



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
Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio
Country of Domicile United States
Incorporated/Organized 12/05/1950 Commenced Business 11/30/1952
Statutory Home Office 6740 North High Street, Worthington, OH, US 43085
Main Administrative Office 2 Mid America Plaza, Suite 200, Oakbrook Terrace, IL, US 60181
Mail Address 2 Mid America Plaza, Suite 200, Oakbrook Terrace, IL, US 60181
Primary Location of Books and Records 2 Mid America Plaza, Suite 200, Oakbrook Terrace, IL, US 60181
Internet Web Site Address www.bcsins.com
Statutory Statement Contact Elias Georgopoulos, 630-472-7749
Lgeorgo@bcsf.com, 630-472-7837

OFFICERS

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

OTHER OFFICERS

Table with 4 columns: Name, Title, Name, Title. Other officers include Peter Lorin Costello (Chief Marketing Officer) and David John Jacobs (Chief Actuary).

DIRECTORS OR TRUSTEES

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

State of Illinois ss
County of DuPage

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Signatures of Howard Francis Beacham III (President & Chief Executive Officer), Terry Michael Hackett (General Counsel & Secretary), and Susan Ann Pickar (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

Signature of 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

19.AL

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

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

249,159 and number of persons insured under indemnity only products

3,115



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.AK

(a) Finance and service charges not included in Lines 1 to 35 \$92 and number of persons insured under indemnity only products62



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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.AZ

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

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

Table with columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.AR

(a) Finance and service charges not included in Lines 1 to 35 \$ (b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,260 and number of persons insured under indemnity only products1,580



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

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

19.CA

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

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

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

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

19.CO

(a) Finance and service 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

19.CT



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

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

19.DE

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

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

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 products2,378 and number of persons insured under indemnity only products40

19.DC



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.FL

(a) Finance and service 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

19.GA



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.HI

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products18 and number of persons insured under indemnity only products0



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.ID

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,412 and number of persons insured under indemnity only products161



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.1L

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products35,776 and number of persons insured under indemnity only products1,809



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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril, Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health, Credit A & H, Medicare Title XVIII, Federal Employees Health Benefits Plan, Workers' compensation, Other liability, Excess workers' compensation, Products liability, Private passenger auto, Commercial auto, Aircraft, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins, and TOTAL (a). Includes a sub-section for DETAILS OF WRITE-INS (3401-3499).

19.IN

(a) Finance and service charges not included in Lines 1 to 35 \$ (b) For health business on indicated lines report: Number of persons insured under PPO managed care products6,883 and number of persons insured under indemnity only products2,751



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

19.1A

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

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

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

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

19.KS

(a) Finance and service 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

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

19.KY

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

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

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

19.LA



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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Commercial multiple peril, Medical professional liability, Group accident and health, etc.

19.ME

(a) Finance and service 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

19.MID



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

19.MA



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

Table with 12 columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.MI

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

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

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 products2,420 and number of persons insured under indemnity only products1,371

19.MN



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

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

19.MS

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

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

19.MO

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

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

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

19.MT



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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.NE

(a) Finance and service charges not included in Lines 1 to 35 \$399 and number of persons insured under indemnity only products362
(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 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 products659 and number of persons insured under indemnity only products8,817

19.NV



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

19.NH

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

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

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

19.NJ



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

19.NM

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products7,009 and number of persons insured under indemnity only products1,571



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

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

19.NY

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

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

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

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

19.NC

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

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

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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.ND

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products38 and number of persons insured under indemnity only products24



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

Table with 12 columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.OH

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,814 and number of persons insured under indemnity only products5,154



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

Table with 12 columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.0K

(a) Finance and service charges not included in Lines 1 to 35 \$9,006 and number of persons insured under indemnity only products1,803
(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 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

19. OR



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

Table with columns: Line of Business, 1 Direct Premiums Written, 2 Direct Premiums Earned, 3 Dividends Paid or Credited to Policyholders on Direct Business, 4 Direct Unearned Premium Reserves, 5 Direct Losses Paid (deducting salvage), 6 Direct Losses Incurred, 7 Direct Losses Unpaid, 8 Direct Defense and Cost Containment Expense Paid, 9 Direct Defense and Cost Containment Expense Incurred, 10 Direct Defense and Cost Containment Expense Unpaid, 11 Commissions and Brokerage Expenses, 12 Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins for other lines of business, TOTAL (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498 Summary of remaining write-ins for Line 34 from overflow page, 3499 Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

19.PA

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

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

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 products0 and number of persons insured under indemnity only products1,605

19.PP



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

Table with columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Allied lines, Multiple peril crop, Federal flood, Private crop, Farmowners multiple peril, Homeowners multiple peril, Commercial multiple peril (non-liability portion), Commercial multiple peril (liability portion), Mortgage guaranty, Ocean marine, Inland marine, Financial guaranty, Medical professional liability, Earthquake, Group accident and health (b), Credit A & H (group and individual), Collectively renewable A & H (b), Non-cancelable A & H (b), Guaranteed renewable A & H (b), Non-renewable for stated reasons only (b), Other accident only, Medicare Title XVIII exempt from state taxes or fees, All other A & H (b), Federal Employees Health Benefits Plan premium (b), Workers' compensation, Other liability-Occurrence, Other Liability-Claims-Made, Excess workers' compensation, Products liability, Private passenger auto no-fault (personal injury protection), Other private passenger auto liability, Commercial auto no-fault (personal injury protection), Other commercial auto liability, Private passenger auto physical damage, Commercial auto physical damage, Aircraft (all perils), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, Warranty, Aggregate write-ins for other lines of business, TOTAL (a), DETAILS OF WRITE-INS, 3401, 3402, 3403, 3498. Summary of remaining write-ins for Line 34 from overflow page, 3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

19.RI

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

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

.....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

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

19.SC

(a) Finance and service 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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.SD

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

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

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 products4,230 and number of persons insured under indemnity only products5,130

19.TN



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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.TX

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

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

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

Table with 12 columns: Line of Business, Direct Premiums Written, Direct Premiums Earned, Dividends Paid or Credited to Policyholders on Direct Business, Direct Unearned Premium Reserves, Direct Losses Paid (deducting salvage), Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees. Rows include Fire, Multiple peril crop, Commercial multiple peril, etc.

19.UT

(a) Finance and service 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 products39,026 and number of persons insured under indemnity only products60

19.VT



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 products4,456 and number of persons insured under indemnity only products2,210

19.VA



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

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

19.WA

(a) Finance and service charges not included in Lines 1 to 35 \$ (b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,218 and number of persons insured under indemnity only products75,850



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

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

19.WV

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

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

.....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

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

19.WI

(a) Finance and service 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

Table with columns: Line of Business, Gross Premiums, Dividends Paid, Direct Unearned Premium Reserves, Direct Losses Paid, Direct Losses Incurred, Direct Losses Unpaid, Direct Defense and Cost Containment Expense Paid, Direct Defense and Cost Containment Expense Incurred, Direct Defense and Cost Containment Expense Unpaid, Commissions and Brokerage Expenses, Taxes, Licenses and Fees.

19.WY

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,318 and number of persons insured under indemnity only products76



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 products629,511 and number of persons insured under indemnity only products1,502,529

19.GT

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 +7							
Affiliates - U.S. Non-Pool - Other														
36-2149353	80985	4 EVER LIFE INS CO	IL	198			0		28					
0399999 - Total Affiliates - U.S. Non-Pool - Other				198	0	0	0	0	28	0	0	0	0	0
0499999 - Total Affiliates - U.S. Non-Pool - Total				198	0	0	0	0	28	0	0	0	0	0
0899999 - Total Affiliates - Total Affiliates				198	0	0	0	0	28	0	0	0	0	0
Other U.S. Unaffiliated Insurers														
41-1366075	90611	ALLIANZ LIFE INS CO OF N AMER	MN	3		52	52			35				
63-0103830	55433	BCBS OF AL	AL	3,378			0		566					
86-0004538	53589	BCBS OF AZ INC	AZ				0			713				
43-1257251	47171	BCBS OF KC	MO	2,198			0							
48-0952857	47163	BCBS OF KS INC	KS				0			25				
61-1237516	95120	ANTHEM HLTH PLANS OF KY INC	KY				0			1,080				
05-0158952	53473	BCBS OF RI	RI	64			0							
91-0499247	47570	PREMERA BLUE CROSS	WA	813			0		62					
31-1071217	53996	BCBS OF WV INC	WV				0			1,425				
63-0168500	67997	PREFERRED LIFE INS CO	AL	3		0	0			21				
95-4513631	10352	SCPIE IND CO	CA			27	27							
03-0277307	53295	BCBS OF VT	VT	1,579			0		131					
91-1950223	52633	LIFEWISE HLTH PLAN OF WA	WA	122			0		10					
15-0265525	55158	UTICA-WATERTOWN HEALTH INS CO INC	NY				0			137				
57-0287419	38520	BCBS OF SC INC	SC	1,812			0		145					
71-0226428	83470	USABLE MUT INS CO	AR	1,240			0		103					
0999999 - Total Other U.S. Unaffiliated Insurers				11,212	0	79	79	0	1,017	3,436	0	0	0	0
9999999 Totals				11,410	0	79	79	0	1,045	3,436	0	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

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

ANNUAL STATEMENT FOR THE YEAR 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	7 Reinsurance Recoverable On										8 Reinsurance Payable		18 Net Amount Recoverable From Reinsurers [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
Authorized - Affiliates - U.S. Non-Pool - Other																			
36-2149353	80985	4 EVER LIFE INS CO	IL		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							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		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	(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	(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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			
AA-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			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		2,396	41	1,051	129			3,810	511		3,299		
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR		101		2		1	37	12			56	4		52		
AA-1126006	00000	LLOYD'S SYNDICATE NUMBER 4472	GBR		1,403	20	1	3,378	70	1,301	169			5,141	174		4,967		
AA-1120090	00000	LLOYD'S SYNDICATE NUMBER 4711	GBR		425									82			82		
AA-1126510	00000	LLOYD'S SYNDICATE NUMBER 510	GBR		130									28			28		
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR		86			823	7					10			(18)	858	
AA-1126570	00000	LLOYD'S SYNDICATE NUMBER 570	GBR					314	3								317	309	
AA-1120048	00000	LLOYD'S SYNDICATE NUMBER 5820	GBR		114					29	4			108	33		75		
AA-1126609	00000	LLOYD'S SYNDICATE NUMBER 609	GBR		262		2		1	63	20			15	(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	260		757		
AA-1126780	00000	LLOYD'S SYNDICATE NUMBER 780	GBR		86			274	2					10	(39)		325		
AA-1126958	00000	LLOYD'S SYNDICATE NUMBER 958	GBR		25					9	3			1	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	AMERHEALTH ASSURANCE, LTD	BMU		102					175				175			175		
AA-3190874	00000	AML IN BERMUDA	BMU		43				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			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 Name of Reinsurer	2 Commission Rate	3 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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Contracts Ceding 75% or More of Direct Premiums Written	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable		18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers			

B. 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 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 <u>Ceded Premiums</u>	4 <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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
				5 Current	Overdue					10 Total Overdue Cols. 6 + 7 + 8 + 9			
					6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days	9 Over 120 Days				
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
36-3503362	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	0	3,215	0.0	0.0
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total				3,215	0	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	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	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		145	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		145	208	1,455	14.3	10.0	0.0
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)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Recoverable All Items Schedule F Part 3, Col. 15	Funds Held By Company Under Reinsurance Treaties	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Ceded Balances Payable	Miscellaneous Balances Payable	Trust Funds and Other Allowed Offset Items	Total Collateral and Offsets Allowed (Cols. 6+7+9+10+11 but not in Excess of Col. 5)	Provision for Unauthorized Reinsurance (Col. 5 Minus Col. 12)	Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Col. 14	20% of Amount In Dispute Included in Column 5	Provision for Overdue Reinsurance (Col. 15 plus Col. 16)	Total Provision for Reinsurance Ceded to Unauthorized Reinsurers (Col. 13 plus Col. 17 but not in Excess of Col. 5)
Other U.S. Unaffiliated Insurers																	
57-0287419	38520	BCBS OF SC INC. GROUP HOSPITALIZATION & MED SRVCS	SC	5,422		1,550	1	5,196			5,422	.0		.0	.0	.0	.0
53-0078070	53007	HTH RE, LTD	DC	368		550	2	.0			368	.0		.0	.0	.0	.0
98-0408753	00000	LUMBERMENS MUT CAS CO	HI	13,000		12,490	3	3,742			13,000	.0		.0	.0	.0	.0
36-1410470	22977	MOTOR CLUB INS CO	IL	148				1			1	.147	145	29	.0	29	148
20-3462094	12487	UNITED TRUST INS CO	RI	1,000	1,000			42			1,000	.0		.0	.0	.0	.0
63-0477090	81531		AL	653		750	4	.6			653	.0		.0	.0	.0	.0
0999999 - Total Other U.S. Unaffiliated Insurers				20,591	1,000	15,340	XXX	8,987	0	0	20,444	147	145	29	0	29	148
Other Non-U.S. Insurers																	
AA-1440006	00000	AGA REINS	FRA	8,200		5,900	5	2,505			8,200	.0		.0	.0	.0	.0
AA-0000000	00000	AMERHEALTH ASSURANCE, LTD	BMU	175		112	6	.0			175	63		.0	.0	.0	63
AA-3190874	00000	AMLIN BERMUDA	BMU	416		447	7	78			416	.0		.0	.0	.0	.0
AA-3190795	00000	CATALINA SAFETY REINS LTD	BMU	1,672	86	1,554	8	292			1,672	.0	.0	.0	.0	.0	.0
AA-3194161	00000	CATLIN INS CO LTD	BMU	1,314		1,536	9	121			1,314	.0		.0	.0	.0	.0
AA-3194130	00000	ENDURANCE SPECIALTY INS LTD	BMU	2,761		2,969	10	160			2,761	.0		.0	.0	.0	.0
AA-3190958	00000	JRG REINS CO LTD	BMU	233		221	11	220			233	.0		.0	.0	.0	.0
AA-3190744	00000	PACIFIC LIGHTHOUSE REINS LTD	BMU	1,200		1,200	12	330			1,200	.0		.0	.0	.0	.0
AA-1121366	00000	SPHERE DRAKE INS LTD	GBR	.11		.12	13	.3			.11	.0		.0	.0	.0	.0
1299999 - Total Other Non-U.S. Insurers				15,982	86	13,951	XXX	3,709	0	0	15,919	63	0	0	0	0	63
1399999 - Total Affiliates and Others				36,573	1,086	29,291	XXX	12,696	0	0	36,363	210	145	29	0	29	211
9999999 Totals				36,573	1,086	29,291	XXX	12,696	0	0	36,363	210	145	29	0	29	211

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE F - PART 6 - SECTION 1

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Certified Reinsurer Rating (1 through 6)	6 Effective Date of Certified Reinsurer Rating	7 Percent Collateral Required for Full Credit (0% - 100%)	8 Net Amount Recoverable from Reinsurers (Sch. F Part 3 Col. 18)	9 Catastrophe Recoverables Qualifying for Collateral Deferral	10 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 8 - Col. 9)	11 Dollar Amount of Collateral Required (Col. 10 x Col. 7)	Collateral Provided					18 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 17 / Col. 10)	19 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 18 / Col. 7, not to Exceed 100%)	20 Amount of Credit Allowed for Net Recoverables (Col. 9 + (Col. 10 x Col. 19))	21 Provision for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col. 8 - Col. 20)	
											12 Multiple Beneficiary Trust	13 Funds Held by Company Under Reinsurance Treaties	14 Letters of Credit	15 Issuing or Confirming Bank Reference Number (a)	16 Other Allowable Collateral					17 Total Collateral Provided (Col. 12 + 13 + 14 + 16)
Other Non-U.S. Insurers																				
CR-1340125	00000	HANNOVER RUECK SE	DEU	2	07/01/2015	10.0	5,775	0	5,775	578	578	0	0	0	578	10.0	100.0	5,775	0	
1299999 - Total Other Non-U.S. Insurers							5,775	0	5,775	578	578	0	0	XXX	0	578	XXX	XXX	5,775	0
1399999 - Total Affiliates and Others							5,775	0	5,775	578	578	0	0	XXX	0	578	XXX	XXX	5,775	0
9999999 Totals							5,775	0	5,775	578	578	0	0	XXX	0	578	XXX	XXX	5,775	0

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(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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE F - PART 6 - SECTION 2

Provision for Overdue Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 OMITTED)

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable on Paid Loss and LAE More Than 90 Days Overdue (a)	6 Total Reinsurance Recoverable on Paid Losses and LAE (b)	7 Amounts Received Prior 90 Days	8 Percent More Than 90 Days Overdue	9 20% of Amounts in Col. 5	10 20% of Amounts in Dispute Excluded from Col. 5	11 Amount of Credit Allowed for Net Recoverables (Sch. F Part 6 Section 1 Col. 20)	Complete if Column 8 is 20% or Greater			15 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of Col. 9 + Col. 10 or Col. 14) not to Exceed Col. 11
											12 Total Collateral Provided (Sch. F Part 6 Section 1 Col. 17) not to Exceed Col. 11	13 Net Unsecured Recoverable for Which Credit is allowed (Col. 11 - Col. 12)	14 20% of Amount in Col. 13	
NONE														
9999999 Totals				0	0	0	XXX	0	0	0	0	0	0	0

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(a) From Schedule F – Part 4 Columns 8 + 9, total certified, less \$ In dispute.

(b) From Schedule F – Part 3 Columns 7 + 8, total certified, less \$ In dispute.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE F - PART 7

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

1	2	3	4	5	6	7	8	9	10	11
ID Number	NAIC Company Code	Name of Reinsurer	Reinsurance Recoverable on Paid Losses and LAE More Than 90 Days Overdue (a)	Total Reinsurance Recoverable on Paid Losses and Paid LAE (b)	Amounts Received Prior 90 Days	Col. 4 divided by (Cols. 5 + 6)	Amounts in Col. 4 for Companies Reporting less than 20% in Col. 7	Amounts in Dispute Excluded from Col. 4 for Companies Reporting less than 20% in Col. 7	20% of Amount in Col. 9	Amount Reported in Col. 8 x 20% + Col. 10
Provision for Overdue Reinsurance										
36-2114545	20443	CONTINENTAL CAS CO	339,000	339,000		100.000	0	0	0	0
9999999 Totals			339,000	339,000	0	XXX	0	0	0	0

(a) From Schedule F - Part 4 Columns 8 + 9, total authorized, less \$0 in dispute.
 (b) From Schedule F - Part 3 Columns 7 + 8, total authorized, less \$0 in dispute.

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									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	83,473,960	XXX	83,473,960	XXX		XXX		XXX		XXX		XXX		XXX		XXX		XXX
2. Premiums earned	92,274,610	XXX	92,274,610	XXX		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	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		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	0.0
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a)	6,383,306	6.9	6,383,306	6.9		0.0		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		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		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	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	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	0.0
13. Dividends or refunds	0	0.0	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	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	0.0
DETAILS OF WRITE-INS																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit A&H (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
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	29,291,556	29,291,556	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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

Schedule P - Part 1A - Home/Farm

NONE

Schedule P - Part 1B - Private Passenger

NONE

Schedule P - Part 1C - Comm Auto/Truck

NONE

Schedule P - Part 1D - Workers' Comp

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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 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	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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10.	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11.	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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						12 Number of Claims Reported Direct and Assumed		
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments			10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 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 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	0	0	0	0	0	0	0	0	0	0	0	0	0

NONE

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

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

(\$000 OMITTED)

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

NONE

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

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

(\$000 OMITTED)

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

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	0	0	0	0	0	0	0	0	0	0	0	0	0
8.	0	0	0	0	0	0	0	0	0	0	0	0	0
9.	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	0	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	9,253	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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments							12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received		11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	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 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	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 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)
 (\$000 OMITTED)

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

NONE

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

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SCHEDULE P-PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4	5	6	7	8	9				
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior	XXX	XXX	XXX	(15)	0	0	0	0	0	0	15	(15)	XXX
2. 2014	.66	.66	.0	0	0	0	0	0	0	0	0	0	XXX
3. 2015	67	67	0	0	0	0	0	0	0	0	0	0	XXX
4. Totals	XXX	XXX	XXX	(15)	0	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 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1.	0	0	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 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	.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 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	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

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**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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015	11 One Year	12 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	14,177	13,420	13,420	(757)	XXX
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,588	5,588	XXX	XXX
12. Totals											(2,049)	2

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

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

NONE

SCHEDULE P - PART 2K - FIDELITY, SURETY

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

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

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

NONE

Schedule P - Part 2N

NONE

Schedule P - Part 2O

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

NONE

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	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	.920	.4	.0
2. 2006	.0	.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	.0
4. 2008	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2009	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2015	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.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	.0	.XXX	.XXX
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
3. 2007	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
4. 2008	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
5. 2009	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
6. 2010	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
7. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.XXX	.XXX
8. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.XXX	.XXX
9. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.XXX	.XXX
10. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.XXX	.XXX
11. 2015	.XXX	.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	.61	.350	.275
2. 2006	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.170	.163
3. 2007	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0
4. 2008	.XXX	.XXX	.0	.1	.1	.1	.1	.1	.1	.1	.1	.0	.0
5. 2009	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2010	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2012	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2013	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2014	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2015	.XXX	.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

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

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	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	.000	.0	.0	.0	.0						
2. 2014	.XXX	.0	.0	.0	.0							
3. 2015	.XXX	0	0	0								

NONE

SCHEDULE P - PART 3K - FIDELITY/SURETY

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

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

1. Prior	.XXX	.000	21,085	21,352	.XXX	.XXX						
2. 2014	.XXX	48,431	63,877	.XXX	.XXX							
3. 2015	.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	.XXX	.XXX	.XXX	.0	.0	.0	.0	.XXX	.XXX
6. 2010	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.XXX	.XXX
7. 2011	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.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

NONE

Schedule P - Part 3N

NONE

Schedule P - Part 3O

NONE

Schedule P - Part 3P

NONE

Schedule P - Part 3R - Prod Liab Occur

NONE

Schedule P - Part 3R - Prod Liab Claims

NONE

Schedule P - Part 3S

NONE

Schedule P - Part 3T

NONE

Schedule P - Part 4A

NONE

Schedule P - Part 4B

NONE

Schedule P - Part 4C

NONE

Schedule P - Part 4D

NONE

Schedule P - Part 4E

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	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

NONE

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

NONE

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

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	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	0	0	0						
2. 2014	XXX	0	0							
3. 2015	XXX	0								

NONE

SCHEDULE P - PART 4K - FIDELITY/SURETY

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

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

1. Prior	XXX	25,093	1,846	203						
2. 2014	XXX	27,365	3,768							
3. 2015	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	0	0	0						
6. 2010	XXX	0	0	0						
7. 2011	XXX	0	0	0						
8. 2012	XXX	0	0	0						
9. 2013	XXX	0	0	0						
10. 2014	XXX	0	0							
11. 2015	XXX	0								

NONE

Schedule P - Part 4N

NONE

Schedule P - Part 4O

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

NONE

Schedule P - Part 5B- SN1

NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

NONE

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

NONE

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

Schedule P - Part 5F- SN1A

NONE

Schedule P - Part 5F- SN2A

NONE

Schedule P - Part 5F- SN3A

NONE

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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

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SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
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	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	929	929
12. Total	XXX	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	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
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	.0
11. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	929	929
12. Total	XXX	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	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	.0	.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	10,268	.0
3. 2007	XXX	1,539	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	.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	10,246	10,246
12. Total	XXX	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	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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 2015		
1. Prior	.0	.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	10,268	.0
3. 2007	XXX	1,539	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	.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	5,343	5,343
12. Total	XXX	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	0	5,343	XXX

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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 2006	2 2007	3 2008	4 2009	5 2010	6 2011	7 2012	8 2013	9 2014	10 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [X] No []
 If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? \$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 Section 1: Occurrence	2 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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
80985	36-2149353	4 Ever Life Insurance Company	(3,500,000)				(7,783,355)	4,103,103			(7,180,252)	(17,544,966)
38245	36-6033921	BCS Insurance Company	(7,000,000)				(14,903,690)	308,380			(21,595,310)	54,882,374
26794	36-3503382	Plans' Liability Insurance Company					(1,332,443)	(4,411,483)			(5,743,926)	(37,337,408)
	36-4247278	BCS Financial Corporation	10,500,000				25,374,607				35,874,607	
	36-4303124	BCS Financial Services Corporation					(1,355,119)				(1,355,119)	
	36-3120811	BCS Insurance Agency, Inc									.0	
	37-1732732	Ancilyze Technologies LLC									.0	
		BCS Re Inc									.0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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.....

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:



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



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 Alabama

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.AL

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Alaska

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Geogopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.AK

GENERAL INTERROGATORIES

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

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

1	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										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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360.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

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.AR

GENERAL INTERROGATORIES

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

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.CA

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Colorado

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.CO

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Connecticut

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

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

GENERAL INTERROGATORIES

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

.....

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360.CT



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 Delaware

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

1	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										0	0	0.0	0	0	0	0.0	0

360.DE

GENERAL INTERROGATORIES

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

.....

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

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

GENERAL INTERROGATORIES

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

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360.DC



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 Florida

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2012 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2013, 2014, 2015 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

NONE

GENERAL INTERROGATORIES

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

360.FL



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 Georgia

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

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

GENERAL INTERROGATORIES

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

360.GA



SUPPLEMENT FOR THE YEAR 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 Hawaii

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

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

360.HI

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 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 Idaho

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.ID

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 Illinois

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

1	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										0	0	0.0	0	0	0	0.0	0

360.IL

GENERAL INTERROGATORIES

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

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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

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.IN

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Iowa

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

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2012 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2013, 2014, 2015 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

NONE

GENERAL INTERROGATORIES

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

360.1A



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 Kansas

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

1	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										0	0	0.0	0	0	0	0.0	0

360.KS

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 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 Kentucky

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.KY

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Louisiana

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

1	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										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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360.LA



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 Maine

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

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2012 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2013, 2014, 2015 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

NONE

360.ME

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

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

GENERAL INTERROGATORIES

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

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

2.1 Address:

2.2 Contact Person and Phone Number:

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

3.1 Address:

3.2 Contact Person and Phone Number:

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

360.MD



SUPPLEMENT FOR THE YEAR 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 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

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2012: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2013, 2014, 2015: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.MA

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
2.1 Address: PO Box 248108 Cleveland, OH 44124-0000
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 NAIC Company Code 38245
 Address (City, State and Zip Code) Oakbrook Terrace, IL 60181
 Person Completing This Exhibit Elias Georgopoulos Telephone Number 630-472-7749
 Title Vice President & Corporate Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 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										0	0	0.0	0	0	0	0.0	0

360.MI

GENERAL INTERROGATORIES

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

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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 Minnesota

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

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

360.MN

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 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

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.MS

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 Missouri

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.MO

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Montana

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

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

GENERAL INTERROGATORIES

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

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 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										0	0	0.0	0	0	0	0.0	0

360.NE

GENERAL INTERROGATORIES

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

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

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

GENERAL INTERROGATORIES

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

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360.NV



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 New Hampshire

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

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

360.NH

GENERAL INTERROGATORIES

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

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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 New Jersey

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

1	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										0	0	0.0	0	0	0	0.0	0

360.NJ

GENERAL INTERROGATORIES

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

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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 New Mexico

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

1	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										0	0	0.0	0	0	0	0.0	0

360.NM

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 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 New York

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.NY

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 North Carolina

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

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

GENERAL INTERROGATORIES

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

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360.NC



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 North Dakota

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.ND

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Ohio

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

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

360.OH

GENERAL INTERROGATORIES

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

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

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

GENERAL INTERROGATORIES

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

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360.OK



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 Oregon

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

1	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										0	0	0.0	0	0	0	0.0	0

360.0R

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 Pennsylvania

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.PA

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 Puerto Rico

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 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										0	0	0.0	0	0	0	0.0	0

360.PR

GENERAL INTERROGATORIES

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

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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 Rhode Island

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

1	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										0	0	0.0	0	0	0	0.0	0

360.RI

GENERAL INTERROGATORIES

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

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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 South Carolina

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

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

360.SC

GENERAL INTERROGATORIES

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

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

2.1 Address:

2.2 Contact Person and Phone Number:

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

3.1 Address:

3.2 Contact Person and Phone Number:

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



SUPPLEMENT FOR THE YEAR 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 South Dakota

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

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

360.SD

GENERAL INTERROGATORIES

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

.....

.....



SUPPLEMENT FOR THE YEAR 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 Tennessee

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

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

360.TN

GENERAL INTERROGATORIES

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

.....

.....



SUPPLEMENT FOR THE YEAR 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 Texas

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

1	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										0	0	0.0	0	0	0	0.0	0

360.TX

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 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 Utah

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.UT

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Vermont

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.VT

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Virginia

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.VA

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 Washington

NAIC Group Code 00023

NAIC Company Code 38245

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

Person Completing This Exhibit Elias Georgopoulos

Telephone Number 630-472-7749

Title Vice President & Corporate Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.WA

GENERAL INTERROGATORIES

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



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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 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										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

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

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360.WV



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 Wisconsin

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

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2012), 15-18 (Policies Issued in 2013, 2014, 2015). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'. Large 'NONE' text is centered in the table area.

360.WI

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 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 Wyoming

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

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

GENERAL INTERROGATORIES

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

.....

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360.WY



SUPPLEMENT FOR THE YEAR 2015 OF THE BCS Insurance Company

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

For the Year Ended December 31, 2015

NAIC Group Code 00023

To be Filed by March 1

NAIC Company Code 38245

(A) Financial Impact

	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01. Assets	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

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

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

.....

Supp "A" to Schedule T - Physicians

NONE

Supp "A" to Schedule T - Hospitals

NONE



SUPPLEMENT FOR DECEMBER 31, 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



SUPPLEMENT FOR DECEMBER 31, 2015 OF THE BCS Insurance Company

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

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

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

NONE



SUPPLEMENT FOR THE YEAR 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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