



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT**  
**For the Year Ended December 31, 2015**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**BCS Insurance Company**

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

**OFFICERS**

Name	Title	Name	Title
Howard Francis Beacham III	President & Chief Executive Officer	Terry Michael Hackett	General Counsel & Secretary
Susan Ann Pickar	Chief Financial Officer & Treasurer	Steven Scott Martin	Chairman of the Board

**OTHER OFFICERS**

Peter Lorin Costello	Chief Marketing Officer	David John Jacobs	Chief Actuary
Susan Chylla Lindquist	Chief Talent Officer		

**DIRECTORS OR TRUSTEES**

Howard Francis Beacham III	Peter Lorin Costello	Terry Michael Hackett	David John Jacobs
Susan Ann Pickar	Steven Scott Martin		

State of .....Illinois.....

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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.

Howard Francis Beacham III	Terry Michael Hackett	Susan Ann Pickar
President & Chief Executive Officer	General Counsel & Secretary	Chief Financial Officer & Treasurer

Subscribed and sworn to before me  
this 10th day of February, 2016

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

Jennifer Mark, Notary Public  
03/24/2018





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	39,303	11,367		27,937	0	5,115	5,115	0	1,017	1,017	8,822	981
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	101,102	101,102		0	42,551	54,818	12,267	0	0	0	37,450	346
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	20,631,350	20,655,312		11,567	13,789,564	12,311,401	8,806,269	0	0	0	1,881,198	581,403
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	2,266,336	2,266,336		0	131,092	232,323	5,705,539	130,253	(272,935)	527,577	81,349	62,130
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
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.	TOTAL (a) .....	23,038,091	23,034,117	0	39,504	13,963,207	12,603,657	14,529,190	130,253	(271,918)	528,595	2,008,818	644,861
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 .....249,159 and number of persons insured under indemnity only products .....3,115

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ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	5,434	2,257		3,177	0	1,015	1,015	0	141	141	1,220	136
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	27,230	27,230		0	4,380	8,447	4,067	0	0	0	8,721	40
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	59,484	59,366		816	27,539	(24,490)	6,066	0	0	0	14,180	5,854
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	92,147	88,852	0	3,993	31,919	(15,027)	11,148	0	141	141	24,121	6,029
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 \$ .....92 and number of persons insured under indemnity only products .....62

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



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	109,611	33,739		75,872	0	15,181	15,181	0	2,837	2,837	24,604	2,736
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	648,929	649,070		0	135,308	209,131	93,240	0	0	0	211,390	1,108
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,650,088	1,717,211		142,306	837,670	706,449	245,697	(38,451)	19,234	68,712	426,234	37,037
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	538,453	537,023		12,153	88,838	(275,982)	294,396	20,645	95,151	106,050	28,720	14,640
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
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.	TOTAL (a) .....	2,947,081	2,937,044	0	230,332	1,061,815	654,780	648,514	(17,806)	117,221	177,599	690,948	55,521
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 .....1,159 and number of persons insured under indemnity only products .....12,627





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	65,093	65,093		0	22,713	23,752	8,051	0	0	0	23,855	213
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,681,528	1,709,568		47,399	728,916	708,678	179,942	9	(12)	(16)	449,933	44,460
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	719,883	727,633		51,549	0	87,338	1,348,363	25,891	104,254	118,479	44,121	22,245
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
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.	TOTAL (a) .....	2,466,505	2,502,295	0	98,948	751,629	819,768	1,536,355	25,899	104,241	118,463	517,908	66,918
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 .....2,260 and number of persons insured under indemnity only products .....1,580



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	2,698,405	2,698,405		0	272,685	663,002	390,317	0	0	0	870,275	4,287
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	12,540,919	12,712,732		2,950,743	4,602,056	2,558,528	2,152,237	(2,553)	(65,061)	4,402	3,258,826	582,966
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	4,648,087	6,105,880		1,524,117	3,146,107	3,287,469	18,037,459	4,427,715	2,172,044	4,898,568	618,275	110,003
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
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.	TOTAL (a) .....	19,887,412	21,517,017	0	4,474,860	8,020,848	6,508,998	20,580,013	4,425,162	2,106,982	4,902,970	4,747,376	697,256
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 .....8,677 and number of persons insured under indemnity only products .....812,482



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	51,642	9,455		42,187	0	4,254	4,254	0	1,337	1,337	11,591	1,289
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	982,254	982,254		0	308,818	442,405	147,204	0	0	0	306,712	1,172
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	2,538,119	2,563,512		64,763	1,206,985	1,351,313	798,658	780	(53)	(833)	658,299	278,026
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	1,458,578	1,489,769		606,208	160,498	135,744	594,039	118,897	299,853	424,152	209,911	36,688
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
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.	TOTAL (a) .....	5,030,593	5,044,991	0	713,158	1,676,301	1,933,715	1,544,156	119,677	301,137	424,655	1,186,513	317,175
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,880 and number of persons insured under indemnity only products .....16,250



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	6,788,492	6,797,064		0	1,569,764	2,311,653	854,061	0	0	0	2,522,877	23,210
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	520,858	530,310		131,155	967,665	122,100	48,555	2,041	216	3,903	64,463	(81,005)
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	7,309,350	7,327,374	0	131,155	2,537,429	2,433,753	902,617	2,041	216	3,903	2,587,340	(57,796)
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 .....

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

.....357



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	1,711	711		1,000	.0	320	320	.0	44	44	384	43
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	57,783	57,783		.0	11,645	19,426	7,782	.0	.0	.0	20,019	144
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	741,844	1,079,166		25,760	492,169	375,168	121,808	6,458	5,046	(659)	146,734	22,923
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal Employees Health Benefits Plan premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability-Occurrence .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
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
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.	TOTAL (a) .....	801,338	1,137,660	0	26,760	503,814	394,914	129,910	6,458	5,090	(615)	167,137	23,110
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....383 and number of persons insured under indemnity only products .....198



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	2,231	927		1,304	.0	417	417	.0	58	58	501	56
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	37,812	37,812		.0	.714	5,486	4,749	.0	.0	.0	13,874	123
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	2,813,945	2,814,972		531,979	2,168,522	1,563,831	290,985	342	437	158	981,384	133,333
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
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
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.	TOTAL (a) .....	2,853,988	2,853,711	0	533,283	2,169,235	1,569,734	296,150	342	494	215	995,758	133,512
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 .....2,378 and number of persons insured under indemnity only products .....40



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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)	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	935,059	937,742		.0	468,397	577,823	118,908	.0	.0	.0	346,023	3,140
10.	Financial guaranty												
11.	Medical professional liability	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake												
13.	Group accident and health (b)	5,029,229	5,454,905		361,893	2,350,812	1,864,226	800,201	289	(337)	470	1,319,249	264,000
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	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made	201,523	141,980		59,544	.0	42,345	99,047	25,739	90,147	95,273	19,585	5,829
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
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.	TOTAL (a)	6,165,812	6,534,626	0	421,436	2,819,210	2,484,394	1,018,155	26,028	89,810	95,743	1,684,856	272,969
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....7,100 and number of persons insured under indemnity only products .....14,190



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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)	66,846	17,713		49,133	0	7,970	7,970	0	1,730	1,730	15,005	1,669
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	347,476	347,505		0	94,028	109,150	42,220	0	0	0	128,734	1,189
10.	Financial guaranty												
11.	Medical professional liability	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	6,671,075	6,687,064		31,269	4,759,687	4,477,036	1,594,864	0	0	0	1,156,216	92,918
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	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	229,511	242,625		111,793	0	6,573	145,317	19,656	38,101	97,144	43,391	7,538
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
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.	TOTAL (a)	7,314,909	7,294,907	0	192,195	4,853,715	4,600,730	1,790,371	19,656	39,831	98,874	1,343,346	103,314
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 .....31,769 and number of persons insured under indemnity only products .....3,968





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	21,026	7,559		13,467	0	3,401	3,401	0	544	544	4,719	525
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	40,535	40,535		0	8,144	10,640	5,085	0	0	0	14,849	131
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	48,592	54,984		3,735	25,271	21,177	6,033	0	0	0	15,517	3,860
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	110,153	103,078	0	17,202	33,414	35,218	14,519	0	544	544	35,086	4,516
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 .....18 and number of persons insured under indemnity only products .....0



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	7,589	2,280		5,309	0	1,026	1,026	0	196	196	1,703	189
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	29,890	29,890		0	13,958	14,742	3,712	0	0	0	10,894	96
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	508,780	613,639		925	286,412	400,515	198,780	974	974	0	80,713	28,276
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	349,684	331,365		151,083	101,500	75,310	115,736	46,335	111,242	184,105	56,111	9,788
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
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.	TOTAL (a) .....	895,944	977,174	0	157,318	401,870	491,592	319,254	47,309	112,412	184,301	149,421	38,350
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 .....2,412 and number of persons insured under indemnity only products .....161



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	1,639,972	231,476		1,408,496	.0	104,158	104,158	.0	42,446	42,446	368,109	40,938
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	410,756	410,864		.0	91,949	104,148	50,369	.0	.0	.0	151,534	1,380
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	6,755,805	6,693,186		795,241	4,175,739	4,642,557	2,116,964	5,324	5,306	286	1,005,279	217,423
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	2,292,682	2,613,065		406,107	11,651,044	2,852,555	30,599,284	353,193	503,678	410,389	34,124	42,016
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
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.	TOTAL (a) .....	11,099,216	9,948,591	0	2,609,844	15,918,732	7,703,419	32,870,776	358,518	551,429	453,121	1,559,046	301,757
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 .....35,776 and number of persons insured under indemnity only products .....1,809



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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)	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	3,430,897	3,430,915		.0	982,113	1,015,466	422,071	.0	.0	.0	1,259,255	11,296
10.	Financial guaranty												
11.	Medical professional liability	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake												
13.	Group accident and health (b)	4,858,566	4,811,098		213,311	2,280,529	2,141,815	598,765	2,608	426	(2,002)	1,317,996	187,684
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	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made	877,706	903,355		72,147	.0	(45,000)	513,000	62,548	52,990	74,297	.0	27,902
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
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.	TOTAL (a)	9,167,170	9,145,367	0	285,458	3,262,642	3,112,282	1,533,836	65,156	53,417	72,296	2,577,251	226,882
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....6,883 and number of persons insured under indemnity only products .....2,751



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	490,643	194,039		296,604	0	87,313	87,313	0	12,699	12,699	110,130	12,248
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	67,907	67,907		0	54,491	56,577	8,497	0	0	0	24,640	213
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	2,001,890	2,168,501		4,788	1,367,249	1,648,821	757,640	0	0	0	357,606	146,779
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal Employees Health Benefits Plan premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability-Occurrence .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	355,945	293,110		132,035	0	143,701	170,096	0	30,000	30,000	40,135	10,682
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
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.	TOTAL (a) .....	2,916,385	2,723,557	0	433,427	1,421,741	1,936,411	1,023,545	0	42,699	42,699	532,511	169,922
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 .....3,619 and number of persons insured under indemnity only products .....567



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	45,957	14,894		31,063	0	6,702	6,702	0	1,189	1,189	10,316	1,147
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	114,477	114,477		0	28,096	40,962	14,447	0	0	0	42,077	375
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,495,427	1,482,948		26,517	790,524	668,404	210,817	4,614	(9,198)	(8,246)	371,519	107,016
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	342,361	258,174		84,187	0	178,496	178,496	2,147	17,488	15,341	26,712	12,282
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
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.	TOTAL (a) .....	1,998,222	1,870,493	0	141,767	818,620	894,564	410,463	6,761	9,480	8,285	450,625	120,820
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 .....1,250 and number of persons insured under indemnity only products .....19,549



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	55,818	13,859		41,959	0	6,237	6,237	0	1,445	1,445	12,529	1,393
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	70,219	70,219		0	24,470	27,279	8,588	0	0	0	25,875	235
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,540,926	1,552,232		10,488	556,936	516,928	159,671	0	0	0	392,479	9,658
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	1,666,962	1,636,310	0	52,447	581,406	550,443	174,495	0	1,445	1,445	430,883	11,286
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

(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 .....1,495 and number of persons insured under indemnity only products .....1,366



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	81,437	81,437		0	14,812	14,836	9,918	0	0	0	30,170	279
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	566,623	579,793		11,155	840,164	(1,594,941)	(42,556)	0	0	0	210,100	18,277
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 .....	8,889,305	8,889,305		0	4,230,011	7,510,244	2,938,952	0	0	0	894,874	0
17.2	Other Liability-Claims-Made .....	415,829	360,854		214,124	19,430	(105,125)	1,704,222	52,157	6,650	290,701	57,685	7,520
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
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.	TOTAL (a) .....	9,953,193	9,911,388	0	225,279	5,104,417	5,825,014	4,610,537	52,157	6,650	290,701	1,192,829	26,075
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 .....759 and number of persons insured under indemnity only products .....792





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	40,043	15,216		24,827	0	6,847	6,847	0	1,036	1,036	8,988	1,000
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	118,526	118,659		0	37,188	41,956	14,916	0	0	0	44,007	404
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	359,155	362,762		4,648	184,580	176,057	38,096	0	0	0	90,428	1,819
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	517,725	496,637	0	29,475	221,768	224,860	59,859	0	1,036	1,036	143,423	3,223
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 .....308 and number of persons insured under indemnity only products .....423



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	10,927	1,989		8,938	0	895	895	0	283	283	2,452	273
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	320,557	320,557		0	79,250	105,234	42,766	0	0	0	112,284	842
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	836,695	842,476		7,504	342,570	282,037	86,125	0	0	0	211,294	5,526
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	998,273	542,873		893,711	4,037,000	(76,696)	183,911	32,419	(202,289)	5,449	37,703	31,761
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 .....	52,000	51,547		17,191	(2,300)	6,163	63,715	0	7,884	7,884	0	1,236
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.	TOTAL (a) .....	2,218,452	1,759,443	0	927,344	4,456,520	317,634	377,412	32,419	(194,122)	13,616	363,733	39,637
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 .....901 and number of persons insured under indemnity only products .....768



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	1,309,013	875,590		485,564	369,884	584,711	239,072	.0	.0	.0	516,731	2,882
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,261,215	1,196,625		134,446	551,309	499,889	180,797	180	180	.0	411,721	61,463
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	152,622	113,292		117,474	.0	(16,860)	412,632	29,523	55,734	116,606	13,123	4,361
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
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.	TOTAL (a) .....	2,722,850	2,185,508	0	737,485	921,193	1,067,740	832,500	29,702	55,914	116,606	941,576	68,706
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 .....460 and number of persons insured under indemnity only products .....28,366



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	42,475	8,339		34,136	0	3,752	3,752	0	1,099	1,099	9,534	1,060
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	421,780	421,780		0	83,271	99,334	51,615	0	0	0	155,301	1,408
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	3,931,579	4,477,802		208,925	2,115,361	1,250,339	775,018	1,794	1,694	(100)	975,159	588,117
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	992,713	1,384,526		200,068	72,392	(657,786)	8,561,888	232,295	562,569	787,875	83,907	27,079
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
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.	TOTAL (a) .....	5,388,547	6,292,447	0	443,129	2,271,025	695,639	9,392,273	234,089	565,362	788,875	1,223,901	617,664
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....11,806 and number of persons insured under indemnity only products .....2,083



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	215,509	215,509		0	48,763	70,688	26,764	0	0	0	78,956	702
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	2,450,925	2,453,188		124,515	1,430,659	1,450,733	467,228	0	0	0	536,442	133,946
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	1,519,871	1,277,138		485,941	67,831	336,180	1,891,538	52,870	154,498	218,092	77,005	36,542
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
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.	TOTAL (a) .....	4,186,305	3,945,834	0	610,456	1,547,253	1,857,601	2,385,531	52,870	154,498	218,092	692,403	171,190
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 .....2,420 and number of persons insured under indemnity only products .....1,371



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	64,942	20,012		44,930	0	9,005	9,005	0	1,681	1,681	14,577	1,621
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	42,396	42,396		0	4,134	8,804	5,131	0	0	0	15,720	146
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	2,021,273	2,012,110		169,086	929,694	872,391	220,665	0	0	0	522,546	46,680
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	683,660	609,203		453,164	(2,500)	882,764	1,251,198	4,741	(16,209)	12,289	41,308	17,848
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
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.	TOTAL (a) .....	2,812,271	2,683,722	0	667,180	931,328	1,772,963	1,486,000	4,741	(14,528)	13,970	594,151	66,294
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 .....2,658 and number of persons insured under indemnity only products .....1,487



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	236,316	70,443		165,873	0	31,698	31,698	0	6,116	6,116	53,043	5,899
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	228,538	228,538		0	108,217	109,900	27,912	737	3,404	2,668	84,420	772
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	2,585,460	2,591,149		164,492	968,119	1,040,199	442,467	179	(151)	(320)	619,793	52,508
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	1,312,922	1,317,507		126,472	0	351,885	3,747,656	245,645	597,686	999,482	89,629	41,130
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
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.	TOTAL (a) .....	4,363,236	4,207,636	0	456,837	1,076,336	1,533,682	4,249,733	246,561	607,056	1,007,947	846,886	100,310
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....7,922 and number of persons insured under indemnity only products .....3,076



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	9,398	3,306		6,092	0	1,488	1,488	0	243	243	2,110	235
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	168,026	168,026		0	81,943	82,046	24,374	0	0	0	54,060	262
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	126,430	126,884		2,653	148,105	137,607	12,858	311	311	0	31,881	(189)
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	303,854	298,216	0	8,745	230,047	221,141	38,720	311	554	243	88,051	308
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 .....139 and number of persons insured under indemnity only products .....85





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	14,521	4,593		9,928	0	2,067	2,067	0	376	376	3,260	363
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	68,092	68,092		0	2,244	4,923	8,362	0	0	0	25,006	225
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	406,581	427,717		5,942	210,941	174,156	45,065	600	(489)	(1,072)	106,382	5,744
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	1,204,853	1,117,677		236,417	401,250	382,173	5,185,483	96,775	16,781	348,614	96,667	20,103
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
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.	TOTAL (a) .....	1,694,046	1,618,078	0	252,287	614,435	563,318	5,240,976	97,375	16,668	347,918	231,315	26,435
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 .....399 and number of persons insured under indemnity only products .....362



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	13,639	4,720		8,919	0	2,124	2,124	0	353	353	3,061	340
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	341,865	341,865		0	98,168	96,887	50,962	0	0	0	107,272	428
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	807,435	810,199		35,356	428,097	379,101	126,320	3,164	(11,922)	(5,653)	178,353	240,713
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	1,162,938	1,156,784	0	44,275	526,265	478,112	179,406	3,164	(11,569)	(5,300)	288,687	241,481
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 .....659 and number of persons insured under indemnity only products .....8,817



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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)	53,578	20,137		33,441	0	9,061	9,061	0	1,387	1,387	12,026	1,337
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	1,772,150	1,772,371		0	564,042	736,605	221,579	0	0	0	658,568	6,065
10.	Financial guaranty												
11.	Medical professional liability	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake												
13.	Group accident and health (b)	142,349	142,649		58	231,438	63,836	18,534	0	0	0	83,579	47,856
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	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a)	1,968,077	1,935,156	0	33,499	795,480	809,502	249,174	0	1,387	1,387	754,173	55,258
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....3 and number of persons insured under indemnity only products .....18,397



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	602,928	618,190		.0	171,176	266,571	103,230	.0	.0	.0	214,364	1,502
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	4,677,621	4,645,328		299,825	1,784,231	1,083,540	1,571,670	.0	(814)	.0	722,336	171,301
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	337,641	339,445		97,408	(2,500)	(91,304)	355,761	42,514	98,118	129,209	19,498	6,888
17.3	Excess workers' compensation .....												
18.	Products liability .....												
19.1	Private passenger auto no-fault (personal injury protection) .....												
19.2	Other private passenger auto liability .....												
19.3	Commercial auto no-fault (personal injury protection) .....												
19.4	Other commercial auto liability .....												
21.1	Private passenger auto physical damage .....												
21.2	Commercial auto physical damage .....												
22.	Aircraft (all perils) .....												
23.	Fidelity .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
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.	TOTAL (a) .....	5,618,189	5,602,963	0	397,233	1,952,907	1,258,807	2,030,662	42,514	97,305	129,209	956,199	179,690
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 .....34,165 and number of persons insured under indemnity only products .....9,693



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	5,110	1,481		3,629	0	666	666	0	132	132	1,147	128
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	48,346	48,346		0	16,140	17,181	6,105	0	0	0	17,543	151
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,063,171	801,665		279,422	138,813	230,453	139,443	0	0	0	283,301	87,019
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	9,662	8,324		8,199	0	1,744	3,151	0	0	0	1,702	296
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
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.	TOTAL (a) .....	1,126,289	859,815	0	291,251	154,953	250,044	149,365	0	132	132	303,693	87,594
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....7,009 and number of persons insured under indemnity only products .....1,571



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	33,407,938	33,408,404		.0	11,763,465	14,898,771	4,045,441	19,972	67,304	72,332	12,397,820	115,180
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	27,233,410	33,773,337		2,898,174	25,529,549	21,868,057	4,645,494	86,677	47,628	14,602	9,963,190	3,710,659
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	324,717	343,877		17,792	.0	179,214	2,266,936	11,465	69,069	168,797	25,388	10,659
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
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.	TOTAL (a) .....	60,966,065	67,525,617	0	2,915,966	37,293,014	36,946,042	10,957,871	118,113	184,002	255,731	22,386,398	3,836,498
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 .....24,240 and number of persons insured under indemnity only products .....393,918



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	43,330	10,252		33,078	0	4,613	4,613	0	1,121	1,121	9,726	1,082
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	315,037	315,401		0	87,006	95,115	39,280	0	0	0	116,651	1,067
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	9,282,811	9,428,631		713,060	3,853,792	3,581,191	1,078,078	2,588	(5,533)	(4,190)	2,569,756	274,089
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal Employees Health Benefits Plan premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability-Occurrence .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	869,535	879,965		217,637	0	175,334	2,114,621	106,435	(8,185)	191,683	50,372	20,750
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
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.	TOTAL (a) .....	10,510,713	10,634,250	0	963,775	3,940,798	3,856,253	3,236,592	109,023	(12,596)	188,614	2,746,505	296,987
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 .....8,776 and number of persons insured under indemnity only products .....6,564



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	2,680	382		2,298	.0	.172	.172	.0	.69	.69	.601	.67
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	20,550	20,550		.0	.973	.936	2,599	.0	.0	.0	7,391	.62
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	52,681	53,411		2,422	12,297	2,089	5,525	.0	.0	.0	15,140	.609
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	98,428	98,145		12,136	.0	156,954	996,468	32,850	206,589	173,739	14,423	.92
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
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.	TOTAL (a) .....	174,339	172,487	0	16,856	13,270	160,151	1,004,764	32,850	206,658	173,809	37,555	830
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 .....38 and number of persons insured under indemnity only products .....24





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	57,364	15,187		42,177	0	6,834	6,834	0	1,485	1,485	12,876	1,432
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	593,358	593,358		0	122,078	172,456	79,686	0	0	0	204,506	1,443
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	5,285,252	5,337,516		203,363	3,495,099	3,290,746	786,557	0	0	0	1,288,223	108,927
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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	(12,324)	(12,324)	0	0	(12,378)	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.	TOTAL (a) .....	5,935,974	5,946,061	0	245,539	3,604,853	3,457,712	873,077	0	(10,893)	1,485	1,505,605	111,802
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....9,814 and number of persons insured under indemnity only products .....5,154

19.OK



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	174,890	56,897		117,993	0	25,602	25,602	0	4,526	4,526	39,256	4,366
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	417,229	417,229		0	152,639	200,905	60,849	0	0	0	133,642	627
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	3,038,200	3,056,248		9,211	1,209,048	1,293,855	783,829	0	0	0	561,500	74,456
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	39,092	26,523		27,572	0	5,567	208,342	3,963	0	3,784	6,325	1,103
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
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.	TOTAL (a) .....	3,669,411	3,556,896	0	154,777	1,361,687	1,525,929	1,078,622	3,963	4,526	8,311	740,723	80,552
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....9,006 and number of persons insured under indemnity only products .....1,803



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	23,805	7,266		16,539	0	3,270	3,270	0	616	616	5,343	594
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	115,647	115,925		0	68,093	80,655	14,652	0	0	0	42,318	373
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,016,415	991,848		68,803	373,172	215,324	123,483	0	0	0	131,679	(29,741)
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal Employees Health Benefits Plan premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability-Occurrence .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	269,700	269,700		0	0	197,325	1,259,828	0	0	0	16,118	5,731
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
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.	TOTAL (a) .....	1,425,567	1,384,739	0	85,342	441,266	496,574	1,401,232	0	616	616	195,458	(23,043)
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 .....736 and number of persons insured under indemnity only products .....658



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	96,886	32,990		63,896	0	14,844	14,844	0	2,508	2,508	21,747	2,419
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	841,745	841,884		0	137,410	249,211	115,122	0	0	0	286,843	1,917
10.	Financial guaranty .....												
11.	Medical professional liability .....	101,618	101,618		0	0	115,111	175,000	0	0	0	0	2,467
12.	Earthquake .....												
13.	Group accident and health (b) .....	5,551,262	6,687,005		570,400	3,306,771	1,872,987	976,833	34,791	26,179	(1,042)	1,428,794	370,009
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 .....	1,275,200	1,275,200		0	1,118,274	1,539,405	427,469	0	0	0	134,075	0
17.2	Other Liability-Claims-Made .....	2,841,975	2,396,455		1,283,031	0	510,380	2,899,611	54,923	225,102	276,439	137,482	92,261
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
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.	TOTAL (a) .....	10,708,686	11,335,151	0	1,917,328	4,562,455	4,301,939	4,608,879	89,714	253,788	277,904	2,008,941	469,072
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....5,397 and number of persons insured under indemnity only products .....3,610



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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)	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	680,297	680,297		.0	132,668	215,005	82,337	.0	.0	.0	252,461	2,346
10.	Financial guaranty												
11.	Medical professional liability	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake												
13.	Group accident and health (b)	1,796	1,724		72	5,581	5,657	76	.0	.0	.0	520	40
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	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made	.0	.0		.0	.0	(45,000)	330,256	2,543	(30,000)	17,884	.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
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.	TOTAL (a)	682,093	682,021	0	72	138,249	175,662	412,669	2,543	(30,000)	17,884	252,981	2,386
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 .....0 and number of persons insured under indemnity only products .....1,605



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	3,430,136	3,331,805		115,075	1,915,385	2,232,440	514,690	0	0	0	1,126,865	5,524
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	932,300	903,743		125,847	800,147	131,986	172,830	43,418	43,418	0	356,162	108,488
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	255,852	675,921		366,471	0	240,962	1,274,507	15,414	71,574	111,312	20,430	9,138
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
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.	TOTAL (a) .....	4,618,289	4,911,469	0	607,392	2,715,532	2,605,388	1,962,027	58,832	114,993	111,312	1,503,457	123,150
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 .....213 and number of persons insured under indemnity only products .....10,929



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	144,550	144,550		0	76,322	80,218	18,158	0	0	0	53,466	485
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	5,254,411	5,291,477		22,612	4,166,246	4,200,971	996,361	891	891	0	1,130,683	74,387
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	711,323	705,631		161,027	2,604	(182,439)	1,129,806	16,964	113,014	96,050	49,301	21,746
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
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.	TOTAL (a) .....	6,110,284	6,141,657	0	183,639	4,245,173	4,098,750	2,144,324	17,855	113,905	96,050	1,233,449	96,618
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 .....8,026 and number of persons insured under indemnity only products .....3,361



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	186,350	186,350		.0	46,562	72,594	27,456	.0	.0	.0	59,078	257
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	309,387	308,373		11,406	89,732	96,436	103,582	.0	.0	.0	53,659	20,039
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
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
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.	TOTAL (a) .....	495,737	494,723	0	11,406	136,294	169,030	131,038	0	0	0	112,737	20,296
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 .....296 and number of persons insured under indemnity only products .....27





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	73,224	22,941		50,283	0	10,323	10,323	0	1,895	1,895	16,436	1,828
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	178,779	178,779		0	34,021	53,060	21,710	0	0	0	66,199	611
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	3,990,630	4,015,687		22,681	1,882,256	1,563,175	416,629	0	0	0	1,021,965	71,099
14.	Credit A & H (group and individual) .....												
15.1	Collectively renewable A & H (b) .....												
15.2	Non-cancelable A & H (b) .....												
15.3	Guaranteed renewable A & H (b) .....												
15.4	Non-renewable for stated reasons only (b) .....												
15.5	Other accident only .....												
15.6	Medicare Title XVIII exempt from state taxes or fees .....												
15.7	All other A & H (b) .....												
15.8	Federal Employees Health Benefits Plan premium (b) .....												
16.	Workers' compensation .....												
17.1	Other liability-Occurrence .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	925,331	933,790		223,048	12,500	488,180	2,160,660	22,473	(34,570)	97,480	120,307	24,988
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
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.	TOTAL (a) .....	5,167,964	5,151,198	0	296,012	1,928,777	2,114,738	2,609,321	22,473	(32,675)	99,375	1,224,908	98,526
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 .....4,230 and number of persons insured under indemnity only products .....5,130



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	167,634	42,711		124,923	0	19,221	19,221	0	4,339	4,339	37,627	4,185
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	806,851	806,966		0	265,548	324,188	98,645	0	0	0	298,406	2,738
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	21,140,729	22,149,322		80,604	12,440,612	14,608,793	6,518,349	3,494	(6,876)	615	3,400,854	651,222
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	6,577	196,779		0	10,000	(227,490)	243,350	16,140	(723,089)	87,958	114	1,424
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
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.	TOTAL (a) .....	22,121,791	23,195,778	0	205,527	12,716,161	14,724,712	6,879,564	19,634	(725,626)	92,912	3,737,000	659,569
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 .....73,481 and number of persons insured under indemnity only products .....20,725



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				NAIC Company Code 38245			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....												
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) .....	20,829	3,855		16,974	0	1,735	1,735	0	539	539	4,675	520
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	146,942	146,942		0	49,150	50,661	20,893	0	0	0	48,227	265
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,492,611	1,514,126		74,847	702,911	678,453	160,306	237	690	453	426,502	134,345
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	349,165	350,517		213,974	33,000	100,446	144,689	17,285	(46,371)	81,179	39,913	6,939
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
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.	TOTAL (a) .....	2,009,547	2,015,439	0	305,794	785,061	831,294	327,623	17,522	(45,141)	82,171	519,317	142,069
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 .....1,556 and number of persons insured under indemnity only products .....832



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	0	0		0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	31,060	31,060		0	10,220	13,386	4,243	0	0	0	11,552	103
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,577,333	1,581,008		52,975	813,438	672,773	673,152	0	0	0	154,975	42,274
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	104,770	104,898		1,108	0	25,698	4,192,626	107,910	(244,243)	622,415	12,511	151
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
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.	TOTAL (a) .....	1,713,163	1,716,966	0	54,083	823,658	711,857	4,870,022	107,910	(244,243)	622,415	179,037	42,528
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 .....39,026 and number of persons insured under indemnity only products .....60



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	44,296	7,461		36,835	0	3,357	3,357	0	1,146	1,146	9,943	1,106
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	466,147	466,231		0	108,442	154,132	61,447	0	0	0	164,162	1,262
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	3,860,331	4,017,003		140,248	2,025,113	1,563,508	678,162	1,798	(2,605)	(3,213)	887,893	142,002
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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
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.	TOTAL (a) .....	4,370,774	4,490,695	0	177,083	2,133,555	1,720,997	742,967	1,798	(1,458)	(2,067)	1,061,997	144,370
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 .....4,456 and number of persons insured under indemnity only products .....2,210



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	60,831	13,490		47,341	0	6,070	6,070	0	1,574	1,574	13,654	1,519
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	5,981,758	5,981,758		0	1,235,078	1,626,518	724,800	0	0	0	2,218,297	20,566
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,567,372	1,572,164		6,980	1,160,976	(447,437)	174,315	1,235	(693)	2,362	551,394	182,907
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	88,081	191,844		66,200	25,226	845,878	2,410,380	29,838	165,394	135,556	15,903	462
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
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.	TOTAL (a) .....	7,698,042	7,759,257	0	120,520	2,421,280	2,031,029	3,315,565	31,073	166,275	139,492	2,799,248	205,454
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
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 .....1,218 and number of persons insured under indemnity only products .....75,850



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	4,430	1,428		3,002	.0	.642	.642	.0	.115	.115	.994	.111
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	24,239	24,239		.0	9,661	10,594	2,990	.0	.0	.0	8,875	79
10.	Financial guaranty .....												
11.	Medical professional liability .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	Earthquake .....												
13.	Group accident and health (b) .....	300,350	303,137		2,257	169,031	137,494	30,543	.0	.0	.0	76,349	2,804
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 .....	.0	.0		.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2	Other Liability-Claims-Made .....	.0	.0		.0	33,333	(11,193)	45,000	13,957	48,366	166,684	.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
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.	TOTAL (a) .....	329,018	328,804	0	5,259	212,026	137,537	79,175	13,957	48,481	166,798	86,219	2,994
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 .....331 and number of persons insured under indemnity only products .....232



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	46,310	14,311		31,999	0	6,440	6,440	0	1,199	1,199	10,395	1,156
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	125,011	125,011		0	30,180	35,188	15,242	0	0	0	46,225	424
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	1,464,041	1,466,448		28,553	642,495	(385,547)	116,178	69	69	0	402,031	37,495
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 .....	81,944	81,944		0	0	25,955	25,955	0	0	0	7,898	0
17.2	Other Liability-Claims-Made .....	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
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.	TOTAL (a) .....	1,717,306	1,687,714	0	60,551	672,675	(317,964)	163,816	69	1,268	1,199	466,548	39,075
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 .....1,724 and number of persons insured under indemnity only products .....1,398





ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	26,179	9,256		16,923	0	4,165	4,165	0	678	678	5,876	653
6.	Mortgage guaranty .....												
8.	Ocean marine .....												
9.	Inland marine .....	33,602	33,602		0	4,687	5,074	4,772	0	0	0	11,021	60
10.	Financial guaranty .....												
11.	Medical professional liability .....	0	0		0	0	0	0	0	0	0	0	0
12.	Earthquake .....												
13.	Group accident and health (b) .....	5,269,631	5,258,237		21,084	5,803,969	6,148,677	2,611,909	0	0	0	453,546	174,994
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 .....	0	0		0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made .....	0	0		0	0	0	0	0	0	0	0	0
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 .....	15,369	15,301		3,275	(680)	1,627	18,913	0	2,330	2,330	0	365
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.	TOTAL (a) .....	5,344,780	5,316,396	0	41,282	5,807,977	6,159,543	2,639,759	0	3,008	3,008	470,443	176,074
DETAILS OF WRITE-INS													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....9,318 and number of persons insured under indemnity only products .....76



ANNUAL STATEMENT FOR THE YEAR 2015 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 2015				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) .....	3,871,420	928,938	.0	2,942,482	.0	418,000	418,000	.0	100,200	100,200	868,980	96,642
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 .....	70,540,705	70,037,561	.0	600,639	22,063,044	28,505,689	8,983,354	20,709	70,709	75,000	25,687,461	220,153
10.	Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.	Medical professional liability .....	101,618	101,618	.0	.0	.0	115,111	175,000	.0	.0	.0	.0	2,467
12.	Earthquake .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13.	Group accident and health (b) .....	191,945,891	202,541,497	.0	11,858,277	120,200,565	103,199,042	44,227,874	163,860	48,956	68,617	43,755,953	10,274,494
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 .....	10,246,448	10,246,448	.0	.0	5,348,285	9,075,604	3,392,376	.0	.0	.0	1,036,847	.0
17.2	Other Liability-Claims-Made .....	28,793,341	30,155,197	.0	8,633,898	19,988,646	10,187,663	102,775,291	6,474,117	4,328,200	12,120,651	2,229,248	750,718
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 .....	67,369	66,849	.0	20,466	(15,303)	(4,534)	82,628	.0	(2,164)	10,214	.0	1,602
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.	TOTAL (a) .....	305,566,792	314,078,108	0	24,055,763	167,585,237	151,496,575	160,054,523	6,658,686	4,545,901	12,374,682	73,578,489	11,346,075
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 \$ .....0  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....629,511 and number of persons insured under indemnity only products .....1,502,529

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## 20

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## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

## SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) during Current Year	
Reinsured	100%
Not Reinsured	0%

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
NONE					

ANNUAL STATEMENT FOR THE YEAR 2015 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	8	9	10	11	12	13	14	15	16	17			
Authorized - Affiliates - U.S. Non-Pool - Other																			
36-2149353	80985	4 EVER LIFE INS CO	IL		31,558	2,179			15,365					17,544	3,494		14,050		
36-3503382	26794	PLANS' LIABILITY INS CO	OH		3,972	404	633	23,244	1,509	9,111	1,780	657		37,338	55		37,283		
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other					35,530	2,583	633	23,244	1,509	24,476	1,780	657	0	54,882	3,549	0	51,333	0	
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total					35,530	2,583	633	23,244	1,509	24,476	1,780	657	0	54,882	3,549	0	51,333	0	
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates					35,530	2,583	633	23,244	1,509	24,476	1,780	657	0	54,882	3,549	0	51,333	0	
Authorized - Other U.S. Unaffiliated Insurers																			
06-1022232	24899	ALEA NORTH AMERICA INS CO	NY			21		7	1					29	(1)		30		
59-2048400	39152	AMERICAN HLTHCARE IND CO	DE					8						8	2		6		
06-1430254	10348	ARCH REINS CO	DE					7	1					8			8		
51-0434766	20370	AXIS REINS CO	NY					20		58				78	(75)		153		
36-2114545	20443	CONTINENTAL CAS CO	IL			338		11	1					350	20		330		
35-2293075	11551	ENDURANCE REINS CORP OF AMER	DE					17	2					19	98		(79)		
13-6108721	26433	HARCO NATL INS CO	IL					5	4					9			9		
47-0698507	23680	ODYSSEY REINS CO	CT					6						6	55		(49)		
13-3031176	38636	PARTNER REINS CO OF THE US	NY					21	3	105				129	5		124		
23-1641984	10219	QBE REINS CORP	PA		20			1,099	20	905	103			2,127	14		2,113		
43-1235868	93572	RGA REINS CO	MO		2,643	350				253		30		633	235		398		
41-0406690	24767	ST PAUL FIRE & MARINE INS CO	CT					24						24	5		19		
13-2918573	42439	TOA RE INS CO OF AMER	DE		125		31	1,576	81	1,230	133			3,051	544		2,507		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		2,695	514		712	6	1,195				2,427	670		1,757		
06-0907370	31194	TRAVELERS CAS & SURETY CO OF AMER	CT					4						4	1		3		
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					5,483	1,223	31	3,517	119	3,746	236	30	0	8,902	1,573	0	7,329	0	
Authorized - Other Non-U.S. Insurers																			
AA-1120337	00000	ASPEN INS UK LTD	GBR		1,498		61	3,697	50	2,025	342	225		6,400	320		6,080		
AA-1127003	00000	LLOYD'S SYNDICATE NUMBER 1003	GBR					1						1			1		
AA-1127007	00000	LLOYD'S SYNDICATE NUMBER 1007	GBR					4						4	2		2		
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR		984	30	2	2,196	129	779	70	131		3,337	329		3,008		
AA-1127096	00000	LLOYD'S SYNDICATE NUMBER 1096	GBR					15						15	(4)		19		
AA-1127200	00000	LLOYD'S SYNDICATE NUMBER 1200	GBR		261		3	13	1	89	8	166		280	(5)		285		
AA-1127204	00000	LLOYD'S SYNDICATE NUMBER 1204	GBR		(21)									0	76		(76)		
AA-1127212	00000	LLOYD'S SYNDICATE NUMBER 1212	GBR					1						1	1		0		
AA-1127218	00000	LLOYD'S SYNDICATE NUMBER 1218	GBR					3						3	2		1		
AA-1127225	00000	LLOYD'S SYNDICATE NUMBER 1225	GBR				6		7	389	200	39		641	27		614		
AA-1120085	00000	LLOYD'S SYNDICATE NUMBER 1274	GBR		586	20	4	261	61	313	29	52		740	154		586		
AA-1126138	00000	LLOYD'S SYNDICATE NUMBER 138	GBR					5						5			5		
AA-1127414	00000	LLOYD'S SYNDICATE NUMBER 1414	GBR		43							5		5	(9)		14		
AA-1120102	00000	LLOYD'S SYNDICATE NUMBER 1458	GBR		434			2,065	17			50		2,132	(107)		2,239		
AA-1120157	00000	LLOYD'S SYNDICATE NUMBER 1729	GBR		43							5		5	(10)		15		
AA-1126183	00000	LLOYD'S SYNDICATE NUMBER 183	GBR					8						8			8		
AA-1127861	00000	LLOYD'S SYNDICATE NUMBER 1861	GBR		342		5		1	84	11	217		318	99		219		
AA-1120084	00000	LLOYD'S SYNDICATE NUMBER 1955	GBR		1,718		15	211	12	610	136	751		1,735	296		1,439		
AA-1120161	00000	LLOYD'S SYNDICATE NUMBER 1980	GBR		35					4		25		29	(16)		45		
AA-1128000	00000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	GBR					57	4	131				192	(65)		257		
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR		1,099	30	2	3,057	87	1,000	155	190		4,521	341		4,180		
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		918	57	3	1,433	19	1,054	305	245		3,116	(23)		3,139		
AA-1120071	00000	LLOYD'S SYNDICATE NUMBER 2007	GBR		2,127		17		7	644	76	1,726		2,470	670		1,800		
AA-1120158	00000	LLOYD'S SYNDICATE NUMBER 2014	GBR		278					59	2	59		120	(29)		149		
AA-1128020	00000	LLOYD'S SYNDICATE NUMBER 2020	GBR							43				43	43		0		
AA-1126205	00000	LLOYD'S SYNDICATE NUMBER 205	GBR					2						2	1		1		
AA-1128121	00000	LLOYD'S SYNDICATE NUMBER 2121	GBR		145		2			23	7	6		38	9		29		
AA-1126227	00000	LLOYD'S SYNDICATE NUMBER 227	GBR					2						2	1		1		
AA-1128623	00000	LLOYD'S SYNDICATE NUMBER 2623	GBR											0	(26)		26		
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		454			3,172	37	991	153	46		4,399	478		3,921		
AA-1128987	00000	LLOYD'S SYNDICATE NUMBER 2987	GBR		2,951		34	2,372	37	1,260	346	1,731		5,780	634		5,146		
AA-1126314	00000	LLOYD'S SYNDICATE NUMBER 314	GBR					2						2			2		
AA-1126033	00000	LLOYD'S SYNDICATE NUMBER 33	GBR		522		7		1	129	15	332		484	150		334		
AA-1126362	00000	LLOYD'S SYNDICATE NUMBER 362	GBR					3						3	1		2		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On										Reinsurance Payable		18	19
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis-sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties	
AA-1120098.....	00000.....	LLOYD'S SYNDICATE NUMBER 3624.....	GBR.....		261.....		3.....		2.....	64.....	8.....	166.....		243.....	76.....		167.....		
AA-1120075.....	00000.....	LLOYD'S SYNDICATE NUMBER 4020.....	GBR.....		527.....			1,801.....	15.....	399.....	107.....	99.....		2,421.....	41.....		2,380.....		
AA-1120086.....	00000.....	LLOYD'S SYNDICATE NUMBER 4141.....	GBR.....		179.....		3.....					5.....		8.....	16.....		(8).....		
AA-1126435.....	00000.....	LLOYD'S SYNDICATE NUMBER 435.....	GBR.....		698.....	30.....	2.....	2,396.....	41.....	1,051.....	129.....	161.....		3,810.....	511.....		3,299.....		
AA-1126004.....	00000.....	LLOYD'S SYNDICATE NUMBER 4444.....	GBR.....		101.....		1.....		1.....	37.....	12.....	5.....		56.....	4.....		52.....		
AA-1126006.....	00000.....	LLOYD'S SYNDICATE NUMNER 4472.....	GBR.....		1,403.....	20.....	1.....	3,378.....	70.....	1,301.....	169.....	202.....		5,141.....	174.....		4,967.....		
AA-1120090.....	00000.....	LLOYD'S SYNDICATE NUMBER 4711.....	GBR.....		425.....							82.....		82.....			82.....		
AA-1126510.....	00000.....	LLOYD'S SYNDICATE NUMBER 510.....	GBR.....		130.....							28.....		28.....			28.....		
AA-1126566.....	00000.....	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999).....	GBR.....		86.....			823.....	7.....			10.....		840.....	(18).....		858.....		
AA-1126570.....	00000.....	LLOYD'S SYNDICATE NUMBER 570.....	GBR.....					314.....	3.....					317.....	8.....		309.....		
AA-1120048.....	00000.....	LLOYD'S SYNDICATE NUMBER 5820.....	GBR.....		114.....		2.....			29.....	4.....	73.....		108.....	33.....		75.....		
AA-1126609.....	00000.....	LLOYD'S SYNDICATE NUMBER 609.....	GBR.....		262.....		2.....		1.....	63.....	20.....	15.....		101.....	(2).....		103.....		
AA-1126623.....	00000.....	LLOYD'S SYNDICATE NUMBER 623.....	GBR.....					1,490.....	12.....					1,502.....	(46).....		1,548.....		
AA-1126727.....	00000.....	LLOYD'S SYNDICATE NUMBER 727.....	GBR.....		510.....	15.....	1.....	281.....	36.....	535.....	61.....	88.....		1,017.....	260.....		757.....		
AA-1126780.....	00000.....	LLOYD'S SYNDICATE NUMBER 780.....	GBR.....		86.....			274.....	2.....			10.....		286.....	(39).....		325.....		
AA-1126958.....	00000.....	LLOYD'S SYNDICATE NUMBER 958.....	GBR.....		25.....					9.....	3.....	1.....		13.....	1.....		12.....		
AA-1126990.....	00000.....	LLOYD'S SYNDICATE NUMBER 990.....	GBR.....					8.....						8.....	3.....		5.....		
AA-1126991.....	00000.....	LLOYD'S SYNDICATE NUMBER 991.....	GBR.....					8.....						8.....	2.....		6.....		
AA-0000000.....	00000.....	LLOYD'S SYNDICATE NUMBER 9937.....	GBR.....		130.....							28.....		28.....			28.....		
AA-1121425.....	00000.....	MARKEL INTL INS CO LTD.....	GBR.....					8.....						8.....	2.....		6.....		
AA-1560820.....	00000.....	TRANSATLANTIC REINS CO.....	CAN.....					8.....						8.....	5.....		3.....		
1299999 - Total Authorized - Other Non-U.S. Insurers					19,354	202	176	29,369	660	13,115	2,368	6,974	0	52,864	4,371	0	48,493	0	
1399999 - Total Authorized - Total Authorized					60,367	4,008	840	56,130	2,288	41,337	4,384	7,661	0	116,648	9,493	0	107,155	0	
Unauthorized - Other U.S. Unaffiliated Insurers																			
57-0287419.....	38520.....	BCBS OF SC INC.....	SC.....		40,205	774	118			4,195	112	223		5,422	5,196		226		
53-0078070.....	53007.....	GROUP HOSPITALIZATION & MED SRVCS.....	DC.....		16			8		108		252		368			368		
36-0408753.....	00000.....	HTH RE LTD.....	HI.....	2	42,579	312				4,765		7,923		13,000	3,742		9,258		
36-1410470.....	22977.....	LUMBERMENS MUT CAS CO.....	IL.....			145		3						148	1		147		
20-3462094.....	12487.....	MOTOR CLUB INS CO.....	RI.....	2	1,532					376		624		1,000	42		958	1,000	
63-0477090.....	81531.....	UNITED TRUST INS CO.....	AL.....		72					6		647		653	6		647		
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers					84,404	1,231	118	11	0	9,450	112	9,669	0	20,591	8,987	0	11,604	1,000	
Unauthorized - Other non-U.S. Insurers																			
AA-1460040.....	00000.....	AGA REINS.....	FRA.....	2	66,726					8,100	100			8,200	2,505		5,695		
AA-0000000.....	00000.....	AMERIHEALTH ASSURANCE, LTD.....	BMU.....		102					175				175			175		
AA-3190874.....	00000.....	AML IN BERMUDA.....	BMU.....		43			199	5	184	26	2		416	78		338		
AA-3190795.....	00000.....	CATALINA SAFETY REINS LTD.....	BMU.....			106		1,022	25	468	58	(7)		1,672	292		1,380	86	
AA-3194161.....	00000.....	CATLIN INS CO LTD.....	BMU.....		279			846	10	319	97	42		1,314	121		1,193		
AA-3194130.....	00000.....	ENDURANCE SPECIALTY INS LTD.....	BMU.....		675			1,376	23	1,040	219	103		2,761	160		2,601		
AA-3190958.....	00000.....	JRG REINS CO LTD.....	BMU.....							233				233	220		13		
AA-3190744.....	00000.....	PACIFIC LIGHTHOUSE REINS LTD.....	BMU.....	2	7,693					1,200				1,200	330		870		
AA-1121366.....	00000.....	SPHERE DRAKE INS LTD.....	GBR.....					11						11	3		8		
2599999 - Total Unauthorized - Other Non-U.S. Insurers					75,518	106	0	3,454	63	11,719	500	140	0	15,982	3,709	0	12,273	86	
2699999 - Total Unauthorized - Total Unauthorized					159,922	1,337	118	3,465	63	21,169	612	9,809	0	36,573	12,696	0	23,877	1,086	
Certified - Other Non-U.S. Insurers																			
CR-1340125.....	00000.....	HANNOVER RUECK SE.....	DEU.....		1,390		61	3,710	79	2,795	311	213		7,169	1,394		5,775		
3899999 - Total Certified - Other Non-U.S. Insurers					1,390	0	61	3,710	79	2,795	311	213	0	7,169	1,394	0	5,775	0	
3999999 - Total Certified - Total Certified					1,390	0	61	3,710	79	2,795	311	213	0	7,169	1,394	0	5,775	0	
4099999 - Total Authorized, Unauthorized and Certified					221,679	5,345	1,019	63,305	2,430	65,301	5,307	17,683	0	160,390	23,583	0	136,807	1,086	
9999999 Totals					221,679	5,345	1,019	63,305	2,430	65,301	5,307	17,683	0	160,390	23,583	0	136,807	1,086	

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

1	2	3
Name of Reinsurer	Commission Rate	Ceded Premium
1. AGA REINSURANCE.....	44.430	66,726
2. HTH RE, LTD.....	41.550	42,579
3. BC/BS OF SOUTH CAROLINA.....	32.620	40,205
4. PACIFIC LIGHTHOUSE REINS LTD.....	38.000	7,693
5. MOTOR CLUB INS CO.....	50.240	1,532

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)																		
1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties

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

	1	2	3	4
	<u>Name of Reinsurer</u>	<u>Total Recoverables</u>	<u>Ceded Premiums</u>	<u>Affiliated</u>
1.	PLANS' LIABILITY INSURANCE COMPANY.....	37,338	3,972	Yes [ X ] No [ ]
2.	4 EVER LIFE INSURANCE CO.....	17,544	31,558	Yes [ X ] No [ ]
3.	HTH RE, LTD.....	13,000	42,579	Yes [ ] No [ X ]
4.	AGA REINS.....	8,200	66,726	Yes [ ] No [ X ]
5.	HANNOVER RUECK SE.....	7,169	1,390	Yes [ ] No [ X ]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE F - PART 4

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

1	2	3	4	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							12	13
				5	Overdue					11		
					6	7	8	9	10			
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Current	1 to 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 6 + 7 + 8 + 9	Total Due Cols. 5 + 10	Percentage Overdue Col. 10/Col. 11	Percentage More Than 120 Days Overdue Col. 9 / Col. 11
Authorized - Affiliates - U.S. Non-Pool - Other												
36-2149353	80985	4 EVER LIFE INS CO	IL	2,179					0	2,179	0.0	0.0
36-3503382	26794	PLANS' LIAB INS CO	OH	1,036					0	1,036	0.0	0.0
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other				3,215	0	0	0	0	0	3,215	0.0	0.0
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total				3,215	0	0	0	0	0	3,215	0.0	0.0
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates				3,215	0	0	0	0	0	3,215	0.0	0.0
Authorized - Other U.S. Unaffiliated Insurers												
06-1022232	24899	ALEA NORTH AMERICA INS CO	NY			21		21		21	100.0	0.0
36-2114545	20443	CONTINENTAL CAS CO	IL				339		339		100.0	0.0
43-1235868	93572	RGA REINS CO	MO	350					0	350	0.0	0.0
13-2918573	42439	TOA RE INS CO OF AMER	DE			31		31		31	100.0	0.0
13-5616275	19453	TRANSATLANTIC REINS CO	NY	514					0	514	0.0	0.0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers				864	0	52	339	0	391	1,255	31.2	0.0
Authorized - Other Non-U.S. Insurers												
AA-1120337	00000	ASPEN INS UK LTD	GBR	60					0	60	0.0	0.0
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR	32					0	32	0.0	0.0
AA-1127200	00000	LLOYD'S SYNDICATE NUMBER 1200	GBR	3					0	3	0.0	0.0
AA-1127225	00000	LLOYD'S SYNDICATE NUMBER 1225	GBR	6					0	6	0.0	0.0
AA-1120085	00000	LLOYD'S SYNDICATE NUMBER 1274	GBR	24					0	24	0.0	0.0
AA-1127861	00000	LLOYD'S SYNDICATE NUMBER 1861	GBR	5					0	5	0.0	0.0
AA-1120084	00000	LLOYD'S SYNDICATE NUMBER 1955	GBR	15					0	15	0.0	0.0
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR	32					0	32	0.0	0.0
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR	59					0	59	0.0	0.0
AA-1120071	00000	LLOYD'S SYNDICATE NUMBER 2007	GBR	17					0	17	0.0	0.0
AA-1128121	00000	LLOYD'S SYNDICATE NUMBER 2121	GBR	2					0	2	0.0	0.0
AA-1128987	00000	LLOYD'S SYNDICATE NUMBER 2987	GBR	35					0	35	0.0	0.0
AA-1126033	00000	LLOYD'S SYNDICATE NUMBER 33	GBR	8					0	8	0.0	0.0
AA-1120098	00000	LLOYD'S SYNDICATE NUMBER 3624	GBR	3					0	3	0.0	0.0
AA-1120086	00000	LLOYD'S SYNDICATE NUMBER 4141	GBR	3					0	3	0.0	0.0
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR	32					0	32	0.0	0.0
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR	1					0	1	0.0	0.0
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GBR	21					0	21	0.0	0.0
AA-1120048	00000	LLOYD'S SYNDICATE NUMBER 5820	GBR	2					0	2	0.0	0.0
AA-1126609	00000	LLOYD'S SYNDICATE NUMBER 609	GBR	2					0	2	0.0	0.0
AA-1126727	00000	LLOYD'S SYNDICATE NUMBER 727	GBR	16					0	16	0.0	0.0
1299999 - Total Authorized - Other Non-U.S. Insurers				378	0	0	0	0	0	378	0.0	0.0
1399999 - Total Authorized - Total Authorized				4,457	0	52	339	0	391	4,848	8.1	0.0
Unauthorized - Other U.S. Unaffiliated Insurers												
57-0287419	38520	BCBS OF SC INC	SC	892					0	892	0.0	0.0
98-0408753	00000	HTH RE, LTD	HI	312					0	312	0.0	0.0
36-1410470	22977	LUMBERMENS MUT CAS CO	IL	0				145	145	145	100.0	100.0
2299999 - Total Unauthorized - Other U.S. Unaffiliated Insurers				1,204	0	0	0	145	145	1,349	10.7	10.7
Unauthorized - Other Non-U.S. Insurers												
AA-3190795	00000	CATALINA SAFETY REINS LTD	BMU	43		63			63	106	59.4	0.0
2599999 - Total Unauthorized - Other Non-U.S. Insurers				43	0	63	0	0	63	106	59.4	0.0
2699999 - Total Unauthorized - Total Unauthorized				1,247	0	63	0	145	208	1,455	14.3	10.0
Certified - Other Non-U.S. Insurers												
CR-1340125	00000	HANNOVER RUECK SE	DEU	61					0	61	0.0	0.0
3899999 - Total Certified - Other Non-U.S. Insurers				61	0	0	0	0	0	61	0.0	0.0
3999999 - Total Certified - Total Certified				61	0	0	0	0	0	61	0.0	0.0
4099999 - Total Authorized, Unauthorized and Certified				5,765	0	115	339	145	599	6,364	9.4	2.3
9999999 Totals				5,765	0	115	339	145	599	6,364	9.4	2.3



# ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

## SCHEDULE F - PART 5

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

[illegible]

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 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	12,490
	4	1	062000019	REGIONS BANK	750
	5	1	026009179	CREDIT SUISSE AG	5,900
	6	2	011001234	BANK OF NEW YORK MELLON BANK	112
	7	1	026009580	THE ROYAL BANK OF SCOTLAND	447
	8	1	072000096	COMERICA BANK	1,554
	9	1	021000089	CITIBANK	1,536
	10	1	071000013	JPMORGAN CHASE BANK	2,969
	11	1	072000096	COMERICA BANK	221
	12	1	121000358	BANK OF AMERICA	1,200
	13	1	021000089	CITIBANK	12

## SCHEDULE F - PART 6 - SECTION 1

[illegible]

(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

## SCHEDULE F - PART 6 - SECTION 2

[illegible]

26

## 27

## 27

27

27

27

27

## 28

[illegible]

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance			
	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	235,505,336		235,505,336
2. Premiums and considerations (Line 15) .....	22,102,090		22,102,090
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	6,364,268	(6,364,268)	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0		0
5. Other assets .....	8,235,465		8,235,465
6. Net amount recoverable from reinsurers .....			0
7. Protected cell assets (Line 27) .....	0	135,445,652	135,445,652
8. Totals (Line 28) .....	272,207,159	129,081,384	401,288,543
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	49,837,373	136,344,283	186,181,656
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	10,871,483	0	10,871,483
11. Unearned premiums (Line 9) .....	9,808,511	17,683,361	27,491,872
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) .....	23,583,082	(23,583,082)	0
15. Funds held by company under reinsurance treaties (Line 13) .....	1,086,178	(1,086,178)	0
16. Amounts withheld or retained by company for account of others (Line 14) .....	0		0
17. Provision for reinsurance (Line 16) .....	277,000	(277,000)	0
18. Other liabilities .....	15,427,209		15,427,209
19. Total liabilities excluding protected cell business (Line 26) .....	110,890,836	129,081,384	239,972,220
20. Protected cell liabilities (Line 27) .....	0		0
21. Surplus as regards policyholders (Line 37) .....	161,316,323	X X X	161,316,323
22. Totals (Line 38) .....	272,207,159	129,081,384	401,288,543

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 2015 OF THE BCS Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A & H (Group and Individual)		Collectively Renewable		Other Individual Contracts								
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1.	Premiums written .....	83,473,960	XXX	83,473,960	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
2.	Premiums earned .....	92,274,610	XXX	92,274,610	XXX		XXX		XXX		XXX		XXX		XXX		XXX	
3.	Incurred claims .....	52,051,777	56.4	52,051,777	56.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
4.	Cost containment expenses .....	41,798	0.0	41,798	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) .....	52,093,575	56.5	52,093,575	56.5	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
7.	Commissions (a) .....	6,383,306	6.9	6,383,306	6.9		0.0		0.0		0.0		0.0		0.0		0.0	
8.	Other general insurance expenses .....	14,966,120	16.2	14,966,120	16.2		0.0		0.0		0.0		0.0		0.0		0.0	
9.	Taxes, licenses and fees .....	10,274,494	11.1	10,274,494	11.1		0.0		0.0		0.0		0.0		0.0		0.0	
10.	Total other expenses incurred .....	31,623,920	34.3	31,623,920	34.3	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
12.	Gain from underwriting before dividends or refunds .....	8,557,115	9.3	8,557,115	9.3	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	
14.	Gain from underwriting after dividends or refunds .....	8,557,115	9.3	8,557,115	9.3	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
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

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



ANNUAL STATEMENT FOR THE YEAR 2015 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 .....	2,851,614	2,851,614							
2. Advance premiums .....	0								
3. Reserve for rate credits .....	3,380,685	3,380,685							
4. Total premium reserves, current year .....	6,232,299	6,232,299	0	0	0	0	0	0	0
5. Total premium reserves, prior year .....	15,032,951	15,032,951	0	0	0	0	0	0	0
6. Increase in total premium reserves .....	(8,800,652)	(8,800,652)	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 .....	28,207,314	28,207,314							
2. Total prior year .....	29,291,556	29,291,556	0	0	0	0	0	0	0
3. Increase .....	(1,084,242)	(1,084,242)	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 .....	15,700,762	15,700,762							
1.2 On claims incurred during current year .....	37,435,257	37,435,257							
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year .....	3,975,411	3,975,411							
2.2 On claims incurred during current year .....	24,231,903	24,231,903							
3. Test:									
3.1 Lines 1.1 and 2.1 .....	19,676,173	19,676,173	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31 prior year .....	29,291,558	29,291,558	0	0	0	0	0	0	0
3.3 Line 3.1 minus Line 3.2 .....	(9,615,385)	(9,615,385)	0	0	0	0	0	0	0

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written .....	11,410,577	11,410,577							
2. Premiums earned .....	11,430,456	11,430,456							
3. Incurred claims .....	7,012,088	7,012,088							
4. Commissions .....	203,686	203,686							
B. Reinsurance Ceded:									
1. Premiums written .....	119,882,511	119,882,511							
2. Premiums earned .....	121,697,342	121,697,342							
3. Incurred claims .....	58,159,356	58,159,356							
4. Commissions .....	37,576,334	37,576,334							

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....	100,932,397	2,044,408	222,237	103,199,042
2. Beginning Claim Reserves and Liabilities.....	60,033,466	638,183	557,747	61,229,396
3. Ending Claim Reserves and Liabilities .....	43,282,349	573,813	371,712	44,227,874
4. Claims Paid .....	117,683,514	2,108,778	408,272	120,200,564
B. Assumed Reinsurance:				
5. Incurred Claims.....	7,012,088	0	0	7,012,088
6. Beginning Claim Reserves and Liabilities.....	7,089,955	0	57,908	7,147,863
7. Ending Claim Reserves and Liabilities.....	8,882,862	0	57,908	8,940,770
8. Claims Paid .....	5,219,181	0	0	5,219,181
C. Ceded Reinsurance:				
9. Incurred Claims.....	56,976,981	1,023,716	158,660	58,159,357
10. Beginning Claim Reserves and Liabilities.....	38,361,826	313,058	410,820	39,085,704
11. Ending Claim Reserves and Liabilities.....	24,431,493	286,523	243,317	24,961,333
12. Claims Paid .....	70,907,314	1,050,251	326,163	72,283,728
D. Net:				
13. Incurred Claims.....	50,967,504	1,020,692	63,577	52,051,773
14. Beginning Claim Reserves and Liabilities.....	28,761,595	325,125	204,835	29,291,555
15. Ending Claim Reserves and Liabilities.....	27,733,718	287,290	186,303	28,207,311
16. Claims Paid.....	51,995,381	1,058,527	82,109	53,136,017
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....	51,009,302	1,020,692	63,577	52,093,571
18. Beginning Reserves and Liabilities.....	28,907,377	325,125	204,835	29,437,337
19. Ending Reserves and Liabilities.....	27,819,049	287,290	186,303	28,292,642
20. Paid Claims and Cost Containment Expenses	52,097,630	1,058,527	82,109	53,238,266

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 - COMMERCIAL MULTIPLE PERIL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	12
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015	929	929	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	418	418	0	0	100	100	0	0	0	0	0
12.	0	0	418	418	0	0	100	100	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	518	518	0	55.8	55.8	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

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. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	0	0	0	0	0	0	0	0	0	0	0	0
4. 2008	0	0	0	0	0	0	0	0	0	0	0	0
5. 2009	0	0	0	0	0	0	0	0	0	0	0	0
6. 2010	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006	311	597	(286)	0	0	0	0	0	0	0	0	0
3. 2007	518	572	(54)	0	0	0	0	0	0	0	0	0
4. 2008	477	632	(155)	0	0	0	0	0	0	0	0	0
5. 2009	420	420	0	0	0	0	0	0	0	0	0	0
6. 2010	366	366	0	0	0	0	0	0	0	0	0	0
7. 2011	331	331	0	0	0	0	0	0	0	0	0	0
8. 2012	349	349	0	0	0	0	0	0	0	0	0	0
9. 2013	272	272	0	0	0	0	0	0	0	0	0	0
10. 2014	261	74	187	0	0	0	0	0	0	0	0	0
11. 2015	102	(86)	188	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	27	0	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	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	150	150	0	0	0	0	0	0	0	0	0
10.	0	0	20	20	0	0	0	0	0	0	0	0	0
11.	0	0	5	5	0	0	0	0	0	0	0	0	0
12.	27	0	175	175	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	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	27	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.	150	150	0	55.1	55.1	0.0	0	0	0.0	0	0
10.	20	20	0	7.7	27.0	0.0	0	0	0.0	0	0
11.	5	5	0	4.9	(5.8)	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
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2007	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2008	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2009	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2010	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2011	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2012	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2013	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2014	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2015	0	0	0	0	0	0	0	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

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

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2006	10,268	10,268	0	9,252	9,252	0	0	1	0	0	1	333
3. 2007	1,539	1,539	0	122	122	0	0	1	0	0	1	1
4. 2008	0	0	0	0	0	2	1	1	0	0	1	0
5. 2009	0	0	0	0	0	2	2	2	0	0	2	0
6. 2010	0	0	0	0	0	0	0	0	0	0	0	0
7. 2011	0	0	0	0	0	0	0	0	0	0	0	0
8. 2012	0	0	0	0	0	0	0	0	0	0	0	0
9. 2013	0	0	0	0	0	0	0	0	0	0	0	0
10. 2014	0	0	0	0	0	0	0	0	0	0	0	0
11. 2015	10,246	5,343	4,903	5,348	2,770	0	0	0	0	0	2,578	0
12. Totals	XXX	XXX	XXX	14,721	12,143	3	3	4	0	0	2,583	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	3,392	1,727	0	0	0	0	41	0	0	1,706	0
12.	0	0	3,392	1,727	0	0	0	0	41	0	0	1,706	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.	9,253	9,252	1	90.1	90.1	0.0	0	0	0.0	0	0
3.	122	122	1	8.0	7.9	0.0	0	0	0.0	0	0
4.	2	1	1	(3,002.4)	(1,227.7)	0.0	0	0	0.0	0	0
5.	3	2	2	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.	8,781	4,497	4,284	85.7	84.2	87.4	0	0	0.0	1,665	41
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1,665	41



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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			Number of Claims Reported Direct and Assumed	
1. Prior	XXX	XXX	XXX	4,130	4,061	74	64	114	0	0	193	XXX
2. 2006	38,490	37,420	1,070	14,742	14,643	2,040	1,922	923	903	0	237	215
3. 2007	32,443	30,931	1,511	2,307	2,198	1,455	1,336	1,219	1,091	0	356	173
4. 2008	23,168	20,735	2,432	2,788	2,258	1,434	1,202	1,527	1,210	0	1,079	244
5. 2009	23,366	20,846	2,520	2,882	2,531	540	424	1,059	895	0	630	254
6. 2010	24,533	20,352	4,181	24,495	22,714	1,307	746	1,185	904	0	2,622	138
7. 2011	27,813	18,739	9,074	2,406	77	3,387	396	1,654	699	0	6,275	237
8. 2012	32,675	17,614	15,061	18,572	13,637	8,211	2,534	2,427	908	0	12,131	359
9. 2013	36,495	17,088	19,407	4,754	454	3,153	231	1,226	606	0	7,842	421
10. 2014	40,908	21,696	19,212	4,486	2,352	4,083	262	795	249	0	6,501	450
11. 2015	30,155	21,577	8,578	167	0	483	178	339	145	0	666	268
12. Totals	XXX	XXX	XXX	81,730	64,926	26,166	9,296	12,468	7,611	0	38,532	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1.	2,233	1,965	0	0	412	408	0	0	0	0	0	272	21
2.	135	135	0	0	11	11	0	0	0	0	0	0	0
3.	724	724	1,500	1,500	79	79	0	0	0	0	0	0	1
4.	1,967	1,967	1,665	1,665	114	114	0	0	0	0	0	0	6
5.	339	338	1,529	1,529	0	0	0	0	0	0	0	1	6
6.	524	524	2,355	2,355	0	0	553	553	0	0	0	0	10
7.	834	824	2,978	2,978	10	0	850	850	192	188	0	24	17
8.	48,479	47,538	5,141	5,141	1,695	1,289	320	320	320	284	0	1,383	174
9.	3,319	2,420	4,067	3,615	749	16	712	587	226	204	0	2,231	108
10.	8,050	3,759	5,211	4,298	2,056	374	1,592	1,013	321	276	0	7,510	119
11.	4,144	3,104	7,583	5,883	876	130	2,092	462	1,557	256	0	6,417	200
12.	70,748	63,298	32,029	28,964	6,002	2,421	6,119	3,785	2,616	1,208	0	17,838	662

	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	268	4
2.	17,851	17,614	237	46.4	47.1	22.2	0	0	0.0	0	0
3.	7,284	6,928	356	22.5	22.4	23.6	0	0	0.0	0	0
4.	9,495	8,416	1,079	41.0	40.6	44.4	0	0	0.0	0	0
5.	6,349	5,718	631	27.2	27.4	25.0	0	0	0.0	1	0
6.	30,419	27,797	2,622	124.0	136.6	62.7	0	0	0.0	0	0
7.	12,312	6,012	6,299	44.3	32.1	69.4	0	0	0.0	10	14
8.	85,165	71,651	13,514	260.6	406.8	89.7	0	0	0.0	941	442
9.	18,206	8,133	10,073	49.9	47.6	51.9	0	0	0.0	1,351	880
10.	26,594	12,583	14,011	65.0	58.0	72.9	0	0	0.0	5,204	2,306
11.	17,241	10,158	7,083	57.2	47.1	82.6	0	0	0.0	2,740	3,677
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	10,515	7,323

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	.68	.68	.13	.13	.0	.0	.0	.0	XXX
2. 2014	21,838	21,794	44	4,884	4,849	.6	.6	.0	.0	.0	.35	XXX
3. 2015	70,038	70,038	0	19,526	19,526	4	4	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	24,478	24,443	23	23	0	0	0	35	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	Direct and Assumed	Ceded			
1.	.0	.0	.87	.87	.0	.0	.0	.0	.0	.0	.0	.0	.2
2.	.0	.0	.296	.296	.0	.0	.15	.15	.0	.0	.0	.0	.9
3.	0	0	8,600	8,600	0	0	60	60	0	0	0	0	2,337
4.	0	0	8,983	8,983	0	0	75	75	0	0	0	0	2,348

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	.0	.0
2.	.5,201	.5,166	.35	.23.8	.23.7	.79.5	.0	.0	.0.0	.0	.0
3.	28,190	28,190	0	40.2	40.2	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2014	0	0	0	0	0	0	0	0	0	0	0	0
3. 2015	0	0	0	0	0	0	0	0	0	0	0	0
4. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	(15)	0	0	0	0	0	15	(15)	XXX
2. 2014	66	66	0	0	0	0	0	0	0	0	0	XXX
3. 2015	67	67	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	(15)	0	0	0	0	0	15	(15)	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23  Salvage and Subrogation Anticipated	24  Total Net Losses and Expenses Unpaid	25  Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	41	41	0	0	5	5	0	0	0	0	0
3.	0	0	42	42	0	0	5	5	0	0	0	0	0
4.	0	0	83	83	0	0	10	10	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.	46	46	0	69.7	69.7	0.0	0	0	0.0	0	0
3.	47	47	0	70.1	70.1	0.0	0	0	0.0	0	0
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

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

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12  Number of Claims Reported Direct and Assumed
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior	XXX	XXX	XXX	888	623	2	0	8	0	0	275	XXX
2. 2014	307,460	194,052	113,408	168,567	105,215	663	138	3,023	874	0	66,026	XXX
3. 2015	213,971	121,697	92,274	88,115	50,679	99	10	2,123	670	0	38,978	XXX
4. Totals	XXX	XXX	XXX	257,570	156,517	764	148	5,154	1,544	0	105,279	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13  Direct and Assumed	14  Ceded	15  Direct and Assumed	16  Ceded	17  Direct and Assumed	18  Ceded	19  Direct and Assumed	20  Ceded	Direct and Assumed	Ceded			
1.	13	5	395	193	42	0	1	0	14	0	0	267	6
2.	0	0	8,654	4,889	0	0	13	10	92	0	0	3,860	11
3.	2	2	44,104	19,872	0	0	55	15	1,979	112	0	26,139	194
4.	15	7	53,153	24,954	42	0	69	25	2,085	112	0	30,266	211

	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	210	57
2.	181,012	111,126	69,886	58.9	57.3	61.6	0	0	0.0	3,765	95
3.	136,477	71,360	65,117	63.8	58.6	70.6	0	0	0.0	24,232	1,907
4.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	28,207	2,059

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 2015 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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	0

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

1. Prior	1,242	1,233	1,376	1,312	1,182	1,114	1,076	1,003	947	947	.0	(56)
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX
12. Totals											0	(56)

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. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2015	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	107	106	115	68	67	61	61	61	61	61	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.1	.1	.1	.1	.1	.1	.1	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,243	XXX	XXX
12. Totals											0	0

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

1. Prior	1,337	2,359	1,400	1,425	1,298	1,291	1,292	1,292	1,851	1,923	72	631
2. 2006	315	244	173	234	225	217	217	217	217	217	.0	.0
3. 2007	XXX	460	293	291	236	237	228	228	228	228	.0	.0
4. 2008	XXX	XXX	1,159	771	865	782	772	762	762	762	.0	.0
5. 2009	XXX	XXX	XXX	866	587	548	484	471	468	467	(1)	(4)
6. 2010	XXX	XXX	XXX	XXX	1,545	1,203	1,671	2,146	2,373	2,342	(31)	196
7. 2011	XXX	XXX	XXX	XXX	XXX	4,005	6,078	6,430	5,564	5,340	(224)	(1,090)
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	7,413	10,772	13,117	11,959	(1,158)	1,187
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,349	9,381	9,431	.50	(918)
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,177	13,420	(757)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,588	XXX	XXX
12. Totals											(2,049)	2

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	One Year	Two Year
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	10	10	0	(14)
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51	35	(16)	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											(16)	(14)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											0	0

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	(17)	(32)	(15)	(32)
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
4. Totals											(15)	(32)

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,395	23,159	21,605	(1,554)	(3,790)
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75,796	67,645	(8,151)	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	61,797	XXX	XXX
4. Totals											(9,705)	(3,790)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2015	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

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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior	.000.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2015	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.	.304	.844	.921	.922	.920	.920	.920	.920	.920	.4	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2015	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. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	.000.	.56	.66	.67	.67	.61	.61	.61	.61	.61	.350	.275
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	170	163
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0
4. 2008	XXX	XXX	.0	.1	.1	.1	.1	.1	.1	.1	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,578	0	0

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

1. Prior	.000.	.870	.702	.1,234	.1,256	.1,276	.1,284	.1,285	.1,572	.1,651	.234	.413
2. 2006	.1	.93	.128	.149	.217	.217	.217	.217	.217	.217	.28	.187
3. 2007	XXX	.22	.127	.201	.228	.229	.228	.228	.228	.228	.17	.155
4. 2008	XXX	XXX	.97	.505	.711	.718	.762	.762	.762	.762	.17	.221
5. 2009	XXX	XXX	XXX	.95	.243	.330	.341	.454	.464	.466	.22	.226
6. 2010	XXX	XXX	XXX	XXX	.27	.420	.1,217	.2,094	.2,141	.2,342	.18	.110
7. 2011	XXX	XXX	XXX	XXX	XXX	.341	.3,394	.4,982	.5,202	.5,320	.60	.160
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.1,740	.5,824	.9,608	.10,612	.91	.94
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,535	.5,656	.7,222	.53	.260
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.1,573	.5,955	.48	.283
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	472	7	61

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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015		
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	10	10	XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	35	XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	.0	.0	.0	.0
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	(17)	(32)	XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	21,085	21,352	XXX	XXX
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	48,431	63,877	XXX	XXX
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37,525	XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX

Schedule P - Part 3N  
**NONE**

Schedule P - Part 3O  
**NONE**

Schedule P - Part 3P  
**NONE**

Schedule P - Part 3R - Prod Liab Occur  
**NONE**

Schedule P - Part 3R - Prod Liab Claims  
**NONE**

Schedule P - Part 3S  
**NONE**

Schedule P - Part 3T  
**NONE**

Schedule P - Part 4A  
**NONE**

Schedule P - Part 4B  
**NONE**

Schedule P - Part 4C  
**NONE**

Schedule P - Part 4D  
**NONE**

Schedule P - Part 4E  
**NONE**

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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

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

1. Prior	769	550	372	295	233	167	129	56	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	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. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

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

1. Prior	8	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,665

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

1. Prior	548	184	70	92	.0	.0	.0	.0	.0	.0
2. 2006	271	.85	23	13	.4	.0	.0	.0	.0	.0
3. 2007	XXX	371	107	57	.5	.6	.0	.0	.0	.0
4. 2008	XXX	XXX	600	135	.78	.9	10	.0	.0	.0
5. 2009	XXX	XXX	XXX	590	178	81	.9	.11	.0	.0
6. 2010	XXX	XXX	XXX	XXX	1,004	34	62	.10	.12	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	1,259	892	488	.26	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	2,107	755	243	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,874	1,028	.577
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,379	1,492
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,330

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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24	0	0
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	0
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,093	1,846	203
2. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,365	3,768
3. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,272

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 4N  
NONE

Schedule P - Part 4O  
NONE

Schedule P - Part 4P  
NONE

Schedule P - Part 4R - Prod Liab Occur  
NONE

Schedule P - Part 4R - Prod Liab Claims  
NONE

Schedule P - Part 4S  
NONE

Schedule P - Part 4T - Warranty  
NONE

Schedule P - Part 5A- SN1  
NONE

Schedule P - Part 5A- SN2  
NONE

Schedule P - Part 5A- SN3  
NONE

Schedule P - Part 5B- SN1  
NONE

Schedule P - Part 5B- SN2  
NONE

Schedule P - Part 5B- SN3  
NONE

Schedule P - Part 5C- SN1  
NONE

Schedule P - Part 5C- SN2  
NONE

Schedule P - Part 5C- SN3  
NONE

Schedule P - Part 5D- SN1  
NONE

Schedule P - Part 5D- SN2  
NONE

Schedule P - Part 5D- SN3  
NONE

Schedule P - Part 5E- SN1  
NONE

Schedule P - Part 5E- SN2  
NONE

Schedule P - Part 5E- SN3  
NONE

Schedule P - Part 5F- SN1A  
NONE

Schedule P - Part 5F- SN2A  
NONE

Schedule P - Part 5F- SN3A  
NONE



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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	2	1	3	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	21	4	0	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	5	(16)	(1)	0	0	0	0	0	0	0
2. 2006	0	0	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	366	256	94	0	0	0	0	0	0	0
2. 2006	27	167	170	170	170	170	170	170	170	170
3. 2007	XXX	1	1	1	1	1	1	1	1	1
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	127	11	1	0	0	0	0	0	0	0
2. 2006	2	6	0	0	0	0	0	0	0	0
3. 2007	XXX	0	0	0	0	0	0	0	0	0
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	870	372	127	(1)	0	0	0	0	0	0
2. 2006	64	335	333	333	333	333	333	333	333	333
3. 2007	XXX	1	1	1	1	1	1	1	1	1
4. 2008	XXX	XXX	0	0	0	0	0	0	0	0
5. 2009	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2010	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2011	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	12	12	9	12	18	11	170	2	0	0
2. 2006	1	2	4	7	12	16	28	28	28	28
3. 2007	XXX	0	2	3	8	12	17	17	17	17
4. 2008	XXX	XXX	1	3	6	12	15	16	17	17
5. 2009	XXX	XXX	XXX	0	1	15	21	21	22	22
6. 2010	XXX	XXX	XXX	XXX	0	8	12	14	17	18
7. 2011	XXX	XXX	XXX	XXX	XXX	6	13	44	59	60
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	1	54	91	91
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	40	53
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	48
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7

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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	352	468	277	247	219	149	101	24	24	21
2. 2006	28	165	71	48	50	17	1	1	0	0
3. 2007	XXX	62	45	17	13	11	1	1	1	1
4. 2008	XXX	XXX	7	51	42	22	17	11	10	6
5. 2009	XXX	XXX	XXX	40	48	35	7	7	6	6
6. 2010	XXX	XXX	XXX	XXX	122	129	101	20	13	10
7. 2011	XXX	XXX	XXX	XXX	XXX	267	189	50	22	17
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	190	267	180	174
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	257	164	108
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	187	119
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	200

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
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
1. Prior	43	153	(152)	24	56	61	163	11	0	0
2. 2006	32	179	121	133	176	215	215	215	215	215
3. 2007	XXX	63	56	90	129	173	173	173	173	173
4. 2008	XXX	XXX	9	119	199	244	244	244	244	244
5. 2009	XXX	XXX	XXX	49	175	254	254	254	254	254
6. 2010	XXX	XXX	XXX	XXX	136	205	205	138	138	138
7. 2011	XXX	XXX	XXX	XXX	XXX	281	281	237	237	237
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	209	359	359	359
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	263	361	421
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	315	450
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	268

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

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SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007 .....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008 .....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009 .....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010 .....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	929	929
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	929
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	929	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006 .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007 .....	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008 .....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009 .....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010 .....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	929	929
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	929
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	929	XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006 .....	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	.0
3. 2007 .....	XXX	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	.0
4. 2008 .....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009 .....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010 .....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,246	10,246
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,246
13. Earned Premiums (Sc P-Pt 1)	10,268	1,539	0	0	0	0	0	0	0	10,246	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006 .....	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	10,268	.0
3. 2007 .....	XXX	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	1,539	.0
4. 2008 .....	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009 .....	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010 .....	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011 .....	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012 .....	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,343	5,343
12. Total .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,343
13. Earned Premiums (Sc P-Pt 1)	10,268	1,539	0	0	0	0	0	0	0	5,343	XXX

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	38,490	38,490	38,490	38,490	38,490	38,490	38,490	38,490	38,490	38,490	.0
3. 2007	XXX	32,443	32,443	32,443	32,443	32,443	32,443	32,443	32,443	32,443	.0
4. 2008	XXX	XXX	23,168	23,168	23,168	23,168	23,168	23,168	23,168	23,168	.0
5. 2009	XXX	XXX	XXX	23,366	23,366	23,366	23,366	23,366	23,366	23,366	.0
6. 2010	XXX	XXX	XXX	XXX	24,533	24,533	24,533	24,533	24,533	24,533	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	27,813	27,813	27,813	27,813	27,813	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	32,675	32,675	32,675	32,675	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,495	36,495	36,495	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,908	40,908	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,155	30,155
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30,155
13. Earned Premiums (Sc P-Pt 1)	38,490	32,443	23,168	23,366	24,533	27,813	32,675	36,495	40,908	30,155	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	37,420	37,420	37,420	37,420	37,420	37,420	37,420	37,420	37,420	37,420	.0
3. 2007	XXX	30,931	30,931	30,931	30,931	30,931	30,931	30,931	30,931	30,931	.0
4. 2008	XXX	XXX	20,735	20,735	20,735	20,735	20,735	20,735	20,735	20,735	.0
5. 2009	XXX	XXX	XXX	20,846	20,846	20,846	20,846	20,846	20,846	20,846	.0
6. 2010	XXX	XXX	XXX	XXX	20,352	20,352	20,352	20,352	20,352	20,352	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	18,739	18,739	18,739	18,739	18,739	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	17,614	17,614	17,614	17,614	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,088	17,088	17,088	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,696	21,696	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,577	21,577
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,577
13. Earned Premiums (Sc P-Pt 1)	37,420	30,931	20,735	20,846	20,352	18,739	17,614	17,088	21,696	21,577	XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2007	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2008	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2011	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2012	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2013	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0
13. Earned Premiums (Sc P-Pt 1)	0	0	0	0	0	0	0	0	0	0	XXX

Schedule P - Part 6N - SN1	NONE
Schedule P - Part 6N - SN2	NONE
Schedule P - Part 6O - SN1	NONE
Schedule P - Part 6O - SN2	NONE
Schedule P - Part 6R - SN1A	NONE
Schedule P - Part 6R - SN2A	NONE
Schedule P - Part 6R - SN1B	NONE
Schedule P - Part 6R - SN2B	NONE
Schedule P - Part 7A - Section 1	NONE
Schedule P - Part 7A - Section 2	NONE
Schedule P - Part 7A - Section 3	NONE
Schedule P - Part 7A - Section 4	NONE
Schedule P - Part 7A - Section 5	NONE
Schedule P - Part 7B - Section 1	NONE
Schedule P - Part 7B - Section 2	NONE
Schedule P - Part 7B - Section 3	NONE
Schedule P - Part 7B - Section 4	NONE
Schedule P - Part 7B - Section 5	NONE
Schedule P - Part 7B - Section 6	NONE
Schedule P - Part 7B - Section 7	NONE

SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1

Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?  
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:

Yes [ X ] No [ ]
- 1.2

What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?

\$ .....150,000
- 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 [ X ] No [ ]
- 1.5

If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [ ] No [ ] N/A [ 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	2
		Section 1: Occurrence	Section 2: Claims-Made
1.601	Prior .....		
1.602	2006 .....		
1.603	2007 .....		
1.604	2008 .....		
1.605	2009 .....		
1.606	2010 .....		
1.607	2011 .....		
1.608	2012 .....		
1.609	2013 .....		150,000
1.610	2014 .....		
1.611	2015 .....		
1.612	Totals	0	150,000

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 2015 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				.141		.141
6. Colorado	CO						.0
7. Connecticut	CT				.680		.680
8. Delaware	DE						.0
9. District of Columbia	DC				.364		.364
10. Florida	FL				.802		.802
11. Georgia	GA						.0
12. Hawaii	HI						.0
13. Idaho	ID						.0
14. Illinois	IL				.71,669		.71,669
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						.0
22. Massachusetts	MA				.404		.404
23. Michigan	MI				.169		.169
24. Minnesota	MN						.0
25. Mississippi	MS						.0
26. Missouri	MO				.101		.101
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						.0
37. Oklahoma	OK						.0
38. Oregon	OR						.0
39. Pennsylvania	PA				.3,466		.3,466
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	82,062	0	82,062

## 97

[illegible]

Asterisk	Explanation
1	Ancilyze Insurance Agency LLC is owned by Ancilyze Technologies LLC.

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## 68

## 68

68

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

APRIL FILING

28.

Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?

SEE EXPLANATION
29.

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

YES
30.

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

YES
31.

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

YES
32.

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

YES
33.

Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?

YES

AUGUST FILING

34.

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
34. Not applicable

Bar Code:

34.



382452015223000000

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.....	2,593		2,593	10,534
2505. Miscellaneous Accounts Receivable.....	9,022		9,022	0
2597. Summary of remaining write-ins for Line 25 from page 2	11,615	0	11,615	10,534

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

	1 Current Year	2 Prior Year
1404. Retroactive Reinsurance Ceded.....	0	(55,870)
1497. Summary of remaining write-ins for Line 14 from page 4	0	(55,870)

E28 Additional Aggregate Lines for Line 58.  
\*SCEPT3 - Schedule E - Part 3 - Special Deposits

	1 Type of Deposit	2 Purpose of Deposit	3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
		Held for				
5804. FHLMC POOL C04619 3% Due 3/1/2043 Mo-1.....	B.....	collateral			891,056	885,753
		Held for				
5805. FHLMC POOL A93497 4 1/2% Due 8/1/2040 Mo-1.....	B.....	collateral			153,657	162,774
		Held for				
5806. FHLMC POOL A94423 4% Due 10/1/2040 Mo-1.....	B.....	collateral			316,615	324,432
		Held for				
5807. FHLMC POOL A93679 4% Due 9/1/2040 Mo-1.....	B.....	collateral			379,723	393,190
		Held for				
5808. FHLMC POOL A94314 4 1/2% Due 10/1/2040 Mo-1.....	B.....	collateral			143,362	149,699
		Held for				
5809. FHLMC POOL A94703 3 1/2% Due 11/1/2040 Mo-1.....	B.....	collateral			246,024	251,451
		Held for				
5810. FHLMC POOL A95090 4 1/2% Due 11/1/2040 Mo-1.....	B.....	collateral			310,491	327,163
		Held for				
5811. FHLMC POOL Q00858 4% Due 5/1/2041 Mo-1.....	B.....	collateral			157,726	165,265
		Held for				
5812. FHLMC POOL Q10802 3% Due 8/1/2042 Mo-1.....	B.....	collateral			391,531	379,841
		Held for				
5813. FHLMC POOL Q12044 3% Due 10/1/2042 Mo-1.....	B.....	collateral			326,922	314,498
		Held for				
5814. FREDDIE MAC 4 7/8% Due 6/13/2018 JD13.....	B.....	collateral			301,607	325,770
		Held for				
5815. FNMA POOL 730954 5% Due 8/1/2033 Mo-1.....	B.....	collateral			115,851	133,418
		Held for				
5816. FNMA POOL 832011 5% Due 8/1/2035 Mo-1.....	B.....	collateral			114,702	128,076
		Held for				
5817. FNMA POOL 839033 5% Due 11/1/2035 Mo-1.....	B.....	collateral			124,844	143,142
		Held for				
5818. US TREASURY N/B 8 3/4% Due 5/15/2017 MN15.....	B.....	collateral			1,291,354	1,354,360
		Held for				
5819. US TREASURY N/B 8 7/8% Due 8/15/2017 FA15.....	B.....	collateral			660,200	687,226
		Held for				
5820. US TREASURY N/B 4 3/4% Due 8/15/2017 FA15.....	B.....	collateral			1,706,548	1,802,000
		Held for				
5821. US TREASURY N/B 0 5/8% Due 11/30/2017 MN31.....	B.....	collateral			325,064	322,309
Summary of remaining write-ins for Line 58 from page E28	XXX	XXX	0	0	7,957,277	8,250,367
5897.						



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Alabama

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.AL



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Alaska

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

# NONE

## GENERAL INTERROGATORIES

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

# 360.AK





For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.AZ

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF California

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.CA



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Colorado

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

Title	Vice President & Corporate Controller
-------	---------------------------------------

NAIC Company Code 38245

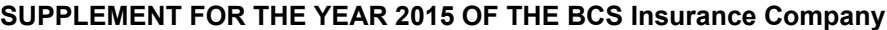
Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.CO



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Connecticut

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

Title	Vice President & Corporate Controller
-------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.CT



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Delaware

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.DE

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF District of Columbia

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.FL





For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.GA



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Hawaii

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.HI



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Idaho

NAIC Group Code 00023 .....  
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181 .....  
 Person Completing This Exhibit Elias Georgopoulos .....  
 Title Vice President & Corporate Controller .....

NAIC Company Code 38245

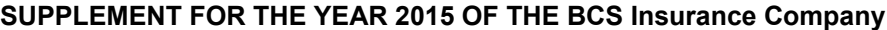
Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360-ID



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.IT

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Iowa

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

Title	Vice President & Corporate Controller
-------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.IA



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015										
										11	Incurred Claims		14	15	Incurred Claims		18						
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	12			13	Number of Covered Lives		Premiums Earned	16	17	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

## GENERAL INTERROGATORIES

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

# 360.KS



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Kentucky

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015					
										11	Incurred Claims		14	15	Incurred Claims		18	
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	12			13	Number of Covered Lives		Premiums Earned
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES											0	0	0.0	0	0	0	0.0	0
NONE																		
											0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.KY





For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Louisiana

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0

## GENERAL INTERROGATORIES

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

# 360.LA



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Maine

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.ME

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

## MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Maryland

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Massachusetts

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

Title	Vice President & Corporate Controller
-------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

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

## GENERAL INTERROGATORIES

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
- 2.1 Address: PO Box 248108 Cleveland, OH 44124-0000
- 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 44124-0000
- 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 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Minnesota

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.MN

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Mississippi

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Missouri

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12	13			16	17		
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned		
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES											0	0	0.0	0	0	0	0.0	0
NONE																		
											0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.MO





For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Montana

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0

## GENERAL INTERROGATORIES

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

# 360.MT

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Nebraska

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015				
										11	Incurred Claims		14	15	Incurred Claims		18	
											12	13			16	17		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES											0	0	0.0	0	0	0	0.0	0

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF New Hampshire

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015																
										11	Incurred Claims		14	15	Incurred Claims		18												
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	12			13	Number of Covered Lives		Premiums Earned	16	17	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.NH



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0

## GENERAL INTERROGATORIES

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

# 360.NJ



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF New Mexico

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.NM



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF New York

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

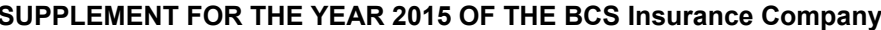
Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.NY



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF North Carolina

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

Title	Vice President & Corporate Controller
-------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.NC





For the Year Ended December 31, 2015  
(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

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

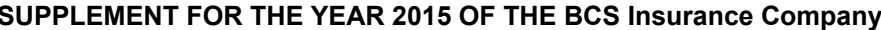
Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015					
										11	Incurred Claims		14	15	Incurred Claims		18	
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	12			13	Number of Covered Lives		Premiums Earned
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES											0	0	0.0	0	0	0	0.0	0
NONE																		
											0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.ND



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Ohio

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

Title	Vice President & Corporate Controller
-------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.OH

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Oregon

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	Incurred Claims		14	15	Incurred Claims		18
										Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.OR





For the Year Ended December 31, 2015  
(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

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.PR



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

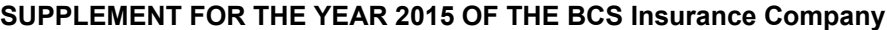
Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.RI



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF South Carolina

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.SC





For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF South Dakota

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.SD



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Tennessee

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015																
										11	Incurred Claims		14	15	Incurred Claims		18												
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	12			13	Number of Covered Lives		Premiums Earned	16	17	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.TN



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

Title	Vice President & Corporate Controller
-------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.TX



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Utah

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.UT



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Vermont

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.VT



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Virginia

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.VA

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Washington

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015				
										11	Incurred Claims		14	15	Incurred Claims		18	
											12	13			16	17		
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES											0	0	0.0	0	0	0	0.0	0
															</			

## GENERAL INTERROGATORIES

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

**SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF West Virginia

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

[illegible]

## GENERAL INTERROGATORIES

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





For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

<b>Title</b>	Vice President & Corporate Controller
--------------	---------------------------------------

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014, 2015				
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

# 360.WI



For the Year Ended December 31, 2015  
(To Be Filed by March 1)

FOR THE STATE OF Wyoming

NAIC Group Code 00023

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

Person Completing This Exhibit Elias Georgopoulos

**Title** Vice President & Corporate Controller

NAIC Company Code 38245

Telephone Number 630-472-7749

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014, 2015			
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	11	Incurred Claims		14	15	Incurred Claims		18
										Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
NONE																	
										0299999 TOTAL EXPERIENCE ON GROUP POLICIES							

## GENERAL INTERROGATORIES

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

360.WY



SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

NAIC Group Code		00023		For the Year Ended December 31, 2015		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 .....				272,207,159		(51,805,854)		324,013,013			
A02. Liabilities .....				110,890,836		(44,355,166)		155,246,002			
A03. Surplus as regards to policyholders .....				161,316,323		(7,450,688)		168,767,011			
A04. Income before taxes				19,118,690		3,693,429		15,425,261			
(B) Summary of Reinsurance Contract Terms						(C) Management's Objectives					
The information in this supplemental relates to a reinsurance treaty between BCS Insurance Company (BCSI) and Plans' Liability Insurance Company (PLIC), an affiliate of BCSI. PLIC agrees to reinsure BCSI on its professional liability business for the first \$1,000,000 of ultimate net loss in each claim made/each policy plus 5% of \$4,000,000 in excess of \$1,000,000 of ultimate net loss in each claim made/each policy. PLIC also reinsures a loss corridor retention for the above reinsurance layer. PLIC pays BCSI a ceding commission equal to 10% of gross written premium plus reimbursement of premium tax and direct commission expenses.						PLIC was formed for the sole purpose of reinsuring BCSI's professional liability business. PLIC is under common management control with BCSI. Policyholders of the professional liability business must purchase PLIC's common stock. No shareholder of PLIC owns more than 6.64% of PLIC's stock.					

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

.....

Supp "A" to Schedule T - Physicians

NONE

Supp "A" to Schedule T - Hospitals

NONE



SUPPLEMENT FOR DECEMBER 31, 2015 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								
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	101,618	101,618			115,111			175,000
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		101,618	101,618	0	0	115,111	0	0	175,000
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998.	Sum. of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	0	0	0	0	0	0	0	0



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

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

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



SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2015  
(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
\$ 14,403,405	\$ 14,218,919	\$ 16,404,628	\$ 6,396,633	\$ 1,573,455	\$ 1,961,044	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 %

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