PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

3824520222010010 0

ANNUAL STATEMENT

For the Year Ended December 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

BCS Insurance Company

NAIC Group Code 00023 (Current Period), 00023 (Prior Period) 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 (Street and Number), Worthington, OH, US 43085 (City or Town, State, Country and Zip Code)

Main Administrative Office 2 Mid America Plaza, Suite 200 (Street and Number), Oakbrook Terrace, IL, US 60181 (City or Town, State, Country and Zip Code), 630-472-7700 (Area Code) (Telephone Number)

Mail Address 2 Mid America Plaza, Suite 200 (Street and Number or P.O. Box), Oakbrook Terrace, IL, US 60181 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2 Mid America Plaza, Suite 200 (Street and Number), Oakbrook Terrace, IL, US 60181 (City or Town, State, Country and Zip Code), 630-472-7700 (Area Code) (Telephone Number)

Internet Web Site Address www.bcsins.com

Statutory Statement Contact David J. Burke (Name), 630-472-7815 (Area Code) (Telephone Number) (Extension)

DBurke@bcsf.com (E-Mail Address), 630-472-7837 (Fax Number)

OFFICERS

Name	Title	Name	Title
Peter Lorin Costello	Chairman, President & Chief Executive Officer	Terry Michael Hackett	General Counsel & Secretary
Susan Ann Pickar	Chief Financial Officer & Treasurer		

OTHER OFFICERS

Christopher Scott Bailey	Senior Vice President Sales and Market Development	Mehboob Aziz Khoja	Chief Actuary

DIRECTORS OR TRUSTEES

Peter Lorin Costello	Terry Michael Hackett	Christopher Scott Bailey	Mehboob Aziz Khoja
Susan Ann Pickar			

State of Illinois
County of DuPage ss

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.

Peter Lorin Costello
Chairman, President & Chief Executive Officer

Terry Michael Hackett
General Counsel & Secretary

Susan Ann Pickar
Chief Financial Officer & Treasurer

Subscribed and sworn to before me this 24th day of February, 2023

Rochelle Roeske Rynes, Statutory Analyst
12/10/24

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

ROCHELLE ROESKE RYNES
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 10, 2024

SUPPLEMENT FOR THE YEAR 2022 OF THE BCS Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes – See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION BCS Insurance Company 2. LOCATION 6740 North High Street

NAIC Group Code 00023 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 38245

		Business Subject to MLR														
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (13 + 14)
1.	Premium:															
	1.1 Health premiums earned (From Part 2, Line 1.11)	0	0	11,830	0	0	0	0	0	0	0	6,482,252	0	6,494,082	XXX	6,494,082
	1.2 Federal high risk pools			0			0		0	0		0		0	XXX	0
	1.3 State high risk pools			0			0		0	0		0		0	XXX	0
	1.4 Premiums earned including state and federal high risk programs (Lines 1.1 + 1.2 + 1.3)	0	0	11,830	0	0	0	0	0	0	0	6,482,252	0	6,494,082	XXX	6,494,082
	1.5 Federal taxes and federal assessments			24			0		0	0		12,213		12,237		12,237
	1.6 State insurance, premium and other taxes (Similar local taxes of $)			239			0		0	0		157,114		157,353		157,353
	1.6a Community Benefit Expenditures (informational only)			0			0		0	0		0		0		0
	1.7 Regulatory authority licenses and fees			40			0		0	0		6,395		6,435		6,435
	1.8 Adjusted premiums earned (Lines 1.4 – 1.5 – 1.6 – 1.7)	0	0	11,527	0	0	0	0	0	0	0	6,306,530	0	6,318,057	XXX	6,318,057
	1.9 Net assumed less ceded reinsurance premiums earned	0	0	(5,951)	0	0	0	0	0	0	0	(3,226,696)	0	(3,232,647)	XXX	(3,232,647)
	1.10 Other adjustments due to MLR calculations – Premiums			0			0		0	0		0		0	XXX	0
	1.11 Risk revenue			0			0		0	0		0		0	XXX	0
	1.12 Net adjusted premiums earned after reinsurance (Lines 1.8 + 1.9 + 1.10 + 1.11)	0	0	5,576	0	0	0	0	0	0	0	3,079,834	0	3,085,410	XXX	3,085,410
2.	Claims:															
	2.1 Incurred claims excluding prescription drugs			(12,239)			0		0	0		4,573,605		4,561,366	XXX	4,561,366
	2.2 Prescription drugs			0			0		0	0		92,270		92,270	XXX	92,270
	2.3 Pharmaceutical rebates			0			0		0	0		0		0	XXX	0
	2.4 State stop loss, market stabilization and claim/census based assessments (informational only)			0			0		0	0		0		0	XXX	0
3.	Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0
4.	Deductible Fraud and Abuse Detection/Recovery Expenses (for MLR use only)			0			0		0	0		0		0		0
5.	5.0 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 3) (From Part 2, Line 2.15)	0	0	(12,239)	0	0	0	0	0	0	0	4,665,875	0	4,653,636	XXX	4,653,636
	5.1 Net assumed less ceded reinsurance claims incurred	0	0	6,119	0	0	0	0	0	0	0	(2,646,075)	0	(2,639,956)	XXX	(2,639,956)
	5.2 Other adjustments due to MLR calculations – Claims			0			0		0	0		0		0	XXX	0
	5.3 Rebates paid			0			0		0	0	XXX	XXX		0	XXX	0
	5.4 Estimated rebates unpaid prior year	0	0	0	0	0	0	0	0	0	XXX	XXX	0	0	XXX	0
	5.5 Estimated rebates unpaid current year			0			0		0	0	XXX	XXX		0	XXX	0
	5.6 Fee for service and co-pay revenue			0			0		0	0		0		0	XXX	0
	5.7 Net incurred claims after reinsurance (Lines 5.0 + 5.1 + 5.2 + 5.3 - 5.4 + 5.5 - 5.6)	0	0	(6,120)	0	0	0	0	0	0	0	2,019,800	0	2,013,680	XXX	2,013,680
6.	Improving Health Care Quality Expenses Incurred:															
	6.1 Improve Health Outcomes	0	0	0	0	0	0	0	0	0		0		0		0
	6.2 Activities to prevent hospital readmissions	0	0	0	0	0	0	0	0	0		0		0		0
	6.3 Improve patient safety and reduce medical errors	0	0	0	0	0	0	0	0	0		0		0		0
	6.4 Wellness and health promotion activities	0	0	0	0	0	0	0	0	0		0		0		0
	6.5 Health Information Technology expenses related to health improvement	0	0	0	0	0	0	0	0	0		0		0		0
	6.6 Total of Defined Expenses Incurred for Improving Health Care Quality (Lines 6.1 + 6.2 +6.3 + 6.4 + 6.5)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	Preliminary Medical Loss Ratio: MLR (Lines 4 + 5.0 + 6.6 – Footnote 2.0) / Line 1.8	0.000	0.000	(1.062)	0.000	0.000	0.000	0.000	0.000	0.000	XXX	XXX	0.000	XXX	XXX	XXX
8.	Claims Adjustment Expenses:															
	8.1 Cost containment expenses not included in quality of care expenses in Line 6.6			0			0		0	0		0		0		0
	8.2 All other claims adjustment expenses			(211)			0		0	0		47,642		47,431		47,431
	8.3 Total claims adjustment expenses (Lines 8.1 + 8.2)	0	0	(211)	0	0	0	0	0	0	0	47,642	0	47,431	0	47,431
9.	Claims Adjustment Expense Ratio (Line 8.3 / Line 1.8)	0.000	0.000	(0.018)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.008	0.000	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2022 OF THE BCS Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 1

(To Be Filed by April 1 – Not for Rebate Purposes– See Cautionary Statement at https://content.naic.org/sites/default/files/inline-files/committees_e_app_blanks_related_shce_cautionary_statement.pdf)

REPORT FOR: 1. CORPORATION BCS Insurance Company 2. LOCATION 6740 North High Street

NAIC Group Code 00023 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 38245

		Business Subject to MLR								9	10	11	12	13	14	15
		Comprehensive Health Coverage			Mini-med Plans			Expatriate Plans								
		1	2	3	4	5	6	7	8							
		Individual	Small Group Employer	Large Group Employer	Individual	Small Group Employer	Large Group Employer	Small Group	Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Subtotal (Cols 1 thru 12)	Uninsured Plans	Total (13 + 14)
10.	General and Administrative (G&A) Expenses:															
	10.1 Direct sales salaries and benefits			0			0		0	0		0		0		0
	10.2 Agents and brokers fees and commissions			(633)			0		0	0		335,107		334,474		334,474
	10.3 Other taxes (excluding taxes on Lines 1.5 through 1.7 and Line 14 below)			0			0		0	0		0		0		0
	10.4 Other general and administrative expenses			3,685			0		0	0		1,110,027		1,113,712		1,113,712
	10.4a Community Benefit Expenditures (informational only)			0			0		0	0		0		0		0
	10.5 Total general and administrative (Lines 10.1 + 10.2 + 10.3 + 10.4)	0	0	3,052	0	0	0	0	0	0	0	1,445,134	0	1,448,186	0	1,448,186
11.	Underwriting Gain/(Loss) (Lines 1.12 – 5.7 – 6.6 – 8.3 – 10.5)	0	0	8,855	0	0	0	0	0	0	0	(432,742)	0	(423,887)	XXX	(423,887)
12.	Income from Fees of Uninsured Plans	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
13.	Net Investment and Other Gain/(Loss)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130,960	XXX	130,960
14.	Federal Income Taxes (excluding taxes on Line 1.5 above)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,502	XXX	27,502
15.	Net Gain or (Loss) (Lines 11 + 12 + 13 – 14)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(320,429)	XXX	(320,429)
16.	ICD-10 Implementation Expenses (informational only; already included in general expenses and Line 10.4)			0			0		0	0		0		0		0
	16a ICD-10 Implementation Expenses (informational only; already included in Line 10.4)			0			0		0	0		0		0		0
	OTHER INDICATORS:															
1.	Number of Certificates/Policies			1			0		0	0		9,367		9,368		9,368
2.	Number of Covered Lives			1			0		0	0		14,243		14,244		14,244
3.	Number of Groups	XXX		7	XXX		0		0	0		385		392		392
4.	Member Months			11			0		0	0		103,289		103,300		103,300

Is run-off business reported in Columns 1 through 9 or 12? Yes [ ] No [X] If yes, show the amount of premiums and claims included: Premiums $ _____ Claims $ 0

AFFORDABLE CARE ACT (ACA) RECEIPTS, PAYMENTS, RECEIVABLES AND PAYABLES

		Current Year		Prior Year	
		Comprehensive Health Coverage		Comprehensive Health Coverage	
		1	2	3	4
		Individual Plans	Small Group Employer Plans	Individual Plans	Small Group Employer Plans
ACA Receivables and Payables					
1.	Permanent ACA Risk Adjustment Program 1.0 Premium adjustments receivable/(payable)			0	0
2.	Transitional ACA Reinsurance Program 2.0 Total amounts recoverable for claims (paid & unpaid)		XXX	0	XXX
3.	Temporary ACA Risk Corridors Program 3.1 Accrued retrospective premium 3.2 Reserve for rate credits or policy experience refunds			0 0	0 0
ACA Receipts and Payments					
4.	Permanent ACA Risk Adjustment Program 4.0 Premium adjustments receipts/(payments)			0	0
5.	Transitional ACA Reinsurance Program 5.0 Amounts received for claims		XXX	0	XXX
6.	Temporary ACA Risk Corridors Program 6.1 Retrospective premium received 6.2 Rate credits or policy experience refunds paid			0 0	0 0

SUPPLEMENT FOR THE YEAR 2022 OF THE BCS Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 2

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION BCS Insurance Company 2. LOCATION 6740 North High Street

NAIC Group Code 00023 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 38245

		Business Subject to MLR								9	10	11	12	13
		Comprehensive Health Coverage			Mini-Med Plans			Expatriate Plans						
		1 Individual	2 Small Group Employer	3 Large Group Employer	4 Individual	5 Small Group Employer	6 Large Group Employer	7 Small Group	8 Large Group	Student Health Plans	Government Business (excluded by statute)	Other Health Business	Medicare Advantage Part C and Medicare Part D Stand-Alone Subject to ACA	Total (a)
1.	Health Premiums Earned:													
	1.1 Direct premiums written			11,830			0		0	0		6,466,943		6,478,773
	1.2 Unearned premium prior year	0	0	0	0	0	0	0	0	0	0	34,645	0	34,645
	1.3 Unearned premium current year			0			0		0	0		19,336		19,336
	1.4 Change in unearned premium (Lines 1.2 – 1.3)	0	0	0	0	0	0	0	0	0	0	15,309	0	15,309
	1.5 Paid rate credits			0			0		0	0		0		0
	1.6 Reserve for rate credits current year			0			0		0	0		0		0
	1.7 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.8 Change in reserve for rate credits (Lines 1.6 – 1.7)	0	0	0	0	0	0	0	0	0	0	0	0	0
	1.9 Premium balances written off			0			0		0	0		0		0
	1.10 Group conversion charges			0			0		0	0		0		0
	1.11 Total direct premiums earned (Lines 1.1 + 1.4 - 1.9 + 1.10)	0	0	11,830	0	0	0	0	0	0	0	6,482,252	0	6,494,082
	1.12 Assumed premiums earned from non-affiliates			0			0		0	0		55,122		55,122
	1.13 Net assumed less ceded premiums earned from affiliates			0			0		0	0		(312,963)		(312,963)
	1.14 Ceded premiums earned to non-affiliates			5,951			0		0	0		2,968,855		2,974,806
	1.15 Other adjustments due to MLR calculation – Premiums			0			0		0	0		0		0
	1.16 Net premiums earned (Lines 1.11 - 1.5 - 1.8 + 1.12 + 1.13 - 1.14 + 1.15)	0	0	5,879	0	0	0	0	0	0	0	3,255,556	0	3,261,435
2.	Direct Claims Incurred:													
	2.1 Paid claims during the year			0			0		0	0		5,058,549		5,058,549
	2.2 Direct claim liability current year			0			0		0	0		658,810		658,810
	2.3 Direct claim liability prior year	0	0	12,239	0	0	0	0	0	0	0	1,051,484	0	1,063,723
	2.4 Direct claim reserves current year			0			0		0	0		0		0
	2.5 Direct claim reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.6 Direct contract reserves current year			0			0		0	0		0		0
	2.7 Direct contract reserves prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.8 Paid rate credits			0			0		0	0		0		0
	2.9 Reserve for rate credits current year			0			0		0	0		0		0
	2.10 Reserve for rate credits prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11 Incurred medical incentive pools and bonuses (Lines 2.11a + 2.11b – 2.11c)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.11a Paid medical incentive pools and bonuses current year			0			0		0	0		0		0
	2.11b Accrued medical incentive pools and bonuses current year			0			0		0	0		0		0
	2.11c Accrued medical incentive pools and bonuses prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.12 Net healthcare receivables (Lines 2.12a – 2.12b)	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.12a Healthcare receivables current year			0			0		0	0		0		0
	2.12b Healthcare receivables prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
	2.13 Group conversion charge			0			0		0	0		0		0
	2.14 Multi-option coverage blended rate adjustment			0			0		0	0		0		0
	2.15 Total incurred claims (Lines 2.1 + 2.2 – 2.3 + 2.4 – 2.5 + 2.6 – 2.7 + 2.8 + 2.9 - 2.10 + 2.11 - 2.12 + 2.13 + 2.14)	0	0	(12,239)	0	0	0	0	0	0	0	4,665,875	0	4,653,636
	2.16 Assumed incurred claims from non-affiliates			0			0		0	0		25,500		25,500
	2.17 Net assumed less ceded incurred claims from affiliates			0			0		0	0		(1,016,308)		(1,016,308)
	2.18 Ceded incurred claims to non-affiliates			(6,119)			0		0	0		1,655,267		1,649,148
	2.19 Other adjustments due to MLR calculation – Claims			0			0		0	0		0		0
	2.20 Net Incurred Claims (Lines 2.15 - 2.8 - 2.9 + 2.10 + 2.16 + 2.17 - 2.18 + 2.19)	0	0	(6,120)	0	0	0	0	0	0	0	2,019,800	0	2,013,680
3.	Fraud and Abuse Recoveries that Reduced PAID Claims in Line 2.1 above (informational only)			0			0		0	0		0		0

(a) Column 13, Line 1.1 includes direct written premium of $ 1,152,272 for stand-alone dental and $ 526,545 for stand-alone vision policies.

SUPPLEMENT FOR THE YEAR 2022 OF THE BCS Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION BCS Insurance Company 2. LOCATION 6740 North High Street

NAIC Group Code 00023 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 38245

	All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses		9	10
		1 Improve Health Outcomes	2 Activities to Prevent Hospital Readmissions	3 Improve Patient Safety and Reduce Medical Errors	4 Wellness & Health Promotion Activities	5 HIT Expenses	6 Total (1 to 5)	7 Cost Containment Expenses	8 Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
1.	Individual Comprehensive Coverage Expenses:										
	1.1 Salaries (including $ ..... for affiliated services)						0				0
	1.2 Outsourced services						0				0
	1.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	1.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	1.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	1.6 Other expenses (incl $ ..... for affiliated services)						0				0
	1.7 Subtotal before reimbursements and taxes (1.1 to 1.6)	0	0	0	0	0	0	0	0	0	0
	1.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	1.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	1.10 Total (1.7 to 1.9)	0	0	0	0	0	0	0	0	0	0
	1.11 Total Fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
2.	Small Group Comprehensive Coverage Expenses:										
	2.1 Salaries (including $ ..... for affiliated services)						0				0
	2.2 Outsourced Services						0				0
	2.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	2.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	2.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	2.6 Other expenses (incl $ ..... for affiliated services)						0				0
	2.7 Subtotal before reimbursements and taxes (2.1 to 2.6)	0	0	0	0	0	0	0	0	0	0
	2.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	2.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	2.10 Total (2.7 to 2.9)	0	0	0	0	0	0	0	0	0	0
	2.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
3.	Large Group Comprehensive Coverage Expenses:										
	3.1 Salaries (including $ ..... for affiliated services)						0			836	836
	3.2 Outsourced services						0		(211)	83	(128)
	3.3 EDP equipment and software (incl $ ..... for affiliated services)						0			0	0
	3.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0			108	108
	3.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0			0	0
	3.6 Other expenses (incl $ ..... for affiliated services)						0			2,658	2,658
	3.7 Subtotal before reimbursements and taxes (3.1 to 3.6)	0	0	0	0	0	0	0	(211)	3,685	3,474
	3.8 Reimbursements by uninsured plans and fiscal intermediaries						0			0	0
	3.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	281	281
	3.10 Total (3.7 to 3.9)	0	0	0	0	0	0	0	(211)	3,966	3,755
	3.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0			0	0

SUPPLEMENT FOR THE YEAR 2022 OF THE BCS Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3 (Continued)

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION BCS Insurance Company 2. LOCATION 6740 North High Street

NAIC Group Code 00023 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 38245

		All Expenses	Improving Health Care Quality Expenses					Claims Adjustment Expenses			
		1	2	3	4	5	6	7	8	9	10
		Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
4.	Individual Mini-Med Plans Expenses										
	4.1 Salaries (including $ ..... for affiliated services)						0				0
	4.2 Outsourced services						0				0
	4.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	4.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	4.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	4.6 Other expenses (incl $ ..... for affiliated services)						0				0
	4.7 Subtotal before reimbursements and taxes (4.1 to 4.6)	0	0	0	0	0	0	0	0	0	0
	4.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	4.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	4.10 Total (4.7 to 4.9)	0	0	0	0	0	0	0	0	0	0
	4.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
5.	Small Group Mini-Med Plans Expenses										
	5.1 Salaries (including $ ..... for affiliated services)						0				0
	5.2 Outsourced services						0				0
	5.3 EDP equipment and software (incl $ ..... for affiliated services)						0				0
	5.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0				0
	5.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0				0
	5.6 Other expenses (incl $ ..... for affiliated services)						0				0
	5.7 Subtotal before reimbursements and taxes (5.1 to 5.6)	0	0	0	0	0	0	0	0	0	0
	5.8 Reimbursements by uninsured plans and fiscal intermediaries						0				0
	5.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	5.10 Total (5.7 to 5.9)	0	0	0	0	0	0	0	0	0	0
	5.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0				0
6.	Large Group Mini-Med Plans Expenses										
	6.1 Salaries (including $ ..... for affiliated services)						0			0	0
	6.2 Outsourced services						0		0	0	0
	6.3 EDP equipment and software (incl $ ..... for affiliated services)						0			0	0
	6.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)						0			0	0
	6.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	0			0	0
	6.6 Other expenses (incl $ ..... for affiliated services)						0			0	0
	6.7 Subtotal before reimbursements and taxes (6.1 to 6.6)	0	0	0	0	0	0	0	0	0	0
	6.8 Reimbursements by uninsured plans and fiscal intermediaries						0			0	0
	6.9 Taxes, licenses and fees (in total, for tying purposes)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	6.10 Total (6.7 to 6.9)	0	0	0	0	0	0	0	0	0	0
	6.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)						0			0	0

SUPPLEMENT FOR THE YEAR 2022 OF THE BCS Insurance Company

SUPPLEMENTAL HEALTH CARE EXHIBIT - PART 3

(To Be Filed by April 1 – Not for Rebate Purposes)

REPORT FOR: 1. CORPORATION BCS Insurance Company 2. LOCATION 6740 North High Street

NAIC Group Code 00023 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2022 NAIC Company Code 38245

		All Expenses	Improving Health Care Quality Expenses						Claims Adjustment Expenses			
			1	2	3	4	5	6	7	8	9	10
			Improve Health Outcomes	Activities to Prevent Hospital Readmissions	Improve Patient Safety and Reduce Medical Errors	Wellness & Health Promotion Activities	HIT Expenses	Total (1 to 5)	Cost Containment Expenses	Other Claims Adjustment Expenses	General Administrative Expenses	Total Expenses (6 to 9)
7.	Small Group Expatriate Plans Expenses											
	7.1 Salaries (including $ ..... for affiliated services)							0				0
	7.2 Outsourced services							0				0
	7.3 EDP equipment and software (incl $ ..... for affiliated services)							0				0
	7.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)							0				0
	7.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	XXX	0				0
	7.6 Other expenses (incl $ ..... for affiliated services)							0				0
	7.7 Subtotal before reimbursements and taxes (7.1 to 7.6)		0	0	0	0	0	0	0	0	0	0
	7.8 Reimbursements by uninsured plans and fiscal intermediaries							0				0
	7.9 Taxes, licenses and fees (in total, for tying purposes)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
	7.10 Total (7.7 to 7.9)		0	0	0	0	0	0	0	0	0	0
	7.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)							0				0
8.	Large Group Expatriate Plans Expenses											
	8.1 Salaries (including $ ..... for affiliated services)							0			0	0
	8.2 Outsourced services							0		0	0	0
	8.3 EDP equipment and software (incl $ ..... for affiliated services)							0			0	0
	8.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)							0			0	0
	8.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	XXX	0			0	0
	8.6 Other expenses (incl $ ..... for affiliated services)							0			0	0
	8.7 Subtotal before reimbursements and taxes (8.1 to 8.6)		0	0	0	0	0	0	0	0	0	0
	8.8 Reimbursements by uninsured plans and fiscal intermediaries							0			0	0
	8.9 Taxes, licenses and fees (in total, for tying purposes)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	8.10 Total (8.7 to 8.9)		0	0	0	0	0	0	0	0	0	0
	8.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)							0			0	0
9.	Student Health Plans Expenses											
	9.1 Salaries (including $ ..... for affiliatec services)							0			0	0
	9.2 Outsourced services							0		0	0	0
	9.3 EDP equipment and software (incl $ ..... for affiliated services)							0			0	0
	9.4 Other equipment (excl. EDP) (incl $ ..... for affiliated services)							0			0	0
	9.5 Accreditation and certification (incl $ ..... for affiliated services)		XXX	XXX	XXX	XXX	XXX	0			0	0
	9.6 Other expenses (incl $ ..... for affiliated services)							0			0	0
	9.7 Subtotal before reimbursements and taxes (9.1 to 9.6)		0	0	0	0	0	0	0	0	0	0
	9.8 Reimbursements by uninsured plans and fiscal intermediaries							0			0	0
	9.9 Taxes, licenses and fees (in total, for tying purposes)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
	9.10 Total (9.7 to 9.9)		0	0	0	0	0	0	0	0	0	0
	9.11 Total fraud and abuse detection/recovery expenses included in Column 7 (informational only)							0			0	0