



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2025
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 David J. Burke, 630-472-7815
DBurke@bcscf.com (E-Mail Address), 630-472-7837 (Fax Number)

OFFICERS

Table with 4 columns: Name, Title, Name, Title. Peter Lorin Costello, President, Chief Executive Officer; Terry Michael Hackett, General Counsel & Secretary; Susan Ann Pickar, Chief Financial Officer & Treasurer.

OTHER OFFICERS

Empty table row for other officers.

DIRECTORS OR TRUSTEES

Table with 4 columns: Name, Title, Name, Title. Peter Lorin Costello, Terry Michael Hackett, Susan Ann Pickar, Mehboob Aziz Khoja.

State of Illinois
County of DuPage

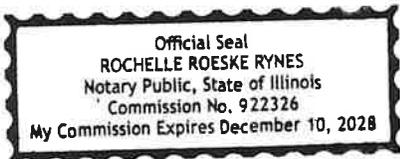
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any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

Signatures of Peter Lorin Costello, Terry Michael Hackett, and Susan Ann Pickar with their respective titles: President, Chief Executive Officer; General Counsel & Secretary; Chief Financial Officer & Treasurer.

Subscribed and sworn to before me this 26th day of February, 2026

- 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

Signature of Rochelle Roeske Rynes, Statutory Analyst, 12/10/2028





ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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

52,922 and number of persons insured under indemnity only products 9,050

19.AL



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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 various insurance categories like Fire, Medical, Earthquake, etc., and a TOTAL row.

(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 products0 and number of persons insured under indemnity only products147

19.AK



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, Vision only, Dental, Disability income, Medicare supplement, Medicare Title XIX, Medicare Title XVIII, Federal employees health benefits plan, Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, Private passenger auto no-fault, Commercial auto no-fault, Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, and DETAILS OF WRITE-INS.

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 products0 and number of persons insured under indemnity only products2,184



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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												
2.5 Private flood												
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	378
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	312,683	302,453		107,391	113,836	112,036	30,563	0	2	153	0	6,269
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	54,300	54,681		505	13,032	13,042	1,888	0	0	0	4,339	1,088
15.2 Dental only (b)	145,419	146,569		1,341	23,291	23,985	5,524	0	0	0	11,549	3,093
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	907,765	913,993		4,588	291,187	275,250	46,618	0	0	0	72,104	19,569
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	2,249,877	2,237,728		734,701	1,365	239,881	3,250,687	1,001,282	1,029,135	359,742	47,721	54,017
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	3,670,044	3,655,424	0	848,526	442,711	664,194	3,335,280	1,001,282	1,029,137	359,895	135,713	84,414
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
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 products2,758

19.AR



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicare Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, Private passenger auto no-fault (personal injury protection), Commercial auto no-fault (personal injury protection), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, and DETAILS OF WRITE-INS.

(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

.....355,825 and number of persons insured under indemnity only products

.....12,600

19.CA



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Medical professional liability - claims-made, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

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

.....11,126 and number of persons insured under indemnity only products

.....2,585



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Credit A&H group and individual, Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

19.CT

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

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

0 and number of persons insured under indemnity only products

232



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, Pet insurance plans, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3498).

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 products0 and number of persons insured under indemnity only products325



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, Vision only, Dental only, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 products0 and number of persons insured under indemnity only products120

19.DC



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
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												
9.1 Inland marine	10,260,803	9,513,954		3,329,650	5,159,526	5,314,820	1,043,889	15	1,299	5,263	0	501,542
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	24,354	24,354		0	0	8,702	14,047	0	0	0	0	452
14. Credit A&H (group and individual)												
15.1 Vision only (b)	94,079	94,666		964	15,188	15,814	9,878	0	0	0	7,882	1,900
15.2 Dental only (b)	283,296	285,342		2,747	38,254	42,185	13,606	0	0	0	24,194	6,026
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	10,819,429	10,827,516		11,030	11,636,280	13,910,497	3,374,445	18,056	18,047	0	765,241	229,114
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	1,911,994	1,932,539		750,660	284,972	635,192	2,017,639	0	(542,201)	77,943	349,195	57,367
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	23,393,955	22,678,371	0	4,095,051	17,134,220	19,927,210	6,467,504	18,071	(522,855)	83,206	1,146,512	796,401
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

11,195 and number of persons insured under indemnity only products

4,681

19.FL



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	721,577	783,867		217,782	0	(53,675)	680,471	0	(192,794)	0	149,010	30,901
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	1,161,868	1,125,024		392,622	629,776	644,463	116,637	228	359	587	0	51,253
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	52,009	52,009		0	28,221	27,278	29,999	0	0	0	0	2,034
14. Credit A&H (group and individual)												
15.1 Vision only (b)	182,088	183,350		2,032	34,749	36,109	6,972	0	0	0	17,814	7,315
15.2 Dental only (b)	554,521	558,231		6,020	67,654	75,365	23,903	0	0	0	55,638	23,414
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	8,935,057	8,951,637		23,923	4,585,176	6,231,074	2,826,321	0	0	0	486,875	341,794
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	254,482	255,373		84,966	0	(65,347)	270,648	0	1,596	1,596	31,875	6,588
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	11,861,602	11,909,491	0	727,345	5,345,576	6,895,267	3,954,951	228	(190,839)	2,183	741,212	463,299
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
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 products6,300 and number of persons insured under indemnity only products9,781

19.GA



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, Private passenger auto no-fault (personal injury protection), Commercial auto no-fault (personal injury protection), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, and DETAILS OF WRITE-INS.

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 products

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

.....1



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	4	5	6	7	8	9	10	11	12
	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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	181,905	222,022		51,458	0	(78,710)	187,728	0	(44,138)	0	37,499	3,828
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	2,822,084	2,666,170		918,606	1,186,128	1,267,961	283,843	46	569	1,439	0	61,047
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	35,205	35,383		429	5,978	7,000	2,451	0	0	0	4,434	705
15.2 Dental only (b)	105,388	106,015		1,071	22,466	27,131	8,661	0	0	0	13,051	2,242
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	683,734	687,336		3,333	159,114	183,639	83,699	0	0	0	75,286	15,343
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	94,101	85,277		21,075	0	(39,337)	124,851	0	0	0	9,941	1,974
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	3,922,417	3,802,203	0	995,972	1,373,886	1,367,684	691,233	46	(43,569)	1,439	140,211	85,139
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

0 and number of persons insured under indemnity only products

2,032

19.ID



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Medical professional liability - claims-made, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3498).

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 products

43,200 and number of persons insured under indemnity only products

4,749



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	627,657	756,229		614,119	140,831	46,074	721,239	0	(259,452)	0	129,661	11,896
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	1,702,841	1,563,410		540,920	579,456	649,273	172,838	0	418	880	0	34,451
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	133,288	133,288		0	214,244	185,939	62,715	0	0	0	0	2,472
14. Credit A&H (group and individual)												
15.1 Vision only (b)	114,655	115,563		843	22,637	25,325	5,993	0	0	0	11,239	2,296
15.2 Dental only (b)	329,383	332,633		2,208	48,900	62,118	22,759	0	0	0	33,096	7,005
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	6,198,076	6,212,572		9,809	2,296,078	2,881,139	2,064,113	0	(1)	0	221,619	131,968
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	7,376,967	7,069,121		362,524	6,150,447	2,170,688	12,496,916	53,645	61,325	13,943	38,827	151,548
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	16,482,867	16,182,816	0	1,530,423	9,452,593	6,020,556	15,546,573	53,645	(197,710)	14,823	434,442	341,636
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

8,028 and number of persons insured under indemnity only products

5,719

19.IN



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Vision only, Dental, etc.

19.1A

DETAILS OF WRITE-INS

Table with 12 columns: Special Risk, Finance and service charges not included in Lines 1 to 35, and number of persons insured under PPO managed care products and indemnity only products.

(a) Finance and service charges not included in Lines 1 to 35 \$0 and number of persons insured under indemnity only products2,264



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, etc.

19.KS

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(a) Finance and service charges not included in Lines 1 to 35 \$4,651 and number of persons insured under indemnity only products1,751



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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 various insurance categories like Fire, Commercial multiple peril, and a TOTAL row.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, and Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 and number of persons insured under indemnity only products

19.KY



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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 various insurance categories like Fire, Medical, Earthquake, etc., ending with a TOTAL row.

(a) Finance and service charges not included in Lines 1 to 35 \$0 and number of persons insured under indemnity only products1,969

19.LA



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medicare, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 products0 and number of persons insured under indemnity only products161

19.ME



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medicare, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 and number of persons insured under indemnity only products

19.MD



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, Private passenger auto no-fault (personal injury protection), Commercial auto no-fault (personal injury protection), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, and DETAILS OF WRITE-INS.

19.MA

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

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

10,446 and number of persons insured under indemnity only products

410



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	459,182	487,113		158,426	720,517	937,358	700,218	64,447	214,172	281,026	95,183	8,596
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	2,634,796	2,503,726		873,931	989,997	1,038,988	265,995	45	414	1,343	0	47,079
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	119,180	120,065		1,165	18,223	17,681	4,526	0	0	0	12,501	2,389
15.2 Dental only (b)	334,671	337,215		3,135	34,754	35,360	14,403	0	0	0	35,428	7,123
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	12,962,732	12,973,220		12,561	7,860,687	7,997,258	4,625,032	0	0	0	908,487	281,428
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	2,820,112	1,916,235		1,031,894	39,032	850,516	8,064,427	135,848	(8,339)	262,300	352,473	57,999
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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	(552)	(552)	0	0	0	0	0	0
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	19,330,673	18,337,574	0	2,081,112	9,662,658	10,876,609	13,674,601	200,340	206,247	544,669	1,404,072	404,614
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

43,032 and number of persons insured under indemnity only products

6,959

19.MI



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
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	479
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	2,651,653	2,535,965		877,632	895,620	953,939	265,436	1,443	1,855	1,342	0	55,280
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	70,270	70,270		0	0	(34,116)	40,532	0	0	0	0	1,303
14. Credit A&H (group and individual)												
15.1 Vision only (b)	15,533	15,575		221	2,361	2,325	403	0	0	0	1,626	311
15.2 Dental only (b)	115,972	116,620		1,263	25,473	23,795	2,852	0	0	0	8,442	2,467
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	512,149	514,070		5,683	194,826	181,467	51,794	0	0	0	31,103	11,020
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	1,225,339	1,317,764		524,901	1,113,289	1,475,827	3,779,400	83,955	382,406	320,596	202,376	27,020
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	4,590,916	4,570,264	0	1,409,700	2,231,569	2,603,237	4,140,417	85,398	384,261	321,938	243,547	97,880
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
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 products1,551

19.MN



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	232,949	233,894		95,546	0	(777)	199,295	0	(74,077)	0	48,141	4,759
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	167,578	160,184		54,852	131,229	131,925	16,902	0	12	85	0	3,359
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	47,222	47,641		452	8,566	8,276	1,898	0	0	0	4,086	946
15.2 Dental only (b)	139,341	140,613		1,300	21,673	21,836	6,141	0	0	0	12,290	2,964
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	1,972,224	1,978,697		7,032	550,013	716,048	552,151	0	0	0	126,190	44,057
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	150,594	101,068		69,709	0	(6,863)	1,397,380	0	2,245	2,245	25,262	2,401
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	2,709,908	2,662,097	0	228,891	711,481	870,445	2,173,767	0	(71,820)	2,330	215,969	58,486
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,414 and number of persons insured under indemnity only products3,049

19.MS



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	1,086,930	1,302,115		809,457	680,915	148,216	1,640,897	55,433	652,666	1,136,579	225,077	19,935
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	2,347,536	2,220,013		761,187	786,368	831,630	235,575	6,750	7,085	1,190	0	47,079
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	44,147	44,764		424	9,154	9,375	1,965	0	0	0	4,114	884
15.2 Dental only (b)	129,624	131,558		1,160	22,180	23,031	6,389	0	0	0	11,960	2,835
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	1,916,429	1,924,020		4,129	329,541	275,482	617,643	0	0	0	144,483	40,425
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	111,349	124,281		65,896	341,363	(67,458)	16,308,470	175,073	560,712	1,181,235	10,311	2,411
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	5,636,015	5,746,751	0	1,642,253	2,169,521	1,220,276	18,810,939	237,256	1,220,463	2,319,004	395,945	113,569
DETAILS OF WRITE-INS												
3401.	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

6,505 and number of persons insured under indemnity only products

3,192

19.MO



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medicare, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 products8,384 and number of persons insured under indemnity only products189

19.MT



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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

15,686 and number of persons insured under indemnity only products 665

19.NE



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 products0 and number of persons insured under indemnity only products1,518

19.NV



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		Dividends Paid or Credited to Policyholders on Direct Business	4	5	6	7	8	9	10	11	12
	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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	615,989	639,110		180,912	175,283	1,007,636	1,405,988	0	(87,264)	0	127,144	27,250
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	1,400,298	1,304,115		457,387	487,274	519,506	141,010	0	224	713	0	48,316
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	7	8		3	0	3	6	0	0	0	(19)	0
15.2 Dental only (b)	22	23		6	0	11	16	0	0	0	(40)	0
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	197,941	164,849		83,269	16,813	19,181	17,232	0	20	87	0	4,139
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	5,298	5,618		1,410	5,000	19,573	16,278	0	661	661	945	105
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	2,219,555	2,113,723	0	722,967	684,370	1,565,910	1,580,530	0	(86,359)	1,461	128,030	79,810
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
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 products3,794 and number of persons insured under indemnity only products0



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Medical professional liability - claims-made, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

19.NJ

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

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

13,215 and number of persons insured under indemnity only products

694



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medicare, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 products427

19.NM



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, etc.

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 products729,504 and number of persons insured under indemnity only products1,163



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	510,450	600,105		156,940	417,769	474,549	649,312	0	(152,321)	0	104,140	9,720
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	4,837,355	4,493,600		1,543,919	2,042,130	2,139,010	491,118	190	905	2,481	0	98,470
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	(12,558)	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	54,465	55,008		543	7,832	8,386	2,157	0	0	0	4,018	1,092
15.2 Dental only (b)	554,043	557,130		5,978	67,549	75,569	24,900	0	0	0	54,699	11,787
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	18,979,668	18,993,332		24,307	12,467,966	12,828,979	6,536,308	56,081	56,081	0	856,965	410,257
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	353,399	309,274		227,777	0	(132,455)	2,262,840	1,734	(34,577)	67,357	36,515	6,512
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	25,289,380	25,008,449	0	1,959,464	15,003,246	15,381,480	9,966,635	58,005	(129,912)	69,838	1,056,337	537,838
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

39,273 and number of persons insured under indemnity only products

8,022

19.NC



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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 various insurance categories like Fire, Medical, Earthquake, etc., and a TOTAL (a) row.

DETAILS OF WRITE-INS

Summary table for write-ins with columns for line numbers (3401, 3402, 3403, 3498, 3499) and corresponding values for the 12 columns of the main table.

(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

1,274 and number of persons insured under indemnity only products 167

19.ND



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

19.OH

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

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

.....5,544 and number of persons insured under indemnity only products

.....6,766



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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 various insurance categories like Fire, Medical, Earthquake, etc., ending with a TOTAL row.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, and Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(a) Finance and service charges not included in Lines 1 to 35 \$4,190 and number of persons insured under indemnity only products2,398

19.OK



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, Pet insurance plans, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

19. OR

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products1,370



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, etc.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 and number of persons insured under indemnity only products

19.PA



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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												
2.5 Private flood												
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												
9.1 Inland marine	984,559	748,282		252,055	50,832	149,964	106,114	0	522	552	0	20,104
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	0	0		0	0	0	0	0	0	0	0	0
15.2 Dental only (b)	0	0		0	216	216	0	0	0	0	0	0
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	0	0		0	0	0	0	0	0	0	0	0
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	525	580		30	0	4,672	39,984	0	0	0	52	12
17.3 Excess workers' compensation												
18.1. Products liability-occurrence												
18.2. Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	985,084	748,862	0	252,065	51,048	154,852	146,098	0	522	552	52	20,116
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

19.PR



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	1,265,815	1,302,589		406,612	0	62,569	700,363	0	(238,488)	2,226	36,197	28,553
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	1,036,629	939,693		323,561	445,734	476,554	106,922	0	200	542	0	20,790
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	2,217	2,219		36	321	371	135	0	0	0	290	44
15.2 Dental only (b)	6,085	6,105		90	1,584	1,759	408	0	0	0	707	129
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	1,094,291	1,115,206		11,156	262,337	654,044	403,674	0	(39)	0	(22,573)	22,911
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	13,689	12,117		5,810	0	51,241	1,518,775	0	0	0	1,677	241
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	3,418,726	3,377,929	0	747,265	709,976	1,246,538	2,730,277	0	(238,327)	2,768	16,298	72,668
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

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

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

2,854 and number of persons insured under indemnity only products

77

19.RI



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, etc.

(a) Finance and service charges not included in Lines 1 to 35 \$5,090

and number of persons insured under indemnity only products5,128

19.SC



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Vision only, Dental, Medicare, Workers' compensation, and various auto liability types.

19.SD

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, and Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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

11,193 and number of persons insured under indemnity only products

194



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

19.TN

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

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

3,782 and number of persons insured under indemnity only products

14,616



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

19.TX

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

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

.....24,401 and number of persons insured under indemnity only products

.....24,387



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Mortgage guaranty, Vision only, Dental only, etc.

19.UT

(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 products0 and number of persons insured under indemnity only products4,975



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
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												
9.1 Inland marine	330,226	319,778		107,920	64,947	65,209	33,848	0	19	170	0	7,740
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	136	138		1	0	(1)	1	0	0	0	15	3
15.2 Dental only (b)	302	307		3	0	(3)	3	0	0	0	35	6
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	1,862	1,889		18	293,801	(65,762)	56	0	0	0	198	2,062
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	3,557	2,834		1,835	65,043	(113,712)	7,494,334	30,776	(855,466)	355,805	528	42
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	336,083	324,946	0	109,777	423,791	(114,269)	7,528,242	30,776	(855,447)	355,975	776	9,853
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
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

.....21,254 and number of persons insured under indemnity only products

.....34

19.VT



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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 various insurance categories like Fire, Medical, Earthquake, etc., and a TOTAL row.

DETAILS OF WRITE-INS

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 Special Risk, Summary of remaining write-ins for Line 34 from overflow page, and Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above).

(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 products0 and number of persons insured under indemnity only products3,578

19.VA



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability - occurrence, Medical professional liability - claims-made, Earthquake, Comprehensive (hospital and medical) ind (b), Comprehensive (hospital and medical) group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

19.WA

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

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

.....9,434 and number of persons insured under indemnity only products

.....1,915



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), and DETAILS OF WRITE-INS (3401-3499).

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

0 and number of persons insured under indemnity only products

637



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

NAIC Company Code 38245

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		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												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)	979,635	1,036,160		255,227	528,087	564,000	1,181,556	0	(241,749)	0	201,711	17,834
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	1,894,587	1,805,060		623,661	730,599	756,242	192,699	46	267	971	0	38,066
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability - occurrence												
11.2 Medical professional liability - claims-made	0	0		0	0	0	0	0	0	0	0	0
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)	0	0		0	0	0	0	0	0	0	0	0
14. Credit A&H (group and individual)												
15.1 Vision only (b)	69,968	70,238		1,071	10,632	11,593	3,769	0	0	0	6,579	1,401
15.2 Dental only (b)	201,486	202,092		3,054	40,245	43,886	10,931	0	0	0	18,748	4,285
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)	0	0		0	0	0	0	0	0	0	0	0
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)	711,067	713,004		8,665	251,789	251,011	74,027	0	0	0	76,131	14,654
16. Workers' compensation												
17.1 Other liability-occurrence	640,754	640,754		0	975,492	608,344	0	0	0	0	31,978	14,786
17.2 Other liability-claims-made	28,610	23,085		11,461	0	(105,369)	104,390	0	93	93	4,460	429
17.3 Excess workers' compensation												
18.1 Products liability-occurrence												
18.2 Products liability-claims-made												
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												
29. International	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
30. Warranty												
31. Reins nonproportional assumed property	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
32. Reins nonproportional assumed liability	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
33. Reins nonproportional assumed financial lines	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTAL (a)	4,526,107	4,490,393	0	903,139	2,536,844	2,129,707	1,567,372	46	(241,389)	1,064	339,607	91,455
DETAILS OF WRITE-INS												
3401. Special Risk	0	0		0	0	0	0	0	0	0	0	0
3402.	0	0		0	0	0	0	0	0	0	0	0
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

19.W1

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products3,384



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Medical professional liability, Earthquake, Comprehensive (hospital and medical) ind (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, Private passenger auto no-fault (personal injury protection), Commercial auto no-fault (personal injury protection), Fidelity, Surety, Burglary and theft, Boiler and machinery, Credit, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, and DETAILS OF WRITE-INS.

19.WY

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

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

0 and number of persons insured under indemnity only products

908



ANNUAL STATEMENT FOR THE YEAR 2025 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 2025

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, Pet insurance plans, Financial guaranty, Medical professional liability-occurrence, Medical professional Liability-claims-made, Earthquake, Comprehensive (hospital and medical) - ind (b), Comprehensive (hospital and medical) - group (b), Credit A&H (group and individual), Vision only (b), Dental only (b), Disability income (b), Medicare supplement (b), Medicaid Title XIX (b), Medicare Title XVIII (b), Long-term care (b), Federal employees health benefits plan (b), Other health (b), Workers' compensation, Other liability-occurrence, Other liability-claims-made, Excess workers' compensation, Products liability-occurrence, Products liability-claims-made, 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, International, Warranty, Reins nonproportional assumed property, Reins nonproportional assumed liability, Reins nonproportional assumed financial lines, Aggregate write-ins for other lines of business, TOTAL (a), DETAILS OF WRITE-INS, 3401. Special Risk, 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.GT

(a) Finance and service charges not included in Lines 1 to 35 \$0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,460,475 and number of persons insured under indemnity only products171,596

ANNUAL STATEMENT FOR THE YEAR 2025 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							
Other U.S. Unaffiliated Insurers														
63-0103830	55433	BCBS OF AL	AL	1,547	0	500	500	0	725	0	0	0	0	0
59-2015694	98167	BCBS OF FL	FL	4,671	0	0	0	1,545	746	0	0	0	0	0
43-1257251	47171	BCBS OF KC	MO	4,737	0	1,561	1,561	3,724	486	0	0	0	0	0
04-1045815	53228	BCBS OF MA	MA	5,522	0	0	0	1,163	428	0	0	0	0	0
56-0894904	54631	BCBS OF NC INC	NC	12,629	0	2,000	2,000	5,626	2,643	0	0	0	0	0
45-0173185	55891	BCBS OF ND	ND	6,277	0	1,000	1,000	1,998	3,678	0	0	0	0	0
47-0095156	77780	BCBS OF NE	NE	2,300	0	525	525	428	1,475	0	0	0	0	0
47-2582248	11557	BLUE CROSS COMPLETE OF MI LLC	MI	13,358	0	0	0	9,863	1,092	0	0	0	0	0
41-0984460	55026	BCBSM INC	MN	760	0	0	0	0	61	0	0	0	0	0
05-0158952	53473	BCBS OF RI	RI	4,018	0	100	100	0	4,448	0	0	0	0	0
57-0287419	38520	BCBS OF SC INC	SC	4,471	0	0	0	781	356	0	0	0	0	0
03-0277307	53295	BCBS OF VT	VT	3,054	0	0	0	0	0	0	0	0	0	0
83-0231011	53767	BCBS OF WY	WY	173	0	0	0	94	14	0	0	0	0	0
87-2738895	17184	CF RISK PCC LLC	DC	8,076	0	3,754	3,754	1,572	1,418	0	0	0	0	0
52-1962376	60113	FIRST CARE INC	MD	2,030	0	0	0	0	428	0	0	0	0	0
13-2611847	70939	GERBER LIFE INS CO	NY	274	0	0	0	0	0	0	50	0	0	0
36-1236610	70670	HEALTH CARE SERV CORP A MUT LEGAL RE	IL	17,507	0	0	0	3,783	2,772	0	0	0	0	0
98-0488753	00000	HTH RE LTD	HI	3,734	0	0	0	0	309	0	0	0	0	0
22-0999690	55069	HORIZON HLTHCARE SERV INC	NJ	4,596	0	1,626	1,626	1,186	772	0	0	0	0	0
23-7384555	81200	LOUISIANA HLTH SERV & IND CO	LA	4,472	0	1,500	1,500	1,105	1,845	0	0	0	0	0
91-0499247	47570	PREMERA BLUE CROSS	WA	10,890	0	450	450	3,996	902	0	0	0	0	0
62-0506281	68209	PROVIDENT LIFE & CAS INS CO	TN	21	0	0	0	0	0	0	0	0	0	0
01-0278678	62235	UNUM LIFE INS CO OF AMER	ME	1,871	0	0	0	0	0	0	0	0	0	0
42-0318333	88848	WELLMARK INC	IA	8,186	0	0	0	0	1,453	0	0	0	0	0
9999999 - Total Other U.S. Unaffiliated Insurers				125,174	0	13,016	13,016	36,864	26,051	0	50	0	0	0
9999999 Totals				125,174	0	13,016	13,016	36,864	26,051	0	50	0	0	0

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated 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 style="font-size: 48pt; margin: 0;">NONE</p>					

ANNUAL STATEMENT FOR THE YEAR 2025 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 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 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	17 Ceded Balances Payable		18 Other Amounts Due to Reinsurers			
Authorized - Affiliates - U.S. Non-Pool - Other																				
36-2149353	80985	4 EVER LIFE INS CO	IL		71,129	4,223	0	0	0	24,600	0	0	0	0	28,823	0	9,952	0	18,871	0
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other					71,129	4,223	0	0	0	24,600	0	0	0	0	28,823	0	9,952	0	18,871	0
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total					71,129	4,223	0	0	0	24,600	0	0	0	0	28,823	0	9,952	0	18,871	0
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates					71,129	4,223	0	0	0	24,600	0	0	0	0	28,823	0	9,952	0	18,871	0
Authorized - Other U.S. Unaffiliated Insurers																				
51-0434766	20370	AXIS REINS CO	NY		0	0	0	0	0	3	0	0	0	3	0	0	0	0	3	0
36-1236610	70670	HEALTH CARE SERV CORP A MUT LEGAL RE	IL	2	34,393	1	0	2,082	0	21,605	0	0	11,061	34,749	0	6,911	0	27,838	0	
23-1641984	10219	QBE REINS CORP	PA		0	3	3	641	2	577	137	0	0	1,363	0	0	0	1,363	0	
43-1235868	93572	RGA REINS CO	MO		14,588	693	0	0	0	6,165	0	0	0	6,858	0	770	0	6,088	600	
75-1444207	30058	SCOR REINS CO	NY		0	0	0	(171)	0	2,569	58	0	0	2,456	0	188	0	2,268	0	
13-2997499	38776	SIRIUSPOINT AMER INS CO	NY	2	736	539	0	0	0	1,200	0	0	0	1,739	0	5	0	1,734	0	
13-1675535	25364	SWISS REINS AMER CORP	NY		10	108	65	3,029	189	2,808	702	1	0	6,902	0	1	0	6,901	0	
13-2918573	42439	TOA RE INS CO OF AMER	DE		0	5	7	1,325	4	889	219	0	0	2,449	0	18	0	2,431	0	
13-5616275	19453	TRANSATLANTIC REINS CO	NY		30,182	5,350	0	2,430	0	16,145	0	0	0	23,925	0	11,675	0	12,250	0	
13-5459190	21113	UNITED STATES FIRE INS CO	DE		213	0	0	0	0	0	0	0	0	0	0	155	0	(155)	0	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					80,122	6,699	75	9,336	195	51,961	1,116	1	11,061	80,444	0	19,723	0	60,721	600	
Authorized - Other Non-U.S. Insurers																				
AA-1120337	00000	Aspen Ins UK Ltd	GBR		27	40	18	3,007	11	7,014	473	0	0	10,563	0	803	0	9,760	0	
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU		0	31	12	2,363	6	613	92	0	0	3,117	0	140	0	2,977	0	
AA-1340125	00000	Hannover Rueck SE	DEU	2	604	30	25	2,518	7	9,226	729	196	0	12,731	0	1,162	0	11,569	0	
AA-1127084	00000	Lloyd's Syndicate Number 1084	GBR	2	27	11	5	302	7	5,484	287	0	0	6,096	0	400	0	5,696	0	
AA-1127183	00000	Lloyd's Syndicate Number 1183	GBR	2	0	0	0	42	27	460	115	0	0	644	0	0	0	644	0	
AA-1127200	00000	Lloyd's Syndicate Number 1200	GBR	2	0	0	0	0	1	2	0	0	0	3	0	0	0	3	0	
AA-1127218	00000	Lloyd's Syndicate Number 1218	GBR	2	0	0	0	2	3	2	0	0	0	7	0	0	0	7	0	
AA-1120085	00000	Lloyd's Syndicate Number 1274	GBR	2	127	0	3	28	12	60	15	30	0	148	0	52	0	96	0	
AA-1127301	00000	Lloyd's Syndicate Number 1301	GBR	2	693	0	0	0	0	124	31	224	0	379	0	0	0	379	0	
AA-1127414	00000	Lloyd's Syndicate Number 1414	GBR	2	0	0	0	(6)	0	296	5	0	0	295	0	20	0	275	0	
AA-1120102	00000	Lloyd's Syndicate Number 1458	GBR	2	0	45	12	884	2	0	0	0	0	943	0	0	0	943	0	
AA-1120198	00000	Lloyd's Syndicate Number 1618	GBR	2	687	0	3	0	2	351	88	223	0	667	0	0	0	667	0	
AA-1120156	00000	Lloyd's Syndicate Number 1686	GBR	2	2,913	0	11	1,831	700	12,545	3,039	952	0	19,078	0	127	0	18,951	0	
AA-1120157	00000	Lloyd's Syndicate Number 1729	GBR	2	0	0	0	(38)	0	671	14	0	0	647	0	47	0	600	0	
AA-1120171	00000	Lloyd's Syndicate Number 1856	GBR	2	100	0	0	0	0	23	6	30	0	59	0	0	0	59	0	
AA-1127861	00000	Lloyd's Syndicate Number 1861	GBR	2	0	0	0	2,905	49	389	97	0	0	3,440	0	0	0	3,440	0	
AA-1120096	00000	Lloyd's Syndicate Number 1880	GBR	2	3,010	0	0	422	60	657	164	1,338	0	2,641	0	437	0	2,204	0	
AA-1120054	00000	Lloyd's Syndicate Number 1886 (Incidental to 2999)	GBR	2	6,015	0	0	731	98	1,009	252	2,675	0	4,765	0	874	0	3,891	0	
AA-1120084	00000	Lloyd's Syndicate Number 1955	GBR	2	903	4	4	122	37	566	102	291	0	1,126	0	1	0	1,125	0	
AA-1120161	00000	Lloyd's Syndicate Number 1980	GBR	2	54	0	4	(45)	6	1,226	28	0	0	1,219	0	141	0	1,078	0	
AA-1128000	00000	Lloyd's Syndicate Number 2000	GBR	2	0	0	0	0	0	19	0	0	0	19	0	0	0	19	0	
AA-1128001	00000	Lloyd's Syndicate Number 2001	GBR	2	347	51	24	2,137	14	3,265	106	100	0	5,697	0	517	0	5,180	0	
AA-1128003	00000	Lloyd's Syndicate Number 2003	GBR	2	149	29	21	3,077	25	1,356	22	0	0	4,530	0	195	0	4,335	0	
AA-1120071	00000	Lloyd's Syndicate Number 2007	GBR	2	0	0	0	292	325	0	0	0	0	617	0	0	0	617	0	
AA-1120104	00000	Lloyd's Syndicate Number 2012	GBR	2	903	0	3	0	2	393	98	291	0	787	0	0	0	787	0	
AA-1120158	00000	Lloyd's Syndicate Number 2014	GBR	2	27	0	2	150	3	1,037	29	0	0	1,221	0	144	0	1,077	0	
AA-1120114	00000	Lloyd's Syndicate Number 2015	GBR	2	0	0	0	0	6	0	0	0	0	6	0	0	0	6	0	
AA-1128020	00000	Lloyd's Syndicate Number 2020	GBR	2	0	0	0	0	0	9	0	0	0	9	0	0	0	9	0	
AA-1128121	00000	Lloyd's Syndicate Number 2121	GBR	2	0	0	1	8	11	56	14	0	0	90	0	0	0	90	0	
AA-1120097	00000	Lloyd's Syndicate Number 2468	GBR	2	0	0	0	20	18	5	1	0	0	44	0	0	0	44	0	
AA-1128791	00000	Lloyd's Syndicate Number 2791	GBR	2	0	25	9	1,442	4	482	94	0	0	2,056	0	55	0	2,001	0	
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR	2	1,693	29	16	743	141	2,889	690	549	0	5,057	0	0	0	5,057	0	
AA-1120179	00000	Lloyd's Syndicate Number 2988	GBR	2	299	0	1	0	1	154	39	97	0	292	0	0	0	292	0	
AA-1126033	00000	Lloyd's Syndicate Number 33	GBR	2	1,374	0	6	0	6	662	165	444	0	1,283	0	0	0	1,283	0	
AA-1120113	00000	Lloyd's Syndicate Number 3334	GBR	2	0	0	0	0	0	3	1	0	0	4	0	0	0	4	0	
AA-1126005	00000	Lloyd's Syndicate Number 4000	GBR	2	950	0	6	0	3	593	148	302	0	1,052	0	0	0	1,052	0	
AA-1120075	00000	Lloyd's Syndicate Number 4020	GBR	2	116	19	7	1,139	6	2,651	92	33	0	3,947	0	359	0	3,588	0	
AA-1120067	00000	Lloyd's Syndicate Number 4242	GBR	2	0	0	0	0	0	16	4	0	0	20	0	0	0	20	0	
AA-1126435	00000	Lloyd's Syndicate Number 435	GBR	2	436	21	17	1,361	12	3,309	200	134	0	5,054	0	571	0	4,483	0	
AA-1126004	00000	Lloyd's Syndicate Number 4444	GBR	2	0	0	0	22	5	604	151	0	0	782	0	0	0	782	0	

ANNUAL STATEMENT FOR THE YEAR 2025 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 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 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	17 Ceded Balances Payable		18 Other Amounts Due to Reinsurers			
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		0	39	14	2,881	7	3,795	273	0	0	7,009	0	386	0	6,623	0	
AA-1126457	00000	Lloyd's Syndicate Number 457	GBR	2	3,020	0	0	701	184	1,715	429	1,338	0	4,367	0	437	0	3,930	0	
AA-1126510	00000	Lloyd's Syndicate Number 510	GBR	2	12,040	0	0	1,687	240	2,630	657	5,351	0	10,565	0	1,749	0	8,816	0	
AA-1126566	00000	Lloyd's Syndicate Number 566 (Incidental to 2999)	GBR		0	13	4	260	1	158	0	0	0	436	0	1	0	435	0	
AA-1126570	00000	Lloyd's Syndicate Number 570	GBR		0	5	1	83	0	0	0	0	0	89	0	0	0	89	0	
AA-1120048	00000	Lloyd's Syndicate Number 5820	GBR	2	0	0	0	1	2	0	0	0	0	3	0	0	0	3	0	
AA-1126609	00000	Lloyd's Syndicate Number 609	GBR		0	0	0	5	0	79	0	0	0	84	0	0	0	84	0	
AA-1126623	00000	Lloyd's Syndicate Number 623	GBR		0	27	7	501	1	0	0	0	0	536	0	0	0	536	0	
AA-1126727	00000	Lloyd's Syndicate Number 727	GBR		174	6	4	395	5	1,985	134	50	0	2,579	0	321	0	2,258	0	
AA-1126780	00000	Lloyd's Syndicate Number 780	GBR		0	22	6	427	1	172	0	0	0	628	0	1	0	627	0	
1299999 - Total Authorized - Other Non-U.S. Insurers					36,688	447	246	32,400	2,051	68,755	8,884	14,648	0	127,431	0	8,940	0	118,491	0	
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					187,939	11,369	321	41,736	2,246	145,316	10,000	14,649	11,061	236,698	0	38,615	0	198,083	600	
Unauthorized - Affiliates - U.S. Non-Pool - Captive																				
32-0485937	00000	BCS RE	VT		39,297	0	0	11,779	20	45,699	4,196	0	11,059	72,753	0	10,585	0	62,168	73,333	
1699999 - Total Unauthorized - Affiliates - U.S. Non-Pool - Captive					39,297	0	0	11,779	20	45,699	4,196	0	11,059	72,753	0	10,585	0	62,168	73,333	
1899999 - Total Unauthorized - Affiliates - U.S. Non-Pool - Total					39,297	0	0	11,779	20	45,699	4,196	0	11,059	72,753	0	10,585	0	62,168	73,333	
2299999 - Total Unauthorized - Affiliates - Total Unauthorized - Affiliates					39,297	0	0	11,779	20	45,699	4,196	0	11,059	72,753	0	10,585	0	62,168	73,333	
Unauthorized - Other U.S. Unaffiliated Insurers																				
57-0287419	38520	BCBS OF SC INC.	SC		33,701	466	37	694	0	8,798	41	230	3,686	13,952	0	5,660	0	8,292	0	
87-2738895	17184	CF RISK PCC LLC.	DC		9,760	0	0	694	0	6,426	0	0	3,686	10,806	0	2,176	0	8,630	0	
52-1962376	60113	FIRST CARE INC.	MD	2	4,805	0	0	0	0	1,738	0	0	0	1,738	0	628	0	1,110	0	
53-0078070	53007	GROUP HOSPITALIZATION & MED SRVCS.	DC	2	3	0	0	0	0	5	0	55	0	60	0	0	0	60	0	
22-0996990	55069	HORIZON HLHCARE SERV INC.	NJ		9,760	0	0	694	0	6,426	0	0	3,686	10,806	0	2,176	0	8,630	0	
87-3187162	00000	MERIDIAN RE.	NC		14,618	695	0	694	0	8,046	0	0	3,686	13,121	0	2,255	0	10,866	0	
86-3206811	00000	RIVERBEND RISK SOLUTIONS, INC.	TN	2	690	0	0	0	0	1,500	0	0	0	1,500	0	0	0	1,500	0	
63-0477090	81531	UTIC INS CO.	AL	2	87	0	0	0	0	23	10	1,337	0	1,370	0	39	0	1,331	0	
36-4595641	00000	WELLPOINT INSURANCE SERVICES, INC.	IN	2	7,128	0	0	0	0	2,300	0	291	0	2,591	0	0	0	2,591	0	
2399999 - Total Unauthorized - Other U.S. Unaffiliated Insurers					80,552	1,161	37	2,776	0	35,262	51	1,913	14,744	55,944	0	12,934	0	43,010	0	
Unauthorized - Other non-U.S. Insurers																				
AA-1460040	00000	AWP P&C SA- Wallisellen Branch	FRA	2	204,713	0	0	0	0	20,040	100	71,833	0	91,973	0	8,239	0	83,734	0	
AA-0000000	00000	Amerihealth Assurance, LTD.	BMU	2	135	0	0	0	0	175	0	0	0	175	0	0	0	175	0	
AA-3190874	00000	Amlin Bermuda	BMU		558	350	109	6,556	142	2,476	635	335	0	10,603	0	47	0	10,556	0	
AA-3190795	00000	Catalina Safety Reins Ltd.	BMU		0	4	8	373	1	188	46	0	0	620	3,048	0	0	620	0	
AA-3190875	00000	Hiscox Ins Co (Bermuda) Ltd.	BMU		0	0	0	2,850	0	0	0	0	0	2,850	0	0	0	2,850	0	
AA-3190958	00000	Fleming Intl Reins Ltd.	BMU		0	0	0	0	0	163	0	0	0	163	0	0	0	163	0	
AA-3191315	00000	XL Bermuda Ltd.	BMU		0	13	4	1,029	3	470	7	0	0	1,526	0	68	0	1,458	0	
AA-1780072	00000	XL RE Europe SE	IRL		(24)	0	0	0	0	0	0	0	0	0	(23)	0	0	23	0	
2699999 - Total Unauthorized - Other Non-U.S. Insurers					205,382	367	121	10,808	146	23,512	788	72,168	0	107,910	3,048	8,331	0	99,579	0	
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					325,231	1,528	158	25,363	166	104,473	5,035	74,081	25,803	236,607	3,048	31,850	0	204,757	73,333	
Certified - Other Non-U.S. Insurers																				
CR-1780072	00000	XL RE Europe SE	IRL		3	0	0	0	0	127	0	0	0	127	0	23	0	104	0	
4099999 - Total Certified - Other Non-U.S. Insurers					3	0	0	0	0	127	0	0	0	127	0	23	0	104	0	
4299999 - Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					3	0	0	0	0	127	0	0	0	127	0	23	0	104	0	
Reciprocal Jurisdiction - Other Non-U.S. Insurers																				
RJ-1780072	00000	XL RE Europe SE	IRL		509	0	0	0	0	303	0	184	0	487	0	158	0	329	0	
5499999 - Total Reciprocal Jurisdiction - Other Non-U.S. Insurers					509	0	0	0	0	303	0	184	0	487	0	158	0	329	0	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					509	0	0	0	0	303	0	184	0	487	0	158	0	329	0	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					513,682	12,897	479	67,099	2,412	250,219	15,035	88,914	36,864	473,919	3,048	70,646	0	403,273	73,933	
9999999 Totals					513,682	12,897	479	67,099	2,412	250,219	15,035	88,914	36,864	473,919	3,048	70,646	0	403,273	73,933	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk									35 Credit Risk Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	34 Reinsurer Designation Equivalent				
Authorized - Affiliates - U.S. Non-Pool - Other																			
36-2149353	4 EVER LIFE INS CO	0	0	0000	0	9,952	18,871	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other																			
0499999	Total Authorized - Affiliates - U.S. Non-Pool - Total	0	0	XXX	0	9,952	18,871	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates																			
0		0	0	XXX	0	9,952	18,871	0	0	0	0	0	0	0	XXX	0	0		
Authorized - Other U.S. Unaffiliated Insurers																			
51-0434766	AXIS REINS CO	0	0	0000	0	0	3	0	3	4	0	4	0	4	3	0	0		
36-1236610	HEALTH CARE SERV CORP A MUT LEGAL RE	0	0	0000	0	6,911	27,838	0	34,749	41,699	6,911	34,788	0	34,788	2	0	731		
23-1641984	QBE REINS CORP	0	0	0000	0	0	1,363	0	1,363	1,636	0	1,636	0	1,636	3	0	46		
43-1235868	RGA REINS CO	0	0	0000	0	1,370	5,488	0	6,858	8,230	1,370	6,860	0	6,860	2	0	144		
75-1444207	SCOR REINS CO	0	0	0000	0	188	2,268	0	2,456	2,947	188	2,759	0	2,759	3	0	77		
13-2997499	SIRIUSPOINT AMER INS CO	0	0	0000	0	5	1,734	0	1,739	2,087	5	2,082	0	2,082	4	0	69		
13-1675535	SWISS REINS AMER CORP	0	0	0000	0	1	6,902	0	6,902	8,282	1	8,281	0	8,281	2	0	174		
13-2918573	TOA RE INS CO OF AMER	0	0	0000	0	18	2,431	0	2,449	2,939	18	2,921	0	2,921	3	0	82		
13-5616275	TRANSATLANTIC REINS CO	0	0	0000	0	11,675	12,250	0	23,925	28,710	11,675	17,035	0	17,035	1	0	273		
13-5459190	UNITED STATES FIRE INS CO	0	0	0000	0	0	0	0	0	0	0	0	0	0	2	0	0		
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers																			
0		0	0	XXX	0	20,168	60,276	0	80,444	96,533	20,168	76,365	0	76,365	XXX	0	1,595		
Authorized - Other Non-U.S. Insurers																			
AA-1120337	Aspen Ins UK Ltd	0	0	0000	0	803	9,760	0	10,563	12,676	803	11,873	0	11,873	3	0	332		
AA-3194130	Endurance Specialty Ins Ltd	0	0	0000	0	140	2,977	0	3,117	3,740	140	3,600	0	3,600	2	0	76		
AA-1340125	Hannover Rueck SE	0	0	0000	0	1,162	11,569	0	12,731	15,277	1,162	14,115	0	14,115	2	0	296		
AA-1127084	Lloyd's Syndicate Number 1084	0	0	0000	0	400	5,696	0	6,096	7,315	400	6,915	0	6,915	2	0	145		
AA-1127183	Lloyd's Syndicate Number 1183	0	0	0000	0	0	644	0	644	773	0	773	0	773	2	0	16		
AA-1127200	Lloyd's Syndicate Number 1200	0	0	0000	0	0	3	0	3	4	0	4	0	4	2	0	0		
AA-1127218	Lloyd's Syndicate Number 1218	0	0	0000	0	0	7	0	7	8	0	8	0	8	2	0	0		
AA-1120085	Lloyd's Syndicate Number 1274	0	0	0000	0	52	96	0	148	178	52	126	0	126	2	0	3		
AA-1127301	Lloyd's Syndicate Number 1301	0	0	0000	0	0	379	0	379	455	0	455	0	455	2	0	10		
AA-1127414	Lloyd's Syndicate Number 1414	0	0	0000	0	20	275	0	295	354	20	334	0	334	2	0	7		
AA-1120102	Lloyd's Syndicate Number 1458	0	0	0000	0	0	943	0	943	1,132	0	1,132	0	1,132	2	0	24		
AA-1120198	Lloyd's Syndicate Number 1618	0	0	0000	0	0	667	0	667	800	0	800	0	800	2	0	17		
AA-1120156	Lloyd's Syndicate Number 1686	0	0	0000	0	127	18,951	0	19,078	22,894	127	22,767	0	22,767	2	0	478		
AA-1120157	Lloyd's Syndicate Number 1729	0	0	0000	0	47	600	0	647	776	47	729	0	729	2	0	15		
AA-1120171	Lloyd's Syndicate Number 1856	0	0	0000	0	0	59	0	59	71	0	71	0	71	2	0	1		
AA-1127861	Lloyd's Syndicate Number 1861	0	0	0000	0	0	3,440	0	3,440	4,128	0	4,128	0	4,128	2	0	87		
AA-1120096	Lloyd's Syndicate Number 1880	0	0	0000	0	437	2,204	0	2,641	3,169	437	2,732	0	2,732	2	0	57		
AA-1120054	Lloyd's Syndicate Number 1886 (Incidental to 2999)	0	0	0000	0	874	3,891	0	4,765	5,718	874	4,844	0	4,844	2	0	102		
AA-1120084	Lloyd's Syndicate Number 1955	0	0	0000	0	1	1,125	0	1,126	1,351	1	1,350	0	1,350	2	0	28		
AA-1120161	Lloyd's Syndicate Number 1980	0	0	0000	0	141	1,078	0	1,219	1,463	141	1,322	0	1,322	2	0	28		
AA-1128000	Lloyd's Syndicate Number 2000	0	0	0000	0	0	19	0	19	23	0	23	0	23	2	0	0		
AA-1128001	Lloyd's Syndicate Number 2001	0	0	0000	0	517	5,180	0	5,697	6,836	517	6,319	0	6,319	2	0	133		
AA-1128003	Lloyd's Syndicate Number 2003	0	0	0000	0	195	4,335	0	4,530	5,436	195	5,241	0	5,241	2	0	110		
AA-1120071	Lloyd's Syndicate Number 2007	0	0	0000	0	0	617	0	617	740	0	740	0	740	2	0	16		
AA-1120104	Lloyd's Syndicate Number 2012	0	0	0000	0	0	787	0	787	944	0	944	0	944	2	0	20		
AA-1120158	Lloyd's Syndicate Number 2014	0	0	0000	0	144	1,077	0	1,221	1,465	144	1,321	0	1,321	2	0	28		
AA-1120114	Lloyd's Syndicate Number 2015	0	0	0000	0	0	6	0	6	7	0	7	0	7	2	0	0		
AA-1128020	Lloyd's Syndicate Number 2020	0	0	0000	0	0	9	0	9	11	0	11	0	11	2	0	0		
AA-1128121	Lloyd's Syndicate Number 2121	0	0	0000	0	0	90	0	90	108	0	108	0	108	2	0	2		
AA-1120097	Lloyd's Syndicate Number 2468	0	0	0000	0	0	44	0	44	53	0	53	0	53	2	0	1		
AA-1128791	Lloyd's Syndicate Number 2791	0	0	0000	0	55	2,001	0	2,056	2,467	55	2,412	0	2,412	2	0	51		
AA-1128987	Lloyd's Syndicate Number 2987	0	0	0000	0	0	5,057	0	5,057	6,068	0	6,068	0	6,068	2	0	127		
AA-1120179	Lloyd's Syndicate Number 2988	0	0	0000	0	0	292	0	292	350	0	350	0	350	2	0	7		

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

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

(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1126033	Lloyd's Syndicate Number 33	.0	.0	0000	.0	.0	.0	.0	1,283	1,540	.0	1,540	.0	1,540	.2	.0	.32
AA-1120113	Lloyd's Syndicate Number 3334	.0	.0	0000	.0	.0	.0	.0	.4	.5	.0	.5	.0	.5	.2	.0	.0
AA-1126005	Lloyd's Syndicate Number 4000	.0	.0	0000	.0	.0	.0	.0	1,052	1,262	.0	1,262	.0	1,262	.2	.0	.27
AA-1120075	Lloyd's Syndicate Number 4020	.0	.0	0000	.0	.359	.0	.0	3,947	4,736	.359	4,377	.0	4,377	.2	.0	.92
AA-1120067	Lloyd's Syndicate Number 4242	.0	.0	0000	.0	.0	.0	.0	.20	.24	.0	.24	.0	.24	.2	.0	.1
AA-1126435	Lloyd's Syndicate Number 435	.0	.0	0000	.0	.571	.0	.0	5,054	6,065	.571	5,494	.0	5,494	.2	.0	.115
AA-1126004	Lloyd's Syndicate Number 4444	.0	.0	0000	.0	.0	.0	.0	.782	.938	.0	.938	.0	.938	.2	.0	.20
AA-1126006	Lloyd's Syndicate Number 4472	.0	.0	0000	.0	.386	.0	.0	7,009	8,411	.386	8,025	.0	8,025	.2	.0	.169
AA-1126457	Lloyd's Syndicate Number 457	.0	.0	0000	.0	.437	.0	.0	4,367	5,240	.437	4,803	.0	4,803	.2	.0	.101
AA-1126510	Lloyd's Syndicate Number 510	.0	.0	0000	.0	1,749	.0	.0	10,565	12,678	1,749	10,929	.0	10,929	.2	.0	.230
AA-1126566	Lloyd's Syndicate Number 566 (Incidental to 2999)	.0	.0	0000	.0	.1	.0	.0	.436	.523	.1	.522	.0	.522	.2	.0	.11
AA-1126570	Lloyd's Syndicate Number 570	.0	.0	0000	.0	.0	.0	.0	.89	.107	.0	.107	.0	.107	.2	.0	.2
AA-1120048	Lloyd's Syndicate Number 5820	.0	.0	0000	.0	.0	.0	.0	.3	.4	.0	.4	.0	.4	.2	.0	.0
AA-1126609	Lloyd's Syndicate Number 609	.0	.0	0000	.0	.0	.0	.0	.84	.101	.0	.101	.0	.101	.2	.0	.2
AA-1126623	Lloyd's Syndicate Number 623	.0	.0	0000	.0	.0	.0	.0	.536	.643	.0	.643	.0	.643	.2	.0	.14
AA-1126727	Lloyd's Syndicate Number 727	.0	.0	0000	.0	.321	.0	.0	2,579	3,095	.321	2,774	.0	2,774	.2	.0	.58
AA-1126780	Lloyd's Syndicate Number 780	.0	.0	0000	.0	.1	.0	.0	.628	.754	.1	.753	.0	.753	.2	.0	.16
1299999	- Total Authorized - Other Non-U.S. Insurers	.0	.0	XXX	.0	8,940	.0	.0	127,431	152,917	8,940	143,977	.0	143,977	XXX	.0	3,107
1499999	- Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	.0	.0	XXX	.0	39,060	.0	.0	207,875	249,450	29,108	220,342	.0	220,342	XXX	.0	4,701
Unauthorized	- Affiliates - U.S. Non-Pool - Captive	.0	.0	XXX	.0	72,753	.0	.0	XXX	XXX	XXX	XXX	.0	XXX	XXX	XXX	XXX
32-0485937	BCS RE	.0	11,760	0001	.0	72,753	.0	.0	XXX	XXX	XXX	XXX	.0	XXX	XXX	XXX	XXX
1699999	- Total Unauthorized - Affiliates - U.S. Non-Pool - Captive	.0	11,760	XXX	.0	72,753	.0	.0	XXX	XXX	XXX	XXX	.0	XXX	XXX	XXX	XXX
1899999	- Total Unauthorized - Affiliates - U.S. Non-Pool - Total	.0	11,760	XXX	.0	72,753	.0	.0	XXX	XXX	XXX	XXX	.0	XXX	XXX	XXX	XXX
2299999	- Total Unauthorized - Affiliates - Total Unauthorized - Affiliates	.0	11,760	XXX	.0	72,753	.0	.0	0	0	0	0	.0	0	XXX	.0	0
Unauthorized	- Other U.S. Unaffiliated Insurers	.0	.0	XXX	.0	54,932	.0	1,012	54,932	65,918	12,934	52,984	.0	46,038	XXX	1,286	777
57-0287419	BCBS OF SC INC.	.0	10,601	0002	.0	13,952	.0	.0	13,952	16,742	5,660	11,082	.0	481	.2	.223	.10
87-2738895	CF RISK PCC LLC	.0	9,042	0003	.0	10,806	.0	.0	10,806	12,967	2,176	10,791	.0	1,749	.6	.271	.210
52-1962376	FIRST CARE INC.	.0	1,588	0004	.0	1,738	.0	.0	1,738	2,086	.628	1,458	.0	.6	.6	.44	.0
53-0078070	GROUP HOSPITALIZATION & MED SRVCS.	.0	550	0005	.0	.60	.0	.0	.60	.72	.0	.72	.0	.6	.6	.2	.0
22-0999690	HORIZON HLTHCARE SERV INC.	.0	9,046	0006	.0	10,806	.0	.0	10,806	12,967	2,176	10,791	.0	1,745	.6	.271	.209
87-3187162	MERIDIAN RE.	.0	10,350	0007	.0	12,605	.516	.516	12,605	15,126	2,255	12,871	.0	2,521	.6	.311	.303
86-3206811	RIVERBEND RISK SOLUTIONS, INC.	.0	1,004	0008	.0	1,004	.496	.496	1,004	1,205	.0	1,205	.0	201	.6	.30	.24
63-0477090	UTIC INS CO.	.0	1,462	0009	.0	1,370	.0	.0	1,370	1,644	.39	1,605	.0	143	.6	.44	.17
36-4595641	WELLPOINT INSURANCE SERVICES, INC.	.0	3,003	0010	.0	2,591	.0	.0	2,591	3,109	.0	3,109	.0	106	.4	.90	.4
2399999	- Total Unauthorized - Other U.S. Unaffiliated Insurers	.0	46,646	XXX	.0	54,932	1,012	1,012	54,932	65,918	12,934	52,984	.0	46,038	XXX	1,286	777
Unauthorized	- Other non-U.S. Insurers	.0	.0	XXX	.0	91,973	.0	.0	91,973	110,368	8,239	102,129	.0	102,129	.2	2,145	.0
AA-1460040	AWP P&C SA- Wallisellen Branch	.0	113,000	0011	.0	.175	.0	.0	.175	.210	.0	.210	.0	.6	.6	.6	.0
AA-0000000	Amerihealth Assurance, LTD.	.0	12,211	0012	.0	10,603	.0	.0	10,603	12,724	.47	12,677	.0	466	.6	.366	.56
AA-3190874	AmIn Bermuda	.0	1,722	0013	.0	.620	.0	.610	.10	.12	.0	.12	.0	.6	.6	.0	.0
AA-3190795	Catalina Safety Reins Ltd.	.0	2,850	0014	.0	2,850	.0	.0	2,850	3,420	.0	3,420	.0	570	.3	.80	.16
AA-3190875	Hiscox Ins Co (Bermuda) Ltd.	.0	731	0015	.0	.163	.0	.0	.163	.196	.0	.196	.0	.6	.6	.6	.0
AA-3190958	Fleming Intl Reins Ltd.	.0	5,092	0016	.0	1,526	.0	.0	1,526	1,831	.68	1,763	.0	.2	.2	.37	.0
AA-3191315	XL Bermuda Ltd.	.0	.27	0017	.0	.0	.0	.0	.0	.23	.0	.23	.0	.2	.2	.0	.0
AA-1780072	XL RE Europe SE	.0	.0	0018	.0	.0	.0	.0	.0	.23	.0	.23	.0	.2	.2	.0	.0
2699999	- Total Unauthorized - Other Non-U.S. Insurers	.0	135,873	XXX	.0	107,910	.0	610	107,300	128,760	8,331	120,429	.0	1,036	XXX	2,641	72
2899999	- Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	.0	194,279	XXX	.0	235,595	1,012	1,622	162,232	194,679	21,265	173,414	.0	7,982	XXX	3,927	849
Certified	- Other Non-U.S. Insurers	.0	.0	XXX	.0	34	.0	.0	127	152	.23	129	.0	118	.2	.0	.2
CR-1780072	XL RE Europe SE	.0	.11	0000	.0	.34	.0	.0	127	152	.23	129	.0	118	.2	.0	.2

23.1

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
4099999 - Total Certified - Other Non-U.S. Insurers		0	11	XXX	0	34	93	0	127	152	23	129	11	118	XXX	0	2
4299999 - Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	11	XXX	0	34	93	0	127	152	23	129	11	118	XXX	0	2
Reciprocal Jurisdiction - Other Non-U.S. Insurers																	
RJ-1780072... XL RE Europe SE		0	0	0000	0	158	329	0	487	584	158	426	0	426	2	0	9
5499999 - Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		0	0	XXX	0	158	329	0	487	584	158	426	0	426	XXX	0	9
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	0	158	329	0	487	584	158	426	0	426	XXX	0	9
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	194,290	XXX	0	274,847	199,072	1,622	370,721	444,866	50,554	394,312	165,442	228,869	XXX	3,927	5,561
9999999 Totals		0	194,290	XXX	0	274,847	199,072	1,622	370,721	444,866	50,554	394,312	165,442	228,869	XXX	3,927	5,561

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/ [Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20% (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	Overdue					43 Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)										
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38 + 39 + 40 + 41											
Authorized - Affiliates - U.S. Non-Pool - Other																		
36-2149353	4 EVER LIFE INS CO	4,223	0	0	0	0	0	4,223	0	0	4,223	0	0	0.000	0.000	0.000	YES	0
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other		4,223	0	0	0	0	0	4,223	0	0	4,223	0	0	0.000	0.000	0.000	XXX	0
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total		4,223	0	0	0	0	0	4,223	0	0	4,223	0	0	0.000	0.000	0.000	XXX	0
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates		4,223	0	0	0	0	0	4,223	0	0	4,223	0	0	0.000	0.000	0.000	XXX	0
Authorized - Other U.S. Unaffiliated Insurers																		
51-0434766	AXIS REINS CO	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
36-1236610	HEALTH CARE SERV CORP A MUT LEGAL RE	1	0	0	0	0	0	1	0	0	1	0	0	0.000	0.000	0.000	YES	0
23-1641984	QBE REINS CORP	3	3	0	0	0	0	3	0	0	6	0	0	50.000	0.000	0.000	YES	0
43-1235868	RG A REINS CO	693	0	0	0	0	0	693	0	0	693	0	0	0.000	0.000	0.000	YES	0
75-1444207	SCOR REINS CO	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
13-2997499	SIRIUSPOINT AMER INS CO	539	0	0	0	0	0	539	0	0	539	0	0	0.000	0.000	0.000	YES	0
13-1675535	SWISS REINS AMER CORP	105	60	8	0	0	0	68	0	0	173	0	0	39.306	0.000	0.000	YES	0
13-2918573	TOA RE INS CO OF AMER	7	5	0	0	0	0	5	0	0	12	0	0	41.667	0.000	0.000	YES	0
13-5616275	TRANSATLANTIC REINS CO	1,608	3,164	578	0	0	0	3,742	0	0	5,350	0	0	69.944	0.000	0.000	YES	0
13-5459190	UNITED STATES FIRE INS CO	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers		2,956	3,232	586	0	0	0	3,818	0	0	6,774	0	0	56.363	0.000	0.000	XXX	0
Authorized - Other Non-U.S. Insurers																		
AA-1120337	Aspen Ins UK Ltd	53	4	1	0	0	0	58	0	0	58	0	0	8.621	0.000	0.000	YES	0
AA-3194130	Endurance Specialty Ins Ltd	41	2	0	0	0	0	43	0	0	43	0	0	4.651	0.000	0.000	YES	0
AA-1340125	Hannover Rueck SE	48	7	0	0	0	0	55	0	0	55	0	0	12.727	0.000	0.000	YES	0
AA-1127084	Lloyd's Syndicate Number 1084	15	0	1	0	0	0	16	0	0	16	0	0	6.250	0.000	0.000	YES	0
AA-1127183	Lloyd's Syndicate Number 1183	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1127200	Lloyd's Syndicate Number 1200	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1127218	Lloyd's Syndicate Number 1218	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1120085	Lloyd's Syndicate Number 1274	2	0	1	0	0	0	3	0	0	3	0	0	33.333	0.000	0.000	YES	0
AA-1127301	Lloyd's Syndicate Number 1301	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1127414	Lloyd's Syndicate Number 1414	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1120102	Lloyd's Syndicate Number 1458	57	0	0	0	0	0	57	0	0	57	0	0	0.000	0.000	0.000	YES	0
AA-1120198	Lloyd's Syndicate Number 1618	3	0	0	0	0	0	3	0	0	3	0	0	0.000	0.000	0.000	YES	0
AA-1120156	Lloyd's Syndicate Number 1686	10	1	0	0	0	0	11	0	0	11	0	0	9.091	0.000	0.000	YES	0
AA-1120157	Lloyd's Syndicate Number 1729	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1120171	Lloyd's Syndicate Number 1856	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1127861	Lloyd's Syndicate Number 1861	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1120096	Lloyd's Syndicate Number 1880	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1120054	Lloyd's Syndicate Number 1886 (Incidental to 2999)	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1120084	Lloyd's Syndicate Number 1955	8	0	0	0	0	0	8	0	0	8	0	0	0.000	0.000	0.000	YES	0
AA-1120161	Lloyd's Syndicate Number 1980	2	2	0	0	0	0	4	0	0	4	0	0	50.000	0.000	0.000	YES	0
AA-1128000	Lloyd's Syndicate Number 2000	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1128001	Lloyd's Syndicate Number 2001	70	1	4	0	0	0	75	0	0	75	0	0	6.667	0.000	0.000	YES	0
AA-1128003	Lloyd's Syndicate Number 2003	42	1	7	0	0	0	50	0	0	50	0	0	16.000	0.000	0.000	YES	0
AA-1120071	Lloyd's Syndicate Number 2007	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1120104	Lloyd's Syndicate Number 2012	3	0	0	0	0	0	3	0	0	3	0	0	0.000	0.000	0.000	YES	0
AA-1120158	Lloyd's Syndicate Number 2014	1	1	0	0	0	0	2	0	0	2	0	0	50.000	0.000	0.000	YES	0
AA-1120114	Lloyd's Syndicate Number 2015	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1128020	Lloyd's Syndicate Number 2020	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1128121	Lloyd's Syndicate Number 2121	1	0	0	0	0	0	1	0	0	1	0	0	0.000	0.000	0.000	YES	0
AA-1120097	Lloyd's Syndicate Number 2468	0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
AA-1128791	Lloyd's Syndicate Number 2791	32	2	0	0	0	0	34	0	0	34	0	0	5.882	0.000	0.000	YES	0
AA-1128987	Lloyd's Syndicate Number 2987	44	1	0	0	0	0	45	0	0	45	0	0	2.222	0.000	0.000	YES	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/ [Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20% (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37 Current	38 Overdue				43 Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)											
			1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days												
AA-1120179	Lloyd's Syndicate Number 2988	1	0	0	0	0	1	0	0	1	0	0	0.000	0.000	0.000	YES	0	
AA-1126033	Lloyd's Syndicate Number 33	6	0	0	0	0	6	0	0	6	0	0	0.000	0.000	0.000	YES	0	
AA-1120113	Lloyd's Syndicate Number 3334	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1126005	Lloyd's Syndicate Number 4000	6	0	0	0	0	6	0	0	6	0	0	0.000	0.000	0.000	YES	0	
AA-1120075	Lloyd's Syndicate Number 4020	25	1	0	0	0	26	0	0	26	0	0	3.846	0.000	0.000	YES	0	
AA-1120067	Lloyd's Syndicate Number 4242	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1126435	Lloyd's Syndicate Number 435	31	3	4	0	0	38	0	0	38	0	0	18.421	0.000	0.000	YES	0	
AA-1126004	Lloyd's Syndicate Number 4444	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1126006	Lloyd's Syndicate Number 4472	51	2	0	0	0	53	0	0	53	0	0	3.774	0.000	0.000	YES	0	
AA-1126457	Lloyd's Syndicate Number 457	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1126510	Lloyd's Syndicate Number 510	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1126566	Lloyd's Syndicate Number 566 (Incidental to 2999)	17	0	0	0	0	17	0	0	17	0	0	0.000	0.000	0.000	YES	0	
AA-1126570	Lloyd's Syndicate Number 570	6	0	0	0	0	6	0	0	6	0	0	0.000	0.000	0.000	YES	0	
AA-1120048	Lloyd's Syndicate Number 5820	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1126609	Lloyd's Syndicate Number 609	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1126623	Lloyd's Syndicate Number 623	34	0	0	0	0	34	0	0	34	0	0	0.000	0.000	0.000	YES	0	
AA-1126727	Lloyd's Syndicate Number 727	7	1	2	0	0	10	0	0	10	0	0	30.000	0.000	0.000	YES	0	
AA-1126780	Lloyd's Syndicate Number 780	28	0	0	0	0	28	0	0	28	0	0	0.000	0.000	0.000	YES	0	
1299999	- Total Authorized - Other Non-U.S. Insurers	644	25	24	0	0	49	693	0	693	0	0	7.071	0.000	0.000	XXX	0	
1499999	- Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	7,823	3,257	610	0	0	3,867	11,690	0	11,690	0	0	33.080	0.000	0.000	XXX	0	
Unauthorized - Affiliates - U.S. Non-Pool - Captive		0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
32-0485937	BCS RE	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
1699999	- Total Unauthorized - Affiliates - U.S. Non-Pool - Captive	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0	
1899999	- Total Unauthorized - Affiliates - U.S. Non-Pool - Total	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0	
2299999	- Total Unauthorized - Affiliates - Total Unauthorized - Affiliates	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0	
Unauthorized - Other U.S. Unaffiliated Insurers		0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
57-0287419	BCBS OF SC INC.	503	0	0	0	0	503	0	0	503	0	0	0.000	0.000	0.000	YES	0	
87-2738895	CF RISK PCC LLC	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
52-1962376	FIRST CARE INC.	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
53-0078070	GROUP HOSPITALIZATION & MED SRVCS.	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
22-0999690	HORIZON HLTHCARE SERV INC.	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
87-3187162	MERIDIAN RE	695	0	0	0	0	695	0	0	695	0	0	0.000	0.000	0.000	YES	0	
86-3206811	RIVERBEND RISK SOLUTIONS, INC.	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
63-0477090	UTIC INS CO	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
36-4595641	WELLPOINT INSURANCE SERVICES, INC.	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
2399999	- Total Unauthorized - Other U.S. Unaffiliated Insurers	1,198	0	0	0	0	1,198	0	0	1,198	0	0	0.000	0.000	0.000	XXX	0	
Unauthorized - Other non-U.S. Insurers		0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-1460040	AWP P&C SA- Wallisellen Branch	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-0000000	Amerihealth Assurance, LTD	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-3190874	Amlin Bermuda	127	67	265	0	0	332	459	0	459	0	0	72.331	0.000	0.000	YES	0	
AA-3190795	Catalina Safety Reins Ltd.	12	0	0	0	0	12	0	0	12	0	0	0.000	0.000	0.000	YES	0	
AA-3190875	Hiscox Ins Co (Bermuda) Ltd.	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-3190958	Fleming Intl Reins Ltd.	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	
AA-3191315	XL Bermuda Ltd.	16	1	0	0	0	17	17	0	17	0	0	5.882	0.000	0.000	YES	0	
AA-1780072	XL RE Europe SE	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

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

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/ [Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20% (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
		37	Overdue					43 Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)										
		Current	38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38 + 39 + 40 + 41											
2699999 - Total Unauthorized - Other Non-U.S. Insurers		155	68	265	0	0	333	488	0	0	488	0	0	68.238	0.000	0.000	XXX	0
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		1,353	68	265	0	0	333	1,686	0	0	1,686	0	0	19.751	0.000	0.000	XXX	0
Certified - Other Non-U.S. Insurers																		
CR-1780072 - XL RE Europe SE		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
4099999 - Total Certified - Other Non-U.S. Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
4299999 - Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
Reciprocal Jurisdiction - Other Non-U.S. Insurers																		
RJ-1780072 - XL RE Europe SE		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	YES	0
5499999 - Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		9,176	3,325	875	0	0	4,200	13,376	0	0	13,376	0	0	31.400	0.000	0.000	XXX	0
9999999 Totals		9,176	3,325	875	0	0	4,200	13,376	0	0	13,376	0	0	31.400	0.000	0.000	XXX	0

24.2

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+Col. 22+Col. 24]/Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57+[Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20+Col. 21+Col. 22+ Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	20% of Amount in Col. 67		
Authorized - Affiliates - U.S. Non-Pool - Other																		
36-2149353	4 EVER LIFE INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other																		
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total																		
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates																		
Authorized - Other U.S. Unaffiliated Insurers																		
51-0434766	AXIS REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36-1236610	HEALTH CARE SERV CORP A MUT LEGAL RE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23-1641984	QBE REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
43-1235868	RGA REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
75-1444207	SCOR REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2997499	SIRIUSPOINT AMER INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2918573	TOA RE INS CO OF AMER	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5616275	TRANSATLANTIC REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5459190	UNITED STATES FIRE INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers																		
Authorized - Other Non-U.S. Insurers																		
AA-1120337	Aspen Ins UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3194130	Endurance Speciality Ins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340125	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127084	Lloyd's Syndicate Number 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127183	Lloyd's Syndicate Number 1183	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127200	Lloyd's Syndicate Number 1200	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127218	Lloyd's Syndicate Number 1218	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120085	Lloyd's Syndicate Number 1274	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127301	Lloyd's Syndicate Number 1301	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127414	Lloyd's Syndicate Number 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120102	Lloyd's Syndicate Number 1458	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120198	Lloyd's Syndicate Number 1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120156	Lloyd's Syndicate Number 1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120157	Lloyd's Syndicate Number 1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120171	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127861	Lloyd's Syndicate Number 1861	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120096	Lloyd's Syndicate Number 1880	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120054	Lloyd's Syndicate Number 1886 (Incidental to 2999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120084	Lloyd's Syndicate Number 1955	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120161	Lloyd's Syndicate Number 1980	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128000	Lloyd's Syndicate Number 2000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128003	Lloyd's Syndicate Number 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120071	Lloyd's Syndicate Number 2007	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120104	Lloyd's Syndicate Number 2012	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120158	Lloyd's Syndicate Number 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120114	Lloyd's Syndicate Number 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128020	Lloyd's Syndicate Number 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128121	Lloyd's Syndicate Number 2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120097	Lloyd's Syndicate Number 2468	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+Col. 22+Col. 24]/Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57+[Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20+Col. 21+Col. 22+ Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	20% of Amount in Col. 67		
AA-1128791	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120179	Lloyd's Syndicate Number 2988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126033	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120113	Lloyd's Syndicate Number 3334	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126005	Lloyd's Syndicate Number 4000	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120075	Lloyd's Syndicate Number 4020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120067	Lloyd's Syndicate Number 4242	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126435	Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126004	Lloyd's Syndicate Number 4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126006	Lloyd's Syndicate Number 4472	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126457	Lloyd's Syndicate Number 457	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126510	Lloyd's Syndicate Number 510	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126566	Lloyd's Syndicate Number 566 (Incidental to 2999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126570	Lloyd's Syndicate Number 570	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120048	Lloyd's Syndicate Number 5820	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126609	Lloyd's Syndicate Number 609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126623	Lloyd's Syndicate Number 623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126727	Lloyd's Syndicate Number 727	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126780	Lloyd's Syndicate Number 780	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1299999 - Total Authorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Unauthorized - Affiliates - U.S. Non-Pool - Captive																		
32-0485937	BCS RE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1699999 - Total Unauthorized - Affiliates - U.S. Non-Pool - Captive		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999 - Total Unauthorized - Affiliates - U.S. Non-Pool - Total		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999 - Total Unauthorized - Affiliates - Total Unauthorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Unauthorized - Other U.S. Unaffiliated Insurers																		
57-0287419	BCBS OF SC INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
87-2738895	CF RISK PCC LLC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1962376	FIRST CARE INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
53-0078070	GROUP HOSPITALIZATION & MED SRVCS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22-0999690	HORIZON HLTHCARE SERV INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
87-3187162	MERIDIAN RE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
86-3206811	RIVERBEND RISK SOLUTIONS, INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
63-0477090	UTIC INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
36-4595641	WELLPOINT INSURANCE SERVICES, INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2399999 - Total Unauthorized - Other U.S. Unaffiliated Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Unauthorized - Other non-U.S. Insurers																		
AA-1460040	AWP P&C SA- Wallisellen Branch	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-0000000	Amerihealth Assurance, LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190874	AmIn Bermuda	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190795	Catalina Safety Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190875	Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-3190958	Fleming Intl Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+Col. 22+Col. 24]/Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57+[Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20+Col. 21+Col. 22+ Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	20% of Amount in Col. 67		
AA-3191315	XL Bermuda Ltd.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1780072	XL RE Europe SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2699999 - Total Unauthorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Certified - Other Non-U.S. Insurers																		
CR-1780072	XL RE Europe SE	2	01/01/2023	10.000	0	104	10	10.577	100.000	0	104	0	0	0	0	0	0	
4099999 - Total Certified - Other Non-U.S. Insurers		XXX	XXX	XXX	0	104	10	XXX	XXX	0	104	0	0	0	0	0	0	
4299999 - Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	0	104	10	XXX	XXX	0	104	0	0	0	0	0	0	
Reciprocal Jurisdiction - Other Non-U.S. Insurers																		
RJ-1780072	XL RE Europe SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5499999 - Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		XXX	XXX	XXX	0	104	10	XXX	XXX	0	104	0	0	0	0	0	0	
9999999 Totals		XXX	XXX	XXX	0	104	10	XXX	XXX	0	104	0	0	0	0	0	0	

25.2

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or [Col. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Authorized - Affiliates - U.S. Non-Pool - Other										
36-2149353	4 EVER LIFE INS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other										
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total										
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates										
Authorized - Other U.S. Unaffiliated Insurers										
51-0434766	AXIS REINS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
36-1236610	HEALTH CARE SERV CORP A MUT LEGAL RE	0	XXX	XXX	0	0	0	XXX	XXX	0
23-1641984	QBE REINS CORP	0	XXX	XXX	0	0	0	XXX	XXX	0
43-1235868	RGA REINS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
75-1444207	SCOR REINS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2997499	SIRIUSPOINT AMER INS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
13-1675535	SWISS REINS AMER CORP	0	XXX	XXX	0	0	0	XXX	XXX	0
13-2918573	TOA RE INS CO OF AMER	0	XXX	XXX	0	0	0	XXX	XXX	0
13-5616275	TRANSATLANTIC REINS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
13-5459190	UNITED STATES FIRE INS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers										
Authorized - Other Non-U.S. Insurers										
AA-1120337	Aspen Ins UK Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-3194130	Endurance Specialty Ins Ltd	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340125	Hannover Rueck SE	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127084	Lloyd's Syndicate Number 1084	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127183	Lloyd's Syndicate Number 1183	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127200	Lloyd's Syndicate Number 1200	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127218	Lloyd's Syndicate Number 1218	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120085	Lloyd's Syndicate Number 1274	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127301	Lloyd's Syndicate Number 1301	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127414	Lloyd's Syndicate Number 1414	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120102	Lloyd's Syndicate Number 1458	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120198	Lloyd's Syndicate Number 1618	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120156	Lloyd's Syndicate Number 1686	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120157	Lloyd's Syndicate Number 1729	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120171	Lloyd's Syndicate Number 1856	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127861	Lloyd's Syndicate Number 1861	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120096	Lloyd's Syndicate Number 1880	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120054	Lloyd's Syndicate Number 1886 (Incidental to 2999)	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120084	Lloyd's Syndicate Number 1955	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120161	Lloyd's Syndicate Number 1980	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128000	Lloyd's Syndicate Number 2000	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128001	Lloyd's Syndicate Number 2001	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128003	Lloyd's Syndicate Number 2003	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120071	Lloyd's Syndicate Number 2007	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120104	Lloyd's Syndicate Number 2012	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120158	Lloyd's Syndicate Number 2014	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120114	Lloyd's Syndicate Number 2015	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128020	Lloyd's Syndicate Number 2020	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128121	Lloyd's Syndicate Number 2121	0	XXX	XXX	0	0	0	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or [Col. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-1120097	Lloyd's Syndicate Number 2468	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128791	Lloyd's Syndicate Number 2791	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128987	Lloyd's Syndicate Number 2987	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120179	Lloyd's Syndicate Number 2988	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126033	Lloyd's Syndicate Number 33	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120113	Lloyd's Syndicate Number 3334	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126005	Lloyd's Syndicate Number 4000	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120075	Lloyd's Syndicate Number 4020	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120067	Lloyd's Syndicate Number 4242	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126435	Lloyd's Syndicate Number 435	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126004	Lloyd's Syndicate Number 4444	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126006	Lloyd's Syndicate Number 4472	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126457	Lloyd's Syndicate Number 457	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126510	Lloyd's Syndicate Number 510	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126566	Lloyd's Syndicate Number 566 (Incidental to 2999)	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126570	Lloyd's Syndicate Number 570	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1120048	Lloyd's Syndicate Number 5820	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126609	Lloyd's Syndicate Number 609	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126623	Lloyd's Syndicate Number 623	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126727	Lloyd's Syndicate Number 727	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126780	Lloyd's Syndicate Number 780	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999	- Total Authorized - Other Non-U.S. Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	- Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
32-0485937	BCS RE	0	0	0	XXX	XXX	XXX	0	XXX	0
1699999	- Total Unauthorized - Affiliates - U.S. Non-Pool - Captive	0	0	0	XXX	XXX	XXX	0	XXX	0
1899999	- Total Unauthorized - Affiliates - U.S. Non-Pool - Total	0	0	0	XXX	XXX	XXX	0	XXX	0
2299999	- Total Unauthorized - Affiliates - Total Unauthorized - Affiliates	0	0	0	XXX	XXX	XXX	0	XXX	0
57-0287419	BCBS OF SC INC	0	0	0	XXX	XXX	XXX	0	XXX	0
87-2738895	CF RISK PCC LLC	0	0	0	XXX	XXX	XXX	0	XXX	0
52-1962376	FIRST CARE INC	0	0	0	XXX	XXX	XXX	0	XXX	0
53-0078070	GROUP HOSPITALIZATION & MED SRVCS	0	0	0	XXX	XXX	XXX	0	XXX	0
22-0999690	HORIZON HLTHCARE SERV INC	0	0	0	XXX	XXX	XXX	0	XXX	0
87-3187162	MERIDIAN RE	0	516	0	XXX	XXX	XXX	516	XXX	516
86-3206811	RIVERBEND RISK SOLUTIONS, INC	0	496	0	XXX	XXX	XXX	496	XXX	496
63-0477090	UTIC INS CO	0	0	0	XXX	XXX	XXX	0	XXX	0
36-4595641	WELLPOINT INSURANCE SERVICES, INC	0	0	0	XXX	XXX	XXX	0	XXX	0
2399999	- Total Unauthorized - Other U.S. Unaffiliated Insurers	0	1,012	0	XXX	XXX	XXX	1,012	XXX	1,012
AA-1460040	AWP P&C SA- Wallisellen Branch	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-0000000	Amerihealth Assurance, LTD	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3190874	Amlin Bermuda	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3190795	Catalina Safety Reins Ltd	0	0	610	XXX	XXX	XXX	610	XXX	610

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or [Col. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-3190875	Hiscox Ins Co (Bermuda) Ltd.	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3190958	Fleming Intl Reins Ltd.	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3191315	XL Bermuda Ltd.	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1780072	XL RE Europe SE	0	0	0	XXX	XXX	XXX	0	XXX	0
2699999 - Total Unauthorized - Other Non-U.S. Insurers		0	0	610	XXX	XXX	XXX	610	XXX	610
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	1,012	610	XXX	XXX	XXX	1,622	XXX	1,622
Certified - Other Non-U.S. Insurers										
CR-1780072	XL RE Europe SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4099999 - Total Certified - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999 - Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
Reciprocal Jurisdiction - Other Non-U.S. Insurers										
RJ-1780072	XL RE Europe SE	0	XXX	XXX	0	0	0	XXX	XXX	0
5499999 - Total Reciprocal Jurisdiction - Other Non-U.S. Insurers		0	XXX	XXX	0	0	0	XXX	XXX	0
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	XXX	XXX	0	0	0	XXX	XXX	0
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	1,012	610	0	0	0	1,622	0	1,622
9999999 Totals										
		0	1,012	610	0	0	0	1,622	0	1,622

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

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
0001	2	011001234	BANK OF NEW YORK MELLON BANK	11,760
0002	2	011001234	BANK OF NEW YORK MELLON BANK	10,601
0003	2	011001234	BANK OF NEW YORK MELLON BANK	9,042
0004	2	011001234	BANK OF NEW YORK MELLON BANK	1,588
0005	2	011001234	BANK OF NEW YORK MELLON BANK	550
0006	2	011001234	BANK OF NEW YORK MELLON BANK	9,046
0007	2	011001234	BANK OF NEW YORK MELLON BANK	10,350
0008	2	011001234	BANK OF NEW YORK MELLON BANK	1,004
0009	1	062000019	REGIONS BANK	1,462
0010	2	011001234	BANK OF NEW YORK MELLON BANK	3,003
0011	1	026005092	BAYERN LB	113,000
0012	2	011001234	BANK OF NEW YORK MELLON BANK	240
0013	3	026002574	BARCLAYS BANK PLC, NEW YORK BRANCH	2,686
0013	3	026015037	LLOYDS BANK CORPORATE MARKETS PLC, NEW YORK BRANCH	2,686
0013	3	026007728	NATIONAL AUSTRALIA BANK LIMITED	2,443
0013	3	026007689	BNP PARIBAS, NEW YORK BRANCH	2,198
0013	3	026008044	COMMERZBANK AKTIENGESELLSCHAFT, FILIALE LUXEMBURG	2,198
0014	1	072000096	COMERICA BANK	1,722
0015	1	026007728	NATIONAL AUSTRALIA BANK LIMITED	2,850
0016	1	072000096	BMO HARRIS BANK N.A.	731
0017	1	021000089	CITIBANK	4,537
0017	2	026009632	BANK OF TOKYO-MITSUBISHI UFJ	93
0017	2	021000089	CITIBANK	93
0017	2	026009593	BANK OF AMERICA N.A.	93
0017	2	021000021	JPMORGAN CHASE BANK	93
0017	2	026014630	MORGAN STANLEY BANK	93
0017	2	021000248	WELLS FARGO BANK	92
0018	2	026009632	BANK OF TOKYO-MITSUBISHI UFJ	6
0018	2	021000322	BANK OF AMERICA N.A.	6
0018	2	021000021	JPMORGAN CHASE BANK	6
0018	2	021000089	CITIBANK	6
0018	2	021000248	WELLS FARGO BANK	6
0018	2	026014630	MORGAN STANLEY BANK	6
Total				194,290

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1	2	3
	<u>Name of Reinsurer</u>	<u>Commission Rate</u>	<u>Ceded Premium</u>
1.	AWP P&C- WALLISELLEN BRANCH.....	44.747	204,713
2.	BC/BS OF SC INC.....	37.059	8,874
3.	PGA REINS CO.....	36.153	14,586
4.	FIRST CARE INC.....	27.336	4,805
5.	HEALTH CARE SERV CORP A MUT LEGAL RE.....	13.985	5,113

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on-the total recoverables), Schedule F, Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	<u>Name of Reinsurer</u>	<u>Total Recoverables</u>	<u>Ceded Premiums</u>	<u>Affiliated</u>
6.	AWP P&C- WALLISELLEN BRANCH.....	91,973	204,713	Yes [] No [X]
7.	BCS RE.....	72,753	39,297	Yes [X] No []
8.	HEALTH CARE SERV CORP A MUT LEGAL RE.....	34,749	34,393	Yes [] No [X]
9.	4 EVER LIFE INC CO.....	28,823	71,129	Yes [X] No []
10.	TRANSATLANTIC REINS CO.....	23,925	30,812	Yes [] No [X]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

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)	344,342,702		344,342,702
2. Premiums and considerations (Line 15)	54,876,083		54,876,083
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	13,376,139	(13,376,139)	0
4. Funds held by or deposited with reinsured companies (Line 16.2)	50,000	(50,000)	0
5. Other assets	6,934,917		6,934,917
6. Net amount recoverable from reinsurers		327,767,771	327,767,771
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	419,579,841	314,341,632	733,921,473
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	69,302,560	334,764,483	404,067,043
10. Taxes, expenses, and other obligations (Lines 4 through 8)	14,599,542	36,864,064	51,463,606
11. Unearned premiums (Line 9)	6,803,423	88,913,666	95,717,089
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)	70,645,621	(70,645,621)	0
15. Funds held by company under reinsurance treaties (Line 13)	73,932,960	(73,932,960)	0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	1,622,000	(1,622,000)	0
18. Other liabilities	16,704,495		16,704,495
19. Total liabilities excluding protected cell business (Line 26)	253,610,601	314,341,632	567,952,233
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	165,969,240	X X X	165,969,240
22. Totals (Line 38)	419,579,841	314,341,632	733,921,473

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 2025 OF THE BCS Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	112,421,386	.XXX	.0	.XXX	303,767	.XXX	.0	.XXX	1,391,761	.XXX	9,284,823	.XXX	.0	.XXX
2. Premiums earned	112,597,938	.XXX	.0	.XXX	303,711	.XXX	.0	.XXX	1,401,971	.XXX	9,316,148	.XXX	.0	.XXX
3. Incurred claims	78,954,545	70.1	.0	.0.0	66,105	21.8	.0	.0.0	250,862	17.9	5,776,032	62.0	.0	.0.0
4. Cost containment expenses	111,255	0.1	.0	.0.0	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)	79,065,800	70.2	.0	.0.0	66,105	21.8	.0	.0.0	250,862	17.9	5,776,032	62.0	.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
7. Commissions (a)	(10,125,021)	(9.0)	.0	.0.0	(33,674)	(11.1)	.0	.0.0	11,303	0.8	(148,233)	(1.6)	.0	.0.0
8. Other general insurance expenses	39,347,237	34.9	.0	.0.0	1,447,602	476.6	.0	.0.0	218,116	15.6	753,033	8.1	.0	.0.0
9. Taxes, licenses and fees	5,674,338	5.0	.0	.0.0	12,663	4.2	.0	.0.0	64,787	4.6	342,387	3.7	.0	.0.0
10. Total other expenses incurred	34,896,554	31.0	.0	.0.0	1,426,591	469.7	.0	.0.0	294,206	21.0	947,187	10.2	.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
12. Gain from underwriting before dividends or refunds	(1,364,416)	(1.2)	.0	.0.0	(1,188,985)	(391.5)	.0	.0.0	856,903	61.1	2,592,929	27.8	.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	.0.0
14. Gain from underwriting after dividends or refunds	(1,364,416)	(1.2)	0	0.0	(1,188,985)	(391.5)	0	0.0	856,903	61.1	2,592,929	27.8	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
1199. Totals (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

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written	0	.XXX	.0	.XXX	0	.XXX	.0	.XXX	0	.XXX	101,441,035	.XXX
2. Premiums earned	0	.XXX	.0	.XXX	0	.XXX	.0	.XXX	0	.XXX	101,576,108	.XXX
3. Incurred claims	0	0.0	.0	0.0	0	0.0	.0	0.0	0	0.0	72,861,546	71.7
4. Cost containment expenses	0	0.0	.0	0.0	0	0.0	.0	0.0	0	0.0	111,255	0.1
5. Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	.0	0.0	0	0.0	.0	0.0	0	0.0	72,972,801	71.8
6. Increase in contract reserves	0	0.0	.0	0.0	0	0.0	.0	0.0	0	0.0	0	0.0
7. Commissions (a)	0	0.0	.0	0.0	0	0.0	.0	0.0	(192)	0.0	(9,954,225)	(9.8)
8. Other general insurance expenses	0	0.0	.0	0.0	0	0.0	.0	0.0	0	0.0	36,928,486	36.4
9. Taxes, licenses and fees	0	0.0	.0	0.0	0	0.0	.0	0.0	6	0.0	5,254,495	5.2
10. Total other expenses incurred	0	0.0	.0	0.0	0	0.0	.0	0.0	(186)	0.0	32,228,756	31.7
11. Aggregate write-ins for deductions	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	0	0.0	.0	0.0	0	0.0	.0	0.0	186	0.0	(3,625,449)	(3.6)
13. Dividends or refunds	0	0.0	.0	0.0	0	0.0	.0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	186	0.0	(3,625,449)	(3.6)
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
1199. Totals (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

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

PART 2 - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	226,290	0	111	0	14,682	42,647	0	0	0	0	0	0	168,850
2. Advance premiums	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reserve for rate credits	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total premium reserves, current year	226,290	0	111	0	14,682	42,647	0	0	0	0	0	0	168,850
5. Total premium reserves, prior year	402,842	0	55	0	24,893	73,971	0	0	0	0	0	0	303,923
6. Increase in total premium reserves	(176,552)	0	56	0	(10,211)	(31,324)	0	0	0	0	0	0	(135,073)
B. Contract Reserves:													
1. Additional reserves (a)	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Increase in contract reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:													
1. Total current year	39,072,718	0	185,958	0	63,411	1,465,663	0	0	0	0	0	0	37,357,686
2. Total prior year	28,888,058	0	355,748	0	50,620	1,302,227	0	0	0	0	0	0	27,179,463
3. Increase	10,184,660	0	(169,790)	0	12,791	163,436	0	0	0	0	0	0	10,178,223

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	22,276,288	0	126,697	0	38,657	1,297,666	0	0	0	0	0	0	20,813,268
1.2 On claims incurred during current year	46,493,597	0	109,198	0	199,414	4,314,930	0	0	0	0	0	0	41,870,055
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	3,247,060	0	37,500	0	6,130	1,329	0	0	0	0	0	0	3,202,101
2.2 On claims incurred during current year	35,825,658	0	148,458	0	57,282	1,464,334	0	0	0	0	0	0	34,155,584
3. Test:													
3.1 Lines 1.1 and 2.1	25,523,348	0	164,197	0	44,787	1,298,995	0	0	0	0	0	0	24,015,369
3.2 Claim reserves and liabilities, December 31, prior year	28,888,058	0	355,749	0	50,620	1,302,226	0	0	0	0	0	0	27,179,463
3.3 Line 3.1 minus Line 3.2	(3,364,710)	0	(191,552)	0	(5,833)	(3,231)	0	0	0	0	0	0	(3,164,094)

PART 4 - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written	125,173,799	0	0	0	0	0	0	0	0	0	0	0	125,173,799
2. Premiums earned	125,173,799	0	0	0	0	0	0	0	0	0	0	0	125,173,799
3. Incurred claims	52,054,946	0	0	0	0	0	0	0	0	0	0	0	52,054,946
4. Commissions	37,512,741	0	0	0	0	0	0	0	0	0	0	0	37,512,741
B. Reinsurance Ceded:													
1. Premiums written	256,043,491	0	306,751	0	1,393,812	4,197,663	0	0	0	0	0	90,268	250,054,997
2. Premiums earned	255,819,742	0	306,751	0	1,403,693	4,227,868	0	0	0	0	0	19,065	249,862,365
3. Incurred claims	145,548,971	0	66,105	0	250,877	685,472	0	0	0	0	0	19,898	144,526,619
4. Commissions	62,492,164	0	33,674	0	247,931	753,768	0	0	0	0	0	192	61,456,599

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims.....	0	132,210	0	501,740	6,461,504	0	0	0	0	0	19,898	165,333,217	172,448,569
2. Beginning claim reserves and liabilities.....	0	701,496	0	101,241	1,448,282	0	0	0	0	0	23,033	46,899,737	49,173,789
3. Ending claim reserves and liabilities.....	0	361,916	0	126,824	1,686,566	0	0	0	0	0	28,151	71,548,924	73,752,381
4. Claims paid.....	0	471,790	0	476,157	6,223,220	0	0	0	0	0	14,780	140,684,030	147,869,977
B. Assumed Reinsurance:													
1. Incurred claims.....	0	0	0	0	0	0	0	0	0	0	0	52,054,946	52,054,946
2. Beginning claim reserves and liabilities.....	0	0	0	0	0	0	0	0	0	0	0	100,231,197	100,231,197
3. Ending claim reserves and liabilities.....	0	0	0	0	0	0	0	0	0	0	0	103,979,305	103,979,305
4. Claims paid.....	0	0	0	0	0	0	0	0	0	0	0	48,306,838	48,306,838
C. Ceded Reinsurance:													
1. Incurred claims.....	0	66,105	0	250,877	685,472	0	0	0	0	0	19,898	144,526,619	145,548,971
2. Beginning claim reserves and liabilities.....	0	345,748	0	50,621	146,055	0	0	0	0	0	23,033	119,951,471	120,516,928
3. Ending claim reserves and liabilities.....	0	175,958	0	63,413	220,903	0	0	0	0	0	28,151	138,170,543	138,658,968
4. Claims paid.....	0	235,895	0	238,085	610,624	0	0	0	0	0	14,780	126,307,547	127,406,931
D. Net:													
1. Incurred claims.....	0	66,105	0	250,863	5,776,032	0	0	0	0	0	0	72,861,544	78,954,544
2. Beginning claim reserves and liabilities.....	0	355,748	0	50,620	1,302,227	0	0	0	0	0	0	27,179,463	28,888,058
3. Ending claim reserves and liabilities.....	0	185,958	0	63,411	1,465,663	0	0	0	0	0	0	37,357,686	39,072,718
4. Claims paid.....	0	235,895	0	238,072	5,612,596	0	0	0	0	0	0	62,683,321	68,769,884
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses.....	0	66,105	0	250,862	5,776,032	0	0	0	0	0	0	72,972,801	79,065,800
2. Beginning reserves and liabilities.....	0	355,749	0	50,620	1,302,226	0	0	0	0	0	0	27,179,463	28,888,058
3. Ending reserves and liabilities.....	0	185,958	0	63,412	1,465,663	0	0	0	0	0	0	37,357,685	39,072,718
4. Paid claims and cost containment expenses.....	0	235,896	0	238,070	5,612,595	0	0	0	0	0	0	62,794,579	68,881,140

ANNUAL STATEMENT FOR THE YEAR 2025 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 2025 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. 2016	21,302	20,875	427	184	184	155	155	41	.0	.0	41	65
3. 2017	29,577	29,499	78	5,402	5,402	866	856	210	11	.0	209	188
4. 2018	31,739	30,836	903	5,234	5,170	144	153	280	185	.0	150	204
5. 2019	31,432	30,027	1,405	13,057	12,047	222	204	1,261	1,095	.0	1,194	274
6. 2020	33,672	31,717	1,955	19,664	17,996	691	636	1,631	1,398	.0	1,956	392
7. 2021	49,636	44,722	4,914	26,797	23,700	521	453	2,322	1,804	.0	3,683	499
8. 2022	58,270	50,648	7,622	18,652	15,150	280	233	1,747	1,263	.0	4,033	305
9. 2023	45,299	40,881	4,418	15,305	13,015	172	149	1,431	1,330	.0	2,414	221
10. 2024	39,944	36,346	3,598	8,432	7,305	288	252	1,048	724	.0	1,487	242
11. 2025	36,398	31,802	4,596	6,098	5,017	0	0	604	386	0	1,299	84
12. Totals	XXX	XXX	XXX	118,825	104,986	3,339	3,091	10,575	8,196	0	16,466	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.	582	535	.0	.0	520	478	.0	.0	16	15	.0	90	1
6.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.	249	223	6,444	5,682	10	9	1,611	1,420	37	33	.0	984	3
8.	195	162	3,465	2,851	271	230	866	713	36	29	.0	848	1
9.	239	203	4,332	3,906	75	64	1,083	977	429	364	.0	644	10
10.	1,838	1,589	6,791	6,036	253	223	1,698	1,509	154	133	.0	1,244	77
11.	3,345	2,729	6,784	5,772	10	9	1,696	1,443	457	373	0	1,966	68
12.	6,448	5,441	27,816	24,247	1,139	1,013	6,954	6,062	1,129	947	0	5,776	160

	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.	380	339	41	1.8	1.6	9.6	.0	.0	.0	.0	.0
3.	6,478	6,269	209	21.9	21.3	267.9	.0	.0	.0	.0	.0
4.	5,658	5,508	150	17.8	17.9	16.6	.0	.0	.0	.0	.0
5.	15,658	14,374	1,284	49.8	47.9	91.4	.0	.0	.0	47	43
6.	21,986	20,030	1,956	65.3	63.2	100.1	.0	.0	.0	.0	.0
7.	37,991	33,324	4,667	76.5	74.5	95.0	.0	.0	.0	788	196
8.	25,512	20,631	4,881	43.8	40.7	64.0	.0	.0	.0	647	201
9.	23,066	20,008	3,058	50.9	48.9	69.2	.0	.0	.0	462	182
10.	20,502	17,771	2,731	51.3	48.9	75.9	.0	.0	.0	1,004	240
11.	18,994	15,729	3,265	52.2	49.5	71.0	0	0	0.0	1,628	338
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	4,576	1,200

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. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023	0	0	0	0	0	0	0	0	0	0	0	0
10. 2024	0	0	0	0	0	0	0	0	0	0	0	0
11. 2025	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						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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2016	102	(598)	700	0	0	0	0	4	0	0	0	4
3. 2017	97	(46)	143	0	0	0	0	0	0	0	0	0
4. 2018	111	111	0	0	0	0	0	0	0	0	0	0
5. 2019	116	116	0	0	0	0	0	29	0	0	0	29
6. 2020	124	124	0	0	0	0	0	0	0	0	0	0
7. 2021	121	121	0	0	0	0	0	0	0	0	0	0
8. 2022	145	145	0	0	0	0	0	0	0	0	0	0
9. 2023	133	133	0	0	0	0	0	10	0	0	0	10
10. 2024	130	130	0	0	0	0	0	0	0	0	0	0
11. 2025	135	135	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	43	0	0	0	43

	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	175	175	0	0	0	0	0	0	0	0	0
12.	0	0	175	175	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	4	0	4	3.9	0.0	0.6	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.	29	0	29	25.0	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.	10	0	10	7.5	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.	175	175	0	129.6	129.6	0.0	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	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. 2016	0	0	0	0	0	0	0	0	0	0	0	XXX
3. 2017	0	0	0	0	0	0	0	0	0	0	0	XXX
4. 2018	0	0	0	0	0	0	0	0	0	0	0	XXX
5. 2019	0	0	0	0	0	0	0	0	0	0	0	XXX
6. 2020	0	0	0	0	0	0	0	0	0	0	0	XXX
7. 2021	0	0	0	0	0	0	0	0	0	0	0	XXX
8. 2022	0	0	0	0	0	0	0	0	0	0	0	XXX
9. 2023	0	0	0	0	0	0	0	0	0	0	0	XXX
10. 2024	0	0	0	0	0	0	0	0	0	0	0	XXX
11. 2025	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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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						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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				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. 2016	20,633	10,737	9,896	22,439	12,744	0	0	152	0	0	0	9,847
3. 2017	21,866	14,073	7,793	19,847	16,099	0	0	81	0	0	0	3,829
4. 2018	29,933	23,319	6,614	32,538	27,767	0	0	88	0	0	0	4,859
5. 2019	18,126	10,353	7,773	9,449	5,982	0	0	63	0	0	0	3,530
6. 2020	17,321	9,448	7,873	13,394	7,844	0	0	53	0	0	0	5,603
7. 2021	20,110	11,203	8,907	10,157	5,193	0	0	159	0	0	0	5,123
8. 2022	20,253	11,115	9,138	10,783	5,543	0	0	129	0	0	0	5,369
9. 2023	27,798	15,945	11,853	19,053	10,122	15	0	253	0	0	0	9,199
10. 2024	31,704	17,791	13,913	22,746	11,650	0	0	200	0	0	0	11,296
11. 2025	33,572	18,977	14,595	15,786	7,963	0	0	118	0	0	0	7,941
12. Totals	XXX	XXX	XXX	176,192	110,907	15	0	1,296	0	0	0	66,596

	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	6	4	0	0	0	0	0	0	0	2	0
11.	0	0	11,443	6,410	0	0	0	0	97	0	0	5,130	0
12.	0	0	11,449	6,414	0	0	0	0	97	0	0	5,132	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.	22,591	12,744	9,847	109.5	118.7	99.5	0	0	0.0	0	0
3.	19,928	16,099	3,829	91.1	114.4	49.1	0	0	0.0	0	0
4.	32,626	27,767	4,859	109.0	119.1	73.5	0	0	0.0	0	0
5.	9,512	5,982	3,530	52.5	57.8	45.4	0	0	0.0	0	0
6.	13,447	7,844	5,603	77.6	83.0	71.2	0	0	0.0	0	0
7.	10,316	5,193	5,123	51.3	46.4	57.5	0	0	0.0	0	0
8.	10,912	5,543	5,369	53.9	49.9	58.8	0	0	0.0	0	0
9.	19,321	10,122	9,199	69.5	63.5	77.6	0	0	0.0	0	0
10.	22,952	11,654	11,298	72.4	65.5	81.2	0	0	0.0	2	0
11.	27,444	14,373	13,071	81.7	75.7	89.6	0	0	0.0	5,033	97
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	5,035	97

ANNUAL STATEMENT FOR THE YEAR 2025 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						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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments				
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX	40,878	40,877	1,259	1,259	(3)	0	0	(2)	XXX
2. 2016	27,403	20,501	6,902	10,354	10,074	874	398	128	106	0	778	406
3. 2017	25,562	17,089	8,473	12,172	11,575	1,867	1,163	2,026	1,816	0	1,511	582
4. 2018	20,452	13,843	6,609	3,582	3,045	3,120	2,471	1,745	1,434	0	1,497	363
5. 2019	15,649	8,441	7,208	4,291	2,982	1,378	450	539	240	0	2,536	168
6. 2020	18,213	9,906	8,307	5,510	4,492	708	255	630	364	0	1,737	243
7. 2021	23,566	15,218	8,348	4,028	3,174	415	39	458	286	0	1,402	248
8. 2022	26,859	16,611	10,248	5,082	4,087	312	160	1,176	757	0	1,566	212
9. 2023	21,559	14,290	7,269	3,348	2,242	370	94	1,026	445	0	1,963	192
10. 2024	17,865	9,637	8,228	1,317	1,094	1,163	1,005	203	156	0	428	102
11. 2025	25,423	16,234	9,189	1,173	802	180	6	367	164	0	748	57
12. Totals	XXX	XXX	XXX	91,735	84,444	11,646	7,300	8,295	5,768	0	14,164	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.	32,070	32,070	42,907	42,907	89	89	4,091	4,091	0	0	0	0	10
2.	60	60	8,833	8,833	0	0	730	730	138	138	0	0	3
3.	200	200	6,532	6,532	0	0	870	870	168	168	0	0	2
4.	3	3	4,010	4,010	77	77	483	483	639	639	0	0	1
5.	11,022	9,377	0	0	196	60	0	0	0	0	0	1,781	3
6.	0	0	0	0	17	3	0	0	0	0	0	14	0
7.	0	0	996	878	0	0	249	220	0	0	0	147	0
8.	5,077	2,873	1,560	441	6	0	979	110	7	3	0	4,202	4
9.	5,288	2,955	4,566	2,768	21	6	1,289	457	24	20	0	4,982	10
10.	480	191	5,569	3,013	38	0	1,991	655	48	36	0	4,231	18
11.	1,566	913	6,505	5,206	111	56	1,405	294	148	65	0	3,201	29
12.	55,766	48,642	81,478	74,588	555	291	12,087	7,910	1,172	1,069	0	18,558	80

	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.	21,117	20,339	778	77.1	99.2	11.3	0	0	0.0	0	0
3.	23,835	22,324	1,511	93.2	130.6	17.8	0	0	0.0	0	0
4.	13,659	12,162	1,497	66.8	87.9	22.7	0	0	0.0	0	0
5.	17,426	13,109	4,317	111.4	155.3	59.9	0	0	0.0	1,645	136
6.	6,865	5,114	1,751	37.7	51.6	21.1	0	0	0.0	0	14
7.	6,146	4,597	1,549	26.1	30.2	18.6	0	0	0.0	118	29
8.	14,199	8,431	5,768	52.9	50.8	56.3	0	0	0.0	3,323	879
9.	15,932	8,987	6,945	73.9	62.9	95.5	0	0	0.0	4,131	851
10.	10,809	6,150	4,659	60.5	63.8	56.6	0	0	0.0	2,845	1,386
11.	11,455	7,506	3,949	45.1	46.2	43.0	0	0	0.0	1,952	1,249
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	14,014	4,544

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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							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. 2016	74,158	74,158	.0	28,756	28,756	23	23	32	.0	.0	32	XXX
3. 2017	82,437	82,437	.0	36,247	36,247	18	18	52	.0	.0	52	XXX
4. 2018	109,110	109,110	.0	41,403	41,403	18	18	70	.0	.0	70	XXX
5. 2019	205,120	205,120	.0	60,259	60,259	38	38	87	.0	.0	87	XXX
6. 2020	82,312	82,312	.0	40,457	40,457	43	43	64	.0	.0	64	XXX
7. 2021	161,105	161,105	.0	34,220	34,220	17	17	83	.0	.0	83	XXX
8. 2022	182,149	182,149	.0	80,247	80,247	107	107	83	.0	.0	83	XXX
9. 2023	233,273	233,273	.0	81,886	81,886	72	72	31	.0	.0	31	XXX
10. 2024	222,674	222,674	.0	80,036	80,036	86	86	.0	.0	.0	.0	XXX
11. 2025	189,241	189,241	0	65,588	65,588	5	5	0	0	0	0	XXX
12. Totals	XXX	XXX	XXX	549,099	549,099	427	427	502	0	0	502	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	784	784	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.	0	0	18,324	18,324	0	0	96	96	0	0	0	0	439
12.	0	0	19,108	19,108	0	0	96	96	0	0	0	0	439

	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.	28,811	28,779	32	38.9	38.8	0.0	.0	.0	0.0	.0	.0
3.	36,317	36,265	52	44.1	44.0	0.0	.0	.0	0.0	.0	.0
4.	41,491	41,421	70	38.0	38.0	0.0	.0	.0	0.0	.0	.0
5.	60,384	60,297	87	29.4	29.4	0.0	.0	.0	0.0	.0	.0
6.	40,564	40,500	64	49.3	49.2	0.0	.0	.0	0.0	.0	.0
7.	34,320	34,237	83	21.3	21.3	0.0	.0	.0	0.0	.0	.0
8.	80,437	80,354	83	44.2	44.1	0.0	.0	.0	0.0	.0	.0
9.	81,989	81,958	31	35.1	35.1	0.0	.0	.0	0.0	.0	.0
10.	80,906	80,906	.0	36.3	36.3	0.0	.0	.0	0.0	.0	.0
11.	84,013	84,013	0	44.4	44.4	0.0	0	0	0.0	0	0
12.	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. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	0	0	0	0	0	0	0	0	0	0	0	0
4. 2018	0	0	0	0	0	0	0	0	0	0	0	0
5. 2019	0	0	0	0	0	0	0	0	0	0	0	0
6. 2020	0	0	0	0	0	0	0	0	0	0	0	0
7. 2021	0	0	0	0	0	0	0	0	0	0	0	0
8. 2022	0	0	0	0	0	0	0	0	0	0	0	0
9. 2023	0	0	0	0	0	0	0	0	0	0	0	0
10. 2024	0	0	0	0	0	0	0	0	0	0	0	0
11. 2025	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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P - PART 1K - FIDELITY/SURETY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments						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 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments					
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	(1)	.0	.0	.0	.0	.0	.0	(1)	(1)	XXX
2. 2016	.72	.72	.0	.0	.0	.6	.6	.0	.0	.0	.0	.0	XXX
3. 2017	.15	.15	.0	.0	.0	.2	.2	.0	.0	.0	.0	.0	XXX
4. 2018	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
5. 2019	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
6. 2020	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
7. 2021	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
8. 2022	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
9. 2023	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
10. 2024	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
11. 2025	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX
12. Totals	XXX	XXX	XXX	(1)	0	8	8	0	0	0	(1)	(1)	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	.21	.21	.0	.0	.3	.3	.0	.0	.0	.0	.0
3.	.0	.0	.23	.23	.0	.0	.2	.2	.0	.0	.0	.0	.0
4.	.0	.0	.2	.1	.0	.0	.0	.0	.0	.0	.0	.1	.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	46	45	0	0	5	5	0	0	0	1	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.	.30	.30	.0	41.7	41.7	.0	.0	.0	.0	.0	.0
3.	.27	.27	.0	180.0	180.0	.0	.0	.0	.0	.0	.0
4.	.2	.1	.1	.0	.0	.0	.0	.0	.0	.1	.0
5.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	1	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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	.0	.0	.0	.0	.0	.0	.0	.0	XXX
2. 2016	218,562	134,866	83,696	153,731	100,571	106	18	2,386	672	(21)	54,962	XXX
3. 2017	196,168	112,723	83,445	131,924	75,993	132	36	2,226	638	.0	57,615	XXX
4. 2018	262,988	180,754	82,234	168,601	118,547	360	77	2,306	657	.0	51,986	XXX
5. 2019	380,468	299,532	80,936	243,106	199,446	217	102	1,755	499	.0	45,031	XXX
6. 2020	307,586	243,096	64,490	159,216	126,990	79	5	1,747	455	14	33,592	XXX
7. 2021	158,390	94,382	64,008	80,861	44,682	31	6	1,919	420	.0	37,703	XXX
8. 2022	174,499	102,204	72,295	111,438	69,352	94	22	1,144	56	.0	43,246	XXX
9. 2023	219,641	129,765	89,876	144,135	83,653	87	34	1,352	29	.0	61,858	XXX
10. 2024	322,179	225,703	96,476	180,921	114,250	227	27	2,185	251	(4)	68,805	XXX
11. 2025	368,418	255,820	112,598	122,053	75,557	3	3	1,535	126	(3)	47,905	XXX
12. Totals	XXX	XXX	XXX	1,495,986	1,009,041	1,336	330	18,555	3,803	(14)	502,703	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	700	700	.0	.0	.0	.0	.0	.0	.0	.0	.0
10.	4,026	4,026	15,039	11,792	.0	.0	.0	.0	12	.0	.0	3,259	.0
11.	8,991	8,991	148,976	113,151	0	0	14	14	795	41	0	36,579	29
12.	13,017	13,017	164,715	125,643	0	0	14	14	807	41	0	39,838	29

	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.	156,223	101,261	54,962	71.5	75.1	65.7	.0	.0	.0	.0	.0
3.	134,282	76,667	57,615	68.5	68.0	69.0	.0	.0	.0	.0	.0
4.	171,267	119,281	51,986	65.1	66.0	63.2	.0	.0	.0	.0	.0
5.	245,078	200,047	45,031	64.4	66.8	55.6	.0	.0	.0	.0	.0
6.	161,042	127,450	33,592	52.4	52.4	52.1	.0	.0	.0	.0	.0
7.	82,811	45,108	37,703	52.3	47.8	58.9	.0	.0	.0	.0	.0
8.	112,676	69,430	43,246	64.6	67.9	59.8	.0	.0	.0	.0	.0
9.	146,274	84,416	61,858	66.6	65.1	68.8	.0	.0	.0	.0	.0
10.	202,410	130,346	72,064	62.8	57.8	74.7	.0	.0	.0	3,247	12
11.	282,367	197,883	84,484	76.6	77.4	75.0	0	0	0.0	35,825	754
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	39,072	766

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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 1U - Pet Insurance Plans

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	One Year	Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

**SCHEDULE P - PART 2D- WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)**

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

SCHEDULE P - PART 2E- COMMERCIAL MULTIPLE PERIL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	114	18	16	0	0	0	0	0	0	0	0	0
3. 2017	XXX	72	10	10	11	10	10	10	10	10	0	0
4. 2018	XXX	XXX	159	147	83	75	74	75	65	55	(10)	(20)
5. 2019	XXX	XXX	XXX	921	1,161	1,075	1,055	1,059	1,081	1,117	36	58
6. 2020	XXX	XXX	XXX	XXX	1,360	1,814	1,805	1,838	1,800	1,723	(77)	(115)
7. 2021	XXX	XXX	XXX	XXX	XXX	4,126	4,246	4,309	4,266	4,145	(121)	(164)
8. 2022	XXX	XXX	XXX	XXX	XXX	5,081	5,088	4,803	4,803	4,390	(413)	(698)
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	2,705	2,830	2,892	2,892	62	187
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,381	2,386	2,386	5	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,963	2,963	XXX	XXX
12. Totals											(518)	(752)

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	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	27	27	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

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. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	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	0	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	0	0
2. 2016	10,839	9,677	9,695	9,695	9,695	9,695	9,695	9,695	9,695	9,695	9,695	0
3. 2017	XXX	5,258	3,821	3,795	3,795	3,748	3,748	3,748	3,748	3,748	3,748	0
4. 2018	XXX	XXX	3,817	4,771	4,771	4,771	4,771	4,771	4,771	4,771	4,771	0
5. 2019	XXX	XXX	XXX	4,875	3,618	3,467	3,467	3,467	3,467	3,467	3,467	0
6. 2020	XXX	XXX	XXX	XXX	4,963	6,016	5,550	5,550	5,550	5,550	5,550	0
7. 2021	XXX	XXX	XXX	XXX	XXX	7,521	5,344	4,963	4,964	4,964	4,964	1
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	7,226	5,208	5,240	5,240	5,240	32
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,857	9,012	8,946	8,946	(911)
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,929	11,098	11,098	(66)
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	12,856	12,856	(169)
12. Totals											103	(878)

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

1. Prior	8,272	6,129	5,598	5,560	5,466	4,936	4,339	4,142	4,142	4,143	1	1
2. 2016	3,069	3,275	1,023	1,016	978	756	756	756	756	756	0	0
3. 2017	XXX	2,964	2,496	1,882	1,537	1,300	1,300	1,303	1,301	1,301	0	(2)
4. 2018	XXX	XXX	2,845	2,145	1,795	1,338	1,259	1,258	1,254	1,186	(68)	(72)
5. 2019	XXX	XXX	XXX	2,920	2,776	4,150	3,671	3,620	3,642	4,018	376	398
6. 2020	XXX	XXX	XXX	XXX	4,407	4,111	3,480	2,687	1,482	1,485	3	(1,202)
7. 2021	XXX	XXX	XXX	XXX	XXX	4,691	4,520	4,209	2,230	1,377	(853)	(2,832)
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	5,774	5,113	4,904	5,345	441	232
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,087	6,540	6,360	(180)	1,273
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,321	4,600	279	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,663	XXX	XXX
12. Totals											(1)	(2,204)

ANNUAL STATEMENT FOR THE YEAR 2025 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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	11 One Year	12 Two Year
1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2J – AUTO PHYSICAL DAMAGE

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

SCHEDULE P - PART 2K – FIDELITY, SURETY

1. Prior	0	(29)	(54)	(79)	(108)	(117)	(123)	(128)	(131)	(132)	(1)	(4)
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	2	1	1	1	1	1	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(1)	(4)

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

1. Prior	1,107	373	375	365	295	291	295	296	297	297	0	1
2. 2016	60,426	53,313	53,192	53,310	53,272	53,278	53,267	53,256	53,250	53,248	(2)	(8)
3. 2017	XXX	58,401	56,086	56,033	56,017	56,007	56,025	56,025	56,027	56,027	0	2
4. 2018	XXX	XXX	54,227	50,389	50,335	50,337	50,334	50,337	50,336	50,337	1	0
5. 2019	XXX	XXX	XXX	49,345	44,925	44,085	43,868	43,849	43,774	43,775	1	(74)
6. 2020	XXX	XXX	XXX	XXX	41,722	34,239	32,311	32,306	32,292	32,300	8	(6)
7. 2021	XXX	XXX	XXX	XXX	XXX	39,578	37,432	36,219	36,205	36,204	(1)	(15)
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	46,494	42,751	42,182	42,158	(24)	(593)
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	67,076	60,458	60,535	77	(6,541)
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73,434	70,118	(3,316)	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	82,321	XXX	XXX
12. Totals											(3,256)	(7,234)

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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 2U

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0

NONE

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0

NONE

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0

NONE

SCHEDULE P - PART 3D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.11	.54
3. 2017	.XXX	.0	.10	.10	.10	.10	.10	.10	.10	.10	.10	.72	.116
4. 2018	.XXX	.XXX	.20	.41	.55	.55	.55	.55	.55	.55	.55	.81	.123
5. 2019	.XXX	.XXX	.XXX	.30	.866	.947	.952	.953	.981	.1,028	.144	.129	.129
6. 2020	.XXX	.XXX	.XXX	.XXX	.752	1,533	1,564	1,649	1,723	1,723	.234	.158	.158
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	1,622	2,980	3,160	3,163	3,165	.285	.211	.211
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	2,402	3,437	3,469	3,549	.196	.108	.108
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	1,475	2,147	2,313	.135	.76	.76
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.654	1,163	.56	.109	.109
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	1,081	.6	.10	.10

ANNUAL STATEMENT FOR THE YEAR 2025 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	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025			
1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2025	.XXX	.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	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
3. 2017	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
4. 2018	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
5. 2019	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
6. 2020	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.0	.XXX	.XXX
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.0	.XXX	.XXX
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.0	.XXX	.XXX
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.0	.XXX	.XXX
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.0	.0	.0	.XXX	.XXX
11. 2025	.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	.(1)	.(1)	.(1)	.(1)	.(1)	.(1)	.(1)	.(1)	.(1)	.(1)	.0	.0
2. 2016	7,416	9,677	9,695	9,695	9,695	9,695	9,695	9,695	9,695	9,695	9,695	.0	.0
3. 2017	.XXX	2,935	3,821	3,795	3,795	3,748	3,748	3,748	3,748	3,748	3,748	.0	.0
4. 2018	.XXX	.XXX	3,522	4,771	4,771	4,771	4,771	4,771	4,771	4,771	4,771	.0	.0
5. 2019	.XXX	.XXX	.XXX	2,537	3,467	3,467	3,467	3,467	3,467	3,467	3,467	.6	.0
6. 2020	.XXX	.XXX	.XXX	.XXX	4,651	5,550	5,550	5,550	5,550	5,550	5,550	.73	.0
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	3,762	4,965	4,963	4,964	4,964	4,964	.209	.0
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	4,108	5,208	5,240	5,240	5,240	.426	.0
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	6,160	8,932	8,946	8,946	.928	.0
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	6,713	11,096	11,096	.486	.0
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	7,823	7,823	.102	.0

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

1. Prior	.000	2,631	4,217	4,429	4,484	4,509	4,339	4,142	4,142	4,143	4,143	.32	1,233
2. 2016	.232	.554	.702	.754	.754	.756	.756	.756	.756	.756	.756	.20	.383
3. 2017	.XXX	.411	1,102	1,247	1,257	1,274	1,275	1,300	1,301	1,301	1,301	.29	.551
4. 2018	.XXX	.XXX	.271	.765	1,033	1,134	1,156	1,162	1,186	1,186	1,186	.55	.307
5. 2019	.XXX	.XXX	.XXX	.234	.890	1,606	1,981	2,006	2,073	2,237	2,237	.53	.112
6. 2020	.XXX	.XXX	.XXX	.XXX	.376	1,017	1,298	1,468	1,469	1,471	1,471	.83	.160
7. 2021	.XXX	.XXX	.XXX	.XXX	.XXX	.334	.635	.785	1,226	1,230	1,230	.60	.188
8. 2022	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.829	1,051	1,125	1,147	1,147	.66	.142
9. 2023	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.184	1,127	1,382	1,382	.32	.150
10. 2024	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.139	.381	.381	.16	.68
11. 2025	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.XXX	.545	.545	.22	.6

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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 3U

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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								
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025								
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
3. 2017	XXX	.0	.0	NONE														
4. 2018	XXX	XXX	.0															
5. 2019	XXX	XXX	XXX															
6. 2020	XXX	XXX	XXX									XXX						
7. 2021	XXX	XXX	XXX									XXX	XXX					
8. 2022	XXX	XXX	XXX									XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX									XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	XXX	.0

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
3. 2017	XXX	.0	.0	NONE														
4. 2018	XXX	XXX	.0															
5. 2019	XXX	XXX	XXX															
6. 2020	XXX	XXX	XXX									XXX						
7. 2021	XXX	XXX	XXX									XXX	XXX					
8. 2022	XXX	XXX	XXX									XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX									XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	XXX	.0

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
3. 2017	XXX	.0	.0	NONE														
4. 2018	XXX	XXX	.0															
5. 2019	XXX	XXX	XXX															
6. 2020	XXX	XXX	XXX									XXX						
7. 2021	XXX	XXX	XXX									XXX	XXX					
8. 2022	XXX	XXX	XXX									XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX									XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	XXX	.0

SCHEDULE P - PART 4D - WORKERS' COMPENSATION

(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
3. 2017	XXX	.0	.0	NONE														
4. 2018	XXX	XXX	.0															
5. 2019	XXX	XXX	XXX															
6. 2020	XXX	XXX	XXX									XXX						
7. 2021	XXX	XXX	XXX									XXX	XXX					
8. 2022	XXX	XXX	XXX									XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX									XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	XXX	.0

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	114	18	16	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	72	.0	.0	.1	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	139	.47	.19	.20	.19	.20	.10	.0	.0
5. 2019	XXX	XXX	XXX	455	127	79	.91	.96	.65	.0	.0
6. 2020	XXX	XXX	XXX	XXX	312	227	214	.96	.77	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	1,933	1,102	1,039	1,075	.953	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	1,885	1,577	1,302	.767	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	867	.572	.532	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,367	.944	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,265

ANNUAL STATEMENT FOR THE YEAR 2025 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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

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

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	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. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

NONE

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

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	3,423	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	2,323	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	295	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	2,338	151	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	312	466	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	3,759	379	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	3,118	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,697	80	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,216	2
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,033

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

1. Prior	3,875	1,118	750	750	750	400	.0	.0	.0	.0
2. 2016	2,200	2,364	152	150	150	.0	.0	.0	.0	.0
3. 2017	XXX	1,802	1,125	345	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	2,042	860	522	.5	.5	.4	.1	.0
5. 2019	XXX	XXX	XXX	2,158	955	600	.21	.17	.10	.0
6. 2020	XXX	XXX	XXX	XXX	3,460	2,668	2,021	1,219	13	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	3,845	3,298	3,031	1,000	147
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	4,673	3,913	3,694	1,988
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,660	3,032	2,630
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,149	3,892
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,410

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

NONE

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.2	.1	.1	.1	.1	.1
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

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

1. Prior	1,057	.50	.0	.4	.0	.0	.0	.0	.0	.0
2. 2016	20,426	.214	.0	.8	.0	.0	.0	.0	.0	.0
3. 2017	XXX	17,033	.145	.9	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	15,705	.177	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	16,112	1,309	304	.95	.75	.0	.0
6. 2020	XXX	XXX	XXX	XXX	19,504	1,969	.1	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	15,324	1,242	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	16,578	1,143	.31	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	24,606	.928	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,929	3,247
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35,825

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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 4U

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.11	.11	.11	.11	.11	.11	.11	.11
3. 2017	XXX	.0	.15	.39	.41	.41	.71	.71	.72	.72
4. 2018	XXX	XXX	.0	.9	.43	.80	.81	.81	.81	.81
5. 2019	XXX	XXX	XXX	.0	.19	.139	.141	.142	.144	.144
6. 2020	XXX	XXX	XXX	XXX	.0	.203	.222	.229	.233	.234
7. 2021	XXX	XXX	XXX	XXX	XXX	.89	.249	.278	.285	.285
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.46	.171	.196	.196
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.37	.122	.135
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.31	.56
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.6

SECTION 2

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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.2	.1	.31	.1	.1	.0	.0
4. 2018	XXX	XXX	.0	.50	.29	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.6	.89	.4	.0	.0	.1	.1
6. 2020	XXX	XXX	XXX	XXX	.121	.19	.6	.2	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.125	.27	.6	.3	.3
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.94	.18	.2	.1
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.62	.22	.10
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.67	.77
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.68

SECTION 3

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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.2	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.3	.3	.44	.48	.49	.49	.64	.64	.65	.65
3. 2017	XXX	.0	.87	.115	.117	.149	.188	.188	.188	.188
4. 2018	XXX	XXX	.14	.151	.166	.178	.185	.185	.204	.204
5. 2019	XXX	XXX	XXX	.30	.132	.238	.249	.257	.274	.274
6. 2020	XXX	XXX	XXX	XXX	.121	.312	.328	.333	.391	.392
7. 2021	XXX	XXX	XXX	XXX	XXX	.357	.475	.485	.499	.499
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.209	.284	.306	.305
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.138	.220	.221
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.189	.242
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.84

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL 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								
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025								
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0							
3. 2017	XXX	.0	.0	NONE								.0						
4. 2018	XXX	XXX	.0									.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX									.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX									XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX									XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX									XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX									XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	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								
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025								
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0								
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0								
3. 2017	XXX	.0	.0	NONE								.0						
4. 2018	XXX	XXX	.0									.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX									.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX									XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX									XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX									XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX									XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	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								
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025								
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0								
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0								
3. 2017	XXX	.0	.0	NONE								.0						
4. 2018	XXX	XXX	.0									.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX									.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX									XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX									XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX									XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX									XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX									XXX	XXX	XXX	XXX	XXX	XXX	0

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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.4	.5	.6	.6	.6	.6
6. 2020	XXX	XXX	XXX	XXX	.0	.73	.73	.73	.73	.73
7. 2021	XXX	XXX	XXX	XXX	XXX	.96	.206	.208	.209	.209
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.253	.422	.426	.426
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.730	.920	.928
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.368	.486
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.102

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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.4	.5	.6	.6	.6	.6
6. 2020	XXX	XXX	XXX	XXX	.0	.73	.73	.73	.73	.73
7. 2021	XXX	XXX	XXX	XXX	XXX	.96	.206	.208	.209	.209
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.253	.422	.426	.426
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.730	.920	.928
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.368	.486
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.102

ANNUAL STATEMENT FOR THE YEAR 2025 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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	9	15	0	2	7	5	1	0	1	1
2. 2016	9	20	20	20	20	20	20	20	20	20
3. 2017	XXX	0	17	24	25	28	28	28	29	29
4. 2018	XXX	XXX	10	18	33	52	53	53	54	55
5. 2019	XXX	XXX	XXX	5	16	50	53	53	53	53
6. 2020	XXX	XXX	XXX	XXX	3	70	80	82	83	83
7. 2021	XXX	XXX	XXX	XXX	XXX	17	44	53	59	60
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	30	58	64	66
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	27	32
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	16
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	22

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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	482	396	356	262	226	160	150	142	121	10
2. 2016	84	54	40	22	12	6	6	6	6	3
3. 2017	XXX	19	19	9	8	5	5	3	2	2
4. 2018	XXX	XXX	40	29	16	3	2	1	2	1
5. 2019	XXX	XXX	XXX	53	55	14	4	3	3	3
6. 2020	XXX	XXX	XXX	XXX	81	18	1	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	39	10	7	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	27	12	4	4
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	20	11	10
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	18
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29

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
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior	79	360	(17)	155	3	13	61	107	72	39
2. 2016	149	315	316	359	360	369	378	390	405	406
3. 2017	XXX	89	466	546	547	556	561	561	580	582
4. 2018	XXX	XXX	209	309	318	342	354	354	360	363
5. 2019	XXX	XXX	XXX	92	117	144	148	152	166	168
6. 2020	XXX	XXX	XXX	XXX	93	147	222	230	243	243
7. 2021	XXX	XXX	XXX	XXX	XXX	105	142	201	247	248
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	103	148	207	212
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	182	192
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	102
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	57

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

NONE

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

NONE

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	21,302	21,302	21,302	21,302	21,302	21,302	21,302	21,302	21,302	21,302	21,302
3. 2017	XXX	29,577	29,577	29,577	29,577	29,577	29,577	29,577	29,577	29,577	29,577
4. 2018	XXX	XXX	31,739	31,739	31,739	31,739	31,739	31,739	31,739	31,739	31,739
5. 2019	XXX	XXX	XXX	31,432	31,432	31,432	31,432	31,432	31,432	31,432	31,432
6. 2020	XXX	XXX	XXX	XXX	33,672	33,672	33,672	33,672	33,672	33,672	33,672
7. 2021	XXX	XXX	XXX	XXX	XXX	49,636	49,636	49,636	49,636	49,636	49,636
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	58,270	58,270	58,270	58,270	58,270
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45,299	45,299	45,299	45,299
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39,944	39,944	39,944
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,398	36,398
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,398
13. Earned premiums (Sc P-Pt 1)	21,302	29,577	31,739	31,432	33,672	49,636	58,270	45,299	39,944	36,398	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	20,875	20,875	20,875	20,875	20,875	20,875	20,875	20,875	20,875	20,875	20,875
3. 2017	XXX	29,499	29,499	29,499	29,499	29,499	29,499	29,499	29,499	29,499	29,499
4. 2018	XXX	XXX	30,836	30,836	30,836	30,836	30,836	30,836	30,836	30,836	30,836
5. 2019	XXX	XXX	XXX	30,027	30,027	30,027	30,027	30,027	30,027	30,027	30,027
6. 2020	XXX	XXX	XXX	XXX	31,717	31,717	31,717	31,717	31,717	31,717	31,717
7. 2021	XXX	XXX	XXX	XXX	XXX	44,722	44,722	44,722	44,722	44,722	44,722
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	50,648	50,648	50,648	50,648	50,648
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	40,881	40,881	40,881	40,881
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	36,346	36,346	36,346
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,802	31,802
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,802
13. Earned premiums (Sc P-Pt 1)	20,875	29,499	30,836	30,027	31,717	44,722	50,648	40,881	36,346	31,802	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	20,633	20,633	20,633	20,633	20,633	20,633	20,633	20,633	20,633	20,633	20,633
3. 2017	XXX	16,356	16,356	16,356	16,356	16,356	16,356	16,356	16,356	16,356	16,356
4. 2018	XXX	XXX	29,933	29,933	29,933	29,933	29,933	29,933	29,933	29,933	29,933
5. 2019	XXX	XXX	XXX	18,126	18,126	18,126	18,126	18,126	18,126	18,126	18,126
6. 2020	XXX	XXX	XXX	XXX	17,321	17,321	17,321	17,321	17,321	17,321	17,321
7. 2021	XXX	XXX	XXX	XXX	XXX	20,110	20,110	20,110	20,110	20,110	20,110
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	20,253	20,253	20,253	20,253	20,253
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27,798	27,798	27,798	27,798
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31,704	31,704	31,704
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33,572	33,572
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33,572
13. Earned premiums (Sc P-Pt 1)	20,633	21,866	29,933	18,126	17,321	20,110	20,253	27,798	31,704	33,572	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	10,737	10,737	10,737	10,737	10,737	10,737	10,737	10,737	10,737	10,737	10,737
3. 2017	XXX	8,563	8,563	8,563	8,563	8,563	8,563	8,563	8,563	8,563	8,563
4. 2018	XXX	XXX	23,319	23,319	23,319	23,319	23,319	23,319	23,319	23,319	23,319
5. 2019	XXX	XXX	XXX	10,353	10,353	10,353	10,353	10,353	10,353	10,353	10,353
6. 2020	XXX	XXX	XXX	XXX	9,448	9,448	9,448	9,448	9,448	9,448	9,448
7. 2021	XXX	XXX	XXX	XXX	XXX	11,203	11,203	11,203	11,203	11,203	11,203
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	11,115	11,115	11,115	11,115	11,115
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	15,945	15,945	15,945	15,945
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,791	17,791	17,791
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,977	18,977
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18,977
13. Earned premiums (Sc P-Pt 1)	10,737	14,073	23,319	10,353	9,448	11,203	11,115	15,945	17,791	18,977	XXX

ANNUAL STATEMENT FOR THE YEAR 2025 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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	27,403	27,403	27,403	27,403	27,403	27,403	27,403	27,403	27,403	27,403	.0
3. 2017	XXX	25,562	25,562	25,562	25,562	25,562	25,562	25,562	25,562	25,562	.0
4. 2018	XXX	XXX	20,452	20,452	20,452	20,452	20,452	20,452	20,452	20,452	.0
5. 2019	XXX	XXX	XXX	15,649	15,649	15,649	15,649	15,649	15,649	15,649	.0
6. 2020	XXX	XXX	XXX	XXX	18,213	18,213	18,213	18,213	18,213	18,213	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	23,566	23,566	23,566	23,566	23,566	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	26,859	26,859	26,859	26,859	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21,559	21,559	21,559	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,865	17,865	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,423	25,423
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	25,423
13. Earned premiums (Sc P-Pt 1)	27,403	25,562	20,452	15,649	18,213	23,566	26,859	21,559	17,865	25,423	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	20,501	20,501	20,501	20,501	20,501	20,501	20,501	20,501	20,501	20,501	.0
3. 2017	XXX	17,089	17,089	17,089	17,089	17,089	17,089	17,089	17,089	17,089	.0
4. 2018	XXX	XXX	13,843	13,843	13,843	13,843	13,843	13,843	13,843	13,843	.0
5. 2019	XXX	XXX	XXX	8,441	8,441	8,441	8,441	8,441	8,441	8,441	.0
6. 2020	XXX	XXX	XXX	XXX	9,906	9,906	9,906	9,906	9,906	9,906	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	15,218	15,218	15,218	15,218	15,218	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	16,611	16,611	16,611	16,611	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,290	14,290	14,290	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9,637	9,637	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,234	16,234
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,234
13. Earned premiums (Sc P-Pt 1)	20,501	17,089	13,843	8,441	9,906	15,218	16,611	14,290	9,637	16,234	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2025	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 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
11. 2025	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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS
(\$000 OMITTED)**

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners	0		0.0	0		0.0
2. Private passenger auto liability/medical	0		0.0	0		0.0
3. Commercial auto/truck liability/medical	0		0.0	0		0.0
4. Workers' compensation	0		0.0	0		0.0
5. Commercial multiple peril	5,429		0.0	4,376		0.0
6. Medical professional liability-occurrence	0		0.0	0		0.0
7. Medical professional liability-claims-made	0		0.0	0		0.0
8. Special liability	0		0.0	0		0.0
9. Other liability-occurrence	5,477		0.0	14,941		0.0
10. Other liability-claims-made	18,557		0.0	10,487		0.0
11. Special property	0		0.0	0		0.0
12. Auto physical damage	0		0.0	0		0.0
13. Fidelity/surety	1		0.0	0		0.0
14. Other	39,839		0.0	112,421		0.0
15. International	0		0.0	0		0.0
16. Reinsurance-nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products liability-occurrence	0		0.0	0		0.0
20. Products liability-claims-made	0		0.0	0		0.0
21. Financial guaranty/mortgage guaranty	0		0.0	0		0.0
22. Warranty	0		0.0	0		0.0
23. Pet insurance plans	0		0.0	0		0.0
24. Totals	69,303	0	0.0	142,225	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2016	0	0	0	0	0	0	0	0	0	0
3. 2017	XXX	0	0	0	0	0	0	0	0	0
4. 2018	XXX	XXX	0	0	0	0	0	0	0	0
5. 2019	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2020	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2021	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS
(continued)**

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS
(\$000 OMITTED)**

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/farmowners	.0		.00	.0		.00
2. Private passenger auto liability/medical	.0		.00	.0		.00
3. Commercial auto/truck liability/medical	.0		.00	.0		.00
4. Workers' compensation	.0		.00	.0		.00
5. Commercial multiple peril	5,429		.00	4,376		.00
6. Medical professional liability-occurrence	.0		.00	.0		.00
7. Medical professional liability-claims-made	.0		.00	.0		.00
8. Special liability	.0		.00	.0		.00
9. Other liability-occurrence	5,477		.00	14,941		.00
10. Other liability-claims-made	18,557		.00	10,487		.00
11. Special property	.0		.00	.0		.00
12. Auto physical damage	.0		.00	.0		.00
13. Fidelity/surety	1		.00	.0		.00
14. Other	39,839		.00	112,421		.00
15. International	.0		.00	.0		.00
16. Reinsurance-nonproportional assumed property	.0		.00	.0		.00
17. Reinsurance-nonproportional assumed liability	.0		.00	.0		.00
18. Reinsurance-nonproportional assumed financial lines	.0		.00	.0		.00
19. Products liability-occurrence	.0		.00	.0		.00
20. Products liability-claims-made	.0		.00	.0		.00
21. Financial guaranty/mortgage guaranty	.0		.00	.0		.00
22. Warranty	.0		.00	.0		.00
23. Pet insurance plans	.0		.00	.0		.00
24. Totals	69,303	0	0.0	142,225	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2017	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2018	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2019	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2020	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
7. 2021	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0

**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS
(continued)**

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)										
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
3. 2017	XXX	.0	.0	NONE							.0
4. 2018	XXX	XXX	.0								
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX								
9. 2023	XXX	XXX	XXX								
10. 2024	XXX	XXX	XXX								
11. 2025	XXX	XXX	XXX								

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)										
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
3. 2017	XXX	.0	.0	NONE							.0
4. 2018	XXX	XXX	.0								
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX								
9. 2023	XXX	XXX	XXX								
10. 2024	XXX	XXX	XXX								
11. 2025	XXX	XXX	XXX								

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)										
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
3. 2017	XXX	.0	.0	NONE							.0
4. 2018	XXX	XXX	.0								
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX								
9. 2023	XXX	XXX	XXX								
10. 2024	XXX	XXX	XXX								
11. 2025	XXX	XXX	XXX								

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)										
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025	
1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
2. 2016	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	
3. 2017	XXX	.0	.0	NONE							.0
4. 2018	XXX	XXX	.0								
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX								
8. 2022	XXX	XXX	XXX								
9. 2023	XXX	XXX	XXX								
10. 2024	XXX	XXX	XXX								
11. 2025	XXX	XXX	XXX								

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes No
 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)? \$175,000
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP No. 65? Yes No
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes 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
- 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	2016		
1.603	2017		
1.604	2018		
1.605	2019		
1.606	2020		
1.607	2021		
1.608	2022		
1.609	2023		
1.610	2024		
1.611	2025		
1.612	Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement? Yes 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 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
- If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.
- Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
- Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
 (in thousands of dollars)
- | | |
|--------------|-----------|
| 5.1 Fidelity | \$0 |
| 5.2 Surety | \$0 |
6. Claim count information is reported per claim or per claimant (indicate which).CLAIM
 If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes No
- 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 2025 OF THE BCS Insurance Company

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC				273		273
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL				87,295		87,295
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ				2,511		2,511
32. New Mexico	NM						0
33. New York	NY				63		63
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				126		126
40. Rhode Island	RI						0
41. South Carolina	SC						0
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. U.S. 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	90,268	0	90,268

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

**SCHEDULE Y
PART 1A – DETAILS OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00023	BCS Financial Corporation	38245	36-6033921				BCS Insurance Company	.OH	.RE	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0
00023	BCS Financial Corporation	80985	36-2149353				4 Ever Life Insurance Company	.IL	.IA	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0
00023	BCS Financial Corporation	00000	36-4247278				BCS Financial Corporation	.DE	.UDP	N/A	Board	0.0	N/A	NO	.0
00023	BCS Financial Corporation	00000	36-4303124				BCS Financial Services Corporation	.DE	.NIA	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0
00023	BCS Financial Corporation	00000	36-3120811				BCS Insurance Agency, Inc	.IL	.NIA	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0
00023	BCS Financial Corporation	00000	37-1732732				Ancilyze Technologies LLC	.DE	.NIA	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0
00023	BCS Financial Corporation	00000	46-4945044				Ancilyze Insurance Agency LLC	.IL	.OTH	Ancilyze Technologies LLC	Ownership	100.0	Ancilyze Technologies LLC	NO	.1
00023	BCS Financial Corporation	00000	32-0485937				BCS Re Inc	.VT	.IA	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0
00023	BCS Financial Corporation	00000	98-1353021				4 Ever Life International Limited	.BMU	.IA	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0
00023	BCS Financial Corporation	00000	51-0309072				Medical Risk Managers, Inc	.DE	.NIA	BCS Financial Corporation	Ownership	100.0	BCS Financial Corporation	NO	.0

86

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

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
BCS Insurance Company.....	BCS Financial Corporation.....	100.000 %	NO	BCS Financial Corporation.....	BCS Re Inc.....	100.000 %	NO
4 Ever Life Insurance Company.....	BCS Financial Corporation.....	100.000 %	NO	BCS Financial Corporation.....	BCS Re Inc.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Michigan Medicaid Holdings Company.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Emergent Holdings, Inc.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	BCSBM and Independence Health Group Inc..... Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	BMH LLC.....	38.740 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross and Blue Shield of Vermont.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	BCSBM and Independence Health Group Inc..... Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Vista HoldCo LLC.....	38.740 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Care Network of Michigan.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Woodward Straits Insurance Company.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Financial Services Holding Company, LLC.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Services Holding Company, LLC.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Pharmacy-Related Holding Company, LLC.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Care Transformation Holding Company.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Behavioral Health Holding Company, LLC.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Strategic Services Holding Company, LLC.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Provider-Related Holding Company, LLC.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Shell Holding Company I, LLC.....	100.000 %	NO
BCS Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Shell Holding Company II, LLC.....	100.000 %	NO
4 Ever Life Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Michigan Medicaid Holdings Company.....	100.000 %	NO
4 Ever Life Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Emergent Holdings, Inc.....	100.000 %	NO
4 Ever Life Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	BCSBM and Independence Health Group Inc..... Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	BMH LLC.....	38.740 %	NO
4 Ever Life Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Cross and Blue Shield of Vermont.....	100.000 %	NO
4 Ever Life Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	BCSBM and Independence Health Group Inc..... Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Vista HoldCo LLC.....	38.740 %	NO
4 Ever Life Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Blue Care Network of Michigan.....	100.000 %	NO
4 Ever Life Insurance Company.....	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	10.080 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Woodward Straits Insurance Company.....	100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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.

RESPONSES

MARCH FILING

- 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

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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

- 11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? SEE EXPLANATION
- 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? SEE EXPLANATION
- 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? YES
- 14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? YES
- 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? SEE EXPLANATION
- 16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? SEE EXPLANATION
- 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? SEE EXPLANATION
- 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? SEE EXPLANATION
- 19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? YES
- 20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? YES
- 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? SEE EXPLANATION
- 22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? SEE EXPLANATION
- 23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? YES
- 24. 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
- 25. 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
- 26. 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
- 27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1? SEE EXPLANATION
- 28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1? YES
- 29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1? YES

APRIL FILING

- 30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? SEE EXPLANATION
- 31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? YES
- 32. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES
- 33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1? YES
- 34. Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? YES
- 35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? YES
- 36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? NO
- 37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? NO

AUGUST FILING

- 38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? YES

Explanation:

8. Not applicable

11. Not applicable

12. Not applicable

15. Not applicable

16. Not applicable

17. Not applicable

18. Not applicable

21. Not applicable

22. Not applicable

24. Not applicable

25. Not applicable

26. Not applicable

27. Not applicable

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

30. Not applicable

36. Not applicable

37. Not applicable

Bar Code:



OVERFLOW PAGE FOR WRITE-INS

E30 Additional Aggregate Lines for Line 58.

*SCEPT3 - Schedule E - Part 3 - Special Deposits

	1 Type of Deposit	2 Purpose of Deposit	3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value	
5804.	3128MJ2C3	.....Held for col lateral			84,399	75,364
5805.	3128MJSK7	.....Held for col lateral			59,829	53,941
5806.	3128MJXQ8	.....Held for col lateral			45,616	40,971
5807.	3128MJZ37	.....Held for col lateral			64,589	57,787
5808.	3128MJZ86	.....Held for col lateral			42,767	38,067
5809.	31292MDY6	.....Held for col lateral			193,671	176,684
5810.	312940EU9	.....Held for col lateral			28,497	28,268
5811.	3132DWERO	.....Held for col lateral			808,348	775,898
5812.	3132GGCG8	.....Held for col lateral			151,224	144,028
5813.	3132GJEL9	.....Held for col lateral			54,286	51,166
5814.	3132HL3K7	.....Held for col lateral			65,138	59,127
5815.	3132HNHV4	.....Held for col lateral			62,730	56,584
5816.	3132L9Z27	.....Held for col lateral			82,059	73,170
5817.	3132QWMMK2	.....Held for col lateral			145,408	139,621
5818.	3132WNEP3	.....Held for col lateral			37,972	33,873
5819.	3136AB3Q4	.....Held for col lateral			192,841	173,143
5820.	3136B1BD5	.....Held for col lateral			201,659	197,738
5821.	3137FDES7	.....Held for col lateral			743,216	733,185
5822.	3138A2BV0	.....Held for col lateral			43,503	42,457
5823.	3138L9H39	.....Held for col lateral			403,035	396,122
5824.	3138X0Y36	.....Held for col lateral			149,308	137,608
5825.	31392CT61	.....Held for col lateral			52,077	53,115
5826.	31402C4F6	.....Held for col lateral			18,447	18,400
5827.	31403C6L0	.....Held for col lateral			15,482	15,362
5828.	31403JTN6	.....Held for col lateral			23,543	24,108
5829.	3140072C0	.....Held for col lateral			179,543	168,211
5830.	314009E25	.....Held for col lateral			127,056	115,004
5831.	314009TJ2	.....Held for col lateral			75,108	67,950
5832.	31412PU82	.....Held for col lateral			53,745	52,858
5833.	31412Q7B9	.....Held for col lateral			59,562	58,108
5834.	31416RRG0	.....Held for col lateral			35,633	34,747
5835.	31416XQT0	.....Held for col lateral			53,852	51,432
5836.	31418CR89	.....Held for col lateral			142,045	132,813
5837.	31419LXR9	.....Held for col lateral			56,235	55,233
5838.	36251XAR8	.....Held for col lateral			650,723	644,864
5839.	78413MAC2	.....Held for col lateral			662,849	545,212
5840.	902055AA0	.....Held for col lateral			449,801	440,854
5841.	912810QH4	.....Held for col lateral			843,572	787,875
5842.	912810RT7	.....Held for col lateral			342,472	230,672
5843.	912810RZ3	.....Held for col lateral			280,018	199,817
5844.	91282CDY4	.....Held for col lateral			878,574	892,499
5845.	91282CGM7	.....Held for col lateral			491,121	486,269
5846.	95001FAX3	.....Held for col lateral			701,694	695,341
5847.							
5848.							
5897.	Summary of remaining write-ins for Line 58 from page E30	XXX	XXX	0	0	9,853,247	9,255,546

ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

Supp "A" to Schedule T - Physicians

NONE

Supp "A" to Schedule T - Hospitals

NONE



SUPPLEMENT FOR DECEMBER 31, 2025 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	135,342	135,342	0	0	0	0	0	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	135,342	135,342	0	0	0	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, 2025 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 2025 OF THE BCS Insurance Company

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2025
(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
\$ 0	\$ 0	\$ 47,020,045	\$ (2,955,756)	\$ 1,373,346	\$ 2,498,409	0.0 %	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

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes No

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

2.31 Amount quantified: \$0

2.32 Amount estimated using reasonable assumptions: \$0

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

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 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 %



ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS
AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES
 (To Be Filed by March 1)

NAIC Group Code 00023.....

NAIC Company Code 38245.....

	Direct Business Only			
	Prior Year	Current Year		
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 Losses Unpaid (Case Base)
1. Completed operations.....	0			
2. Errors & omissions (E&O).....	7,310,341	19,859,251	233,614	1,516,100
3. Directors & officers (D&O).....	0	0	47,020,045	32,751,560
4. Environmental liability.....	0			
5. Excess workers' compensation.....	0			
6. Commercial excess & umbrella.....	31,704,471	33,572,003	25,171,604	0
7. Personal umbrella.....	0			
8. Employment liability.....	0			
9. Aggregate write-ins for facilities and premises (CGL).....	0	0	0	0
10. Internet & cyber liability.....	7,625,520	6,934,309	2,044,175	21,497,500
11. Aggregate write-ins for other.....	0	0	0	0
12. Total ASL 17 – other liability (sum of lines 1 through 11)	46,640,332	60,365,563	74,469,438	55,765,160
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)	0	0	0	0
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Alabama

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Alaska

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Arizona

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF California

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Colorado

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Connecticut

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Delaware

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF District of Columbia

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Florida

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Georgia

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Hawaii

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Idaho

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Illinois

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Indiana

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Iowa

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Kansas

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Kentucky

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Louisiana

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Maine

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Maryland

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Massachusetts

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Michigan

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Minnesota

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Mississippi

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Missouri

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Montana

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Nebraska

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Nevada

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF New Hampshire

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF New Mexico

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF New York

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	
2. Health.....	NO
3. Homeowners.....	NO
4. Individual annuity.....	NO
5. Individual life.....	NO
6. Lender-placed home and auto.....	NO
7. Long-term care.....	NO
8. Other health.....	YES
9. Private flood.....	NO
10. Private passenger auto.....	NO
11. Short-term limited duration health plans.....	NO
12. Travel.....	YES
13. Pet insurance plans.....	NO



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF North Carolina

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF North Dakota

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Oregon

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Puerto Rico

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Rhode Island

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF South Carolina

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF South Dakota

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



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SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Tennessee

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Texas

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	YES.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Utah

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Vermont

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



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SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Virginia

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Washington

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF West Virginia

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Wisconsin

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2025 OF THE BCS Insurance Company

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2025
(To Be Filed By March 1)

FOR THE STATE OF Wyoming

NAIC Group Code 00023.....

NAIC Company Code 38245.....

MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	NO.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	YES.....
9. Private flood.....	NO.....
10. Private passenger auto.....	NO.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	YES.....
13. Pet insurance plans.....	NO.....