366	23,366	23,366	23,366	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	24,533	24,533	24,533	24,533	24,533	24,533	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	27,813	27,813	27,813	27,813	27,813	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32,675	32,675	32,675	32,675	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,495	36,495	36,495	.0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,908	40,908	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,908
13. Earned Premiums (Sc P-Pt 1)	43,204	38,490	32,443	23,168	23,366	24,533	27,813	32,675	36,495	40,908	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	42,281	42,281	42,281	42,281	42,281	42,281	42,281	42,281	42,281	42,281	42,281	.0
3. 2006	XXX	37,420	37,420	37,420	37,420	37,420	37,420	37,420	37,420	37,420	37,420	.0
4. 2007	XXX	XXX	30,931	30,931	30,931	30,931	30,931	30,931	30,931	30,931	30,931	.0
5. 2008	XXX	XXX	XXX	20,735	20,735	20,735	20,735	20,735	20,735	20,735	20,735	.0
6. 2009	XXX	XXX	XXX	XXX	20,846	20,846	20,846	20,846	20,846	20,846	20,846	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	20,352	20,352	20,352	20,352	20,352	20,352	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	18,739	18,739	18,739	18,739	18,739	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,614	17,614	17,614	17,614	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,088	17,088	17,088	.0
11. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,696	21,696	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,696
13. Earned Premiums (Sc P-Pt 1)	42,281	37,420	30,931	20,735	20,846	20,352	18,739	17,614	17,088	21,696	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2006	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2007	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2008	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2014	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 2005	2 2006	3 2007	4 2008	5 2009	6 2010	7 2011	8 2012	9 2013	10 2014		
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2005	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2006	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2007	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2008	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2009	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2010	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2011	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2014	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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

SCHEDULE P INTERROGATORIES

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

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior		
1.602	2005		
1.603	2006 .....	.0	.0
1.604	2007 .....	.0	.0
1.605	2008 .....	.0	.0
1.606	2009 .....	.0	.0
1.607	2010 .....	.0	.0
1.608	2011 .....	.0	.0
1.609	2012 .....	.0	.0
1.610	2013 .....	.0	.0
1.611	2014 .....	.0	.0
1.612	Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?: Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]
 If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
 Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
 Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars)
- | | | |
|--|--------------|----------|
| | 5.1 Fidelity | \$ |
| | 5.2 Surety | \$ |
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 2014 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 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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				1,032		1,032
8. Delaware DE						.0
9. District of Columbia DC				364		364
10. Florida FL				1,085		1,085
11. Georgia GA						.0
12. Hawaii HI						.0
13. Idaho ID						.0
14. Illinois IL				71,674		71,674
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				(506)		(506)
22. Massachusetts MA				663		663
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				(575)		(575)
37. Oklahoma OK						.0
38. Oregon OR						.0
39. Pennsylvania PA				3,288		3,288
40. Rhode Island RI						.0
41. South Carolina SC				850		850
42. South Dakota SD						.0
43. Tennessee TN						.0
44. Texas TX						.0
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	81,554	0	81,554

ANNUAL STATEMENT FOR THE YEAR 2014 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	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)				(7,355,673)	1,345,664			(10,010,009)	(15,898,533)
38245	36-6033921	BCS Insurance Company	(6,000,000)				(12,711,574)	1,889,007			(16,822,567)	50,721,380
26794	36-3503382	Plans' Liability Insurance Company					(1,112,036)	(3,234,671)			(4,346,707)	(34,822,847)
	36-4247278	BCS Financial Corporation	10,000,000				22,296,400				32,296,400	
	36-4303124	BCS Financial Services Corporation					(1,117,117)				(1,117,117)	
	36-3120811	BCS Insurance Agency, Inc									.0	
	37-1732732	Ancilyze Technologies LLC									.0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		RESPONSES
1. Will an actuarial opinion be filed by March 1?		.....YES.....
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?		.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?		.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?		.....YES.....

APRIL FILING		
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?		.....YES.....
6. Will Management's Discussion and Analysis be filed by April 1?		.....YES.....
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?		.....YES.....

MAY FILING		
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?		.....SEE EXPLANATION.....

JUNE FILING		
9. Will an audited financial report be filed by June 1?		.....YES.....
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?		.....YES.....

AUGUST FILING		
11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?		.....YES.....

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

MARCH FILING		
12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?		.....SEE EXPLANATION.....
13. Will the Financial Guaranty Insurance Exhibit be filed by March 1?		.....SEE EXPLANATION.....
14. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?		.....YES.....
15. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?		.....YES.....
16. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?		.....SEE EXPLANATION.....
17. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?		.....SEE EXPLANATION.....
18. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?		.....YES.....
19. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		.....SEE EXPLANATION.....
20. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?		.....YES.....
21. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?		.....YES.....
22. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?		.....SEE EXPLANATION.....
23. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?		.....SEE EXPLANATION.....
24. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?		.....YES.....
25. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?		.....SEE EXPLANATION.....
26. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?		.....SEE EXPLANATION.....
27. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?		.....SEE EXPLANATION.....

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?NO.....

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
- 33. 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.....	10,534		10,534	9,645
2597. Summary of remaining write-ins for Line 25 from page 2	10,534	0	10,534	9,645

P003 Additional Aggregate Lines for Page 3 Line 25.

*LIAB - Liabilities

	1	2
	Current Year	Prior Year
2504. Retroactive Reinsurance Reserve Ceded.....	0	(55,870)
2597. Summary of remaining write-ins for Line 25 from page 3	0	(55,870)

P004 Additional Aggregate Lines for Page 4 Line 14.

*STMTINCOME - Statement of Income

	1	2
	Current Year	Prior Year
1404. Retroactive Reinsurance Ceded.....	(55,870)	(24,622)
1497. Summary of remaining write-ins for Line 14 from page 4	(55,870)	(24,622)

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 3% Due 3/1/2043 Mo-1.....	B.....	Held for collateral			991,379	996,703
5805. FHLMC POOL A93497 4 1/2% Due 8/1/2040 Mo-1.....	B.....	Held for collateral			187,520	200,052
5806. FHLMC POOL A94423 4% Due 10/1/2040 Mo-1.....	B.....	Held for collateral			373,720	385,654
5807. FHLMC POOL A93679 4% Due 9/1/2040 Mo-1.....	B.....	Held for collateral			454,547	474,102
5808. FHLMC POOL A94314 4 1/2% Due 10/1/2040 Mo-1.....	B.....	Held for collateral			242,680	253,907
5809. FHLMC POOL A947033 1/2% Due 11/1/2040 Mo-1.....	B.....	Held for collateral			302,029	312,264
5810. FHLMC POOL A95090 4 1/2% Due 11/1/2040 Mo-1.....	B.....	Held for collateral			380,926	403,773
5811. FHLMC POOL 000858 4% Due 5/1/2041 Mo-1.....	B.....	Held for collateral			198,393	209,432
5812. FHLMC POOL Q10802 3% Due 8/1/2042 Mo-1.....	B.....	Held for collateral			437,449	429,270
5813. FHLMC POOL Q12044 3% Due 10/1/2042 Mo-1.....	B.....	Held for collateral			362,690	352,824
5814. FREDDIE MAC 4 7/8% Due 6/13/2018 JD13.....	B.....	Held for collateral			302,213	335,370
5815. FNMA POOL 730954 5% Due 8/1/2033 Mo-1.....	B.....	Held for collateral			161,588	187,268
5816. FNMA POOL 832011 5% Due 8/1/2035 Mo-1.....	B.....	Held for collateral			142,856	160,385
5817. FNMA POOL 839033 5% Due 11/1/2035 Mo-1.....	B.....	Held for collateral			155,680	179,710
5818. US TREASURY N/B 8 3/4% Due 5/15/2017 MN15.....	B.....	Held for collateral			1,337,190	1,452,728
5819. US TREASURY N/B 8 7/8% Due 8/15/2017 FA15.....	B.....	Held for collateral			689,743	734,989
5820. US TREASURY N/B 4 3/4% Due 8/15/2017 FA15.....	B.....	Held for collateral			1,710,405	1,866,770
5821. US TREASURY N/B 0 5/8% Due 11/30/2017 MN31.....	B.....	Held for collateral			325,097	320,840
5897. Summary of remaining write-ins for Line 58 from page E27	XXX	XXX	0	0	8,756,105	9,256,041



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Alabama

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

.....

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360.AL



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Alaska

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2011), 15-18 (Policies Issued in 2012, 2013, 2014). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.AK

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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.AR



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.CA



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.CO



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Delaware

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.DE



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.DC



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Florida

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.FL



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.GA



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Hawaii

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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"

.....

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SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Idaho

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.ID



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Illinois

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.IL



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.IN



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Iowa

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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"

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SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Kansas

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2011), 15-18 (Policies Issued in 2012, 2013, 2014). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.KY

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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Louisiana

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											13 Percent of Premiums Earned	16 Amount			17 Percent of Premiums Earned		
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.LA



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.ME



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Maryland

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0	
NONE																		
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.MD



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts

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

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows 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
2.1 Address: PO Box 248108 Cleveland, OH 44124
2.2 Contact Person and Phone Number: B'nai B'rith Member Ins. 800-723-2624
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: PO Box 248108 Cleveland, OH 44124
3.2 Contact Person and Phone Number: B'nai B'rith Member Ins. 800-723-2624
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2011), 15-18 (Policies Issued in 2012, 2013, 2014). 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
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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Mississippi

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.MS



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2011), 15-18 (Policies Issued in 2012, 2013, 2014). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.MO

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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Montana

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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"

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SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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"

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SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.NJ



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF New Mexico

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.NM



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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360.NY



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.NC



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF North Dakota

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

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.OH



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.OK



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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360.PA



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Puerto Rico

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

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 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (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.PR



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.RI



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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"

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SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.SD



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Tennessee

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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
 - 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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

360.TX



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Utah

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

.....

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360.UT



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.1 Address:

2.2 Contact Person and Phone Number:

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

3.1 Address:

3.2 Contact Person and Phone Number:

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

360.VT



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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360.VA



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.WA

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 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF West Virginia

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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.WV



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(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 Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										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"

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360.WI



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (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 Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2011), 15-18 (Policies Issued in 2012, 2013, 2014). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.WY

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 2014 OF THE BCS Insurance Company

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

For the Year Ended December 31, 2014

NAIC Group Code 00023

To be Filed by March 1

NAIC Company Code 38245

(A) Financial Impact

	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01. Assets	279,607,832	53,966,994	333,574,826
A02. Liabilities	122,418,148	42,499,519	164,917,667
A03. Surplus as regards to policyholders	157,189,684	11,467,475	168,657,159
A04. Income before taxes	11,824,119	(2,625,972)	9,198,147

(B) Summary of Reinsurance Contract Terms

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

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.....

Supp "A" to Schedule T - Physicians

NONE

Supp "A" to Schedule T - Hospitals

NONE



SUPPLEMENT FOR DECEMBER 31, 2014 OF THE BCS Insurance Company

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD					(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	109,540	261,091			(413,265)			59,889
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	109,540	261,091	0	0	(455,168)	0	0	59,889
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



SUPPLEMENT FOR DECEMBER 31, 2014 OF THE BCS Insurance Company

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

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

States, Etc.	1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama AL								
2. Alaska AK								
3. Arizona AZ								
4. Arkansas AR								
5. California CA								
6. Colorado CO								
7. Connecticut CT								
8. Delaware DE								
9. District of Columbia DC								
10. Florida FL								
11. Georgia GA								
12. Hawaii HI								
13. Idaho ID								
14. Illinois IL								
15. Indiana IN								
16. Iowa IA								
17. Kansas KS								
18. Kentucky KY								
19. Louisiana LA								
20. Maine ME								
21. Maryland MD								
22. Massachusetts MA								
23. Michigan MI								
24. Minnesota MN								
25. Mississippi MS								
26. Missouri MO								
27. Montana MT								
28. Nebraska NE								
29. Nevada NV								
30. New Hampshire NH								
31. New Jersey NJ								
32. New Mexico NM								
33. New York NY								
34. North Carolina NC								
35. North Dakota ND								
36. Ohio OH								
37. Oklahoma OK								
38. Oregon OR								
39. Pennsylvania PA								
40. Rhode Island RI								
41. South Carolina SC								
42. South Dakota SD								
43. Tennessee TN								
44. Texas TX								
45. Utah UT								
46. Vermont VT								
47. Virginia VA								
48. Washington WA								
49. West Virginia WV								
50. Wisconsin WI								
51. Wyoming WY								
52. American Samoa AS								
53. Guam GU								
54. Puerto Rico PR								
55. U.S. Virgin Islands VI								
56. Northern Mariana Islands MP								
57. Canada CAN								
58. Aggregate other aliens OT	0	0	0	0	0	0	0	0
59. Totals	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0

NONE



SUPPLEMENT FOR THE YEAR 2014 OF THE BCS Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2014
(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 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 13,536,392	\$ 14,102,528	\$ 3,001,980	\$ 36,446,916	\$ 2,612,373	\$ 1,622,264	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 [X]

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

2.31 Amount quantified: \$0

2.32 Amount estimated using reasonable assumptions: \$0

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

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

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

