

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825113

Entity Name: BCS INSURANCE COMPANY**Current Principal Place of Business:**2 MID AMERICA PLAZA
SUITE 200
OAKBROOK TERRACE, IL 60181**Current Mailing Address:**2 MID AMERICA PLAZA
SUITE 200
OAKBROOK TERRACE, IL 60181 US**FEI Number:** 36-6033921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/DIRECTOR/CHIEF
EXECUTIVE OFFICER

Name BEACHAM, SCOTT

Address 2 MID AMERICA PLAZA
SUITE 200

City-State-Zip: OAKBROOK TERRACE IL 60181

Title TREASURER/DIRECTOR/CHIEF
FINANCIAL OFFICER

Name PICKAR, SUSAN A.

Address 2 MID AMERICA PLAZA
SUITE 200

City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIRECTOR

Name JACOBS, DAVID J.

Address 2 MID AMERICA PLAZA
SUITE 200

City-State-Zip: OAKBROOK TERRACE IL 60181

Title SECRETARY/GENERAL
COUNSEL/DIRECTOR

Name HACKETT, TERRY M.

Address 2 MID AMERICA PLAZA
SUITE 200

City-State-Zip: OAKBROOK TERRACE IL 60181

Title DIRECTOR

Name COSTELLO, PETER

Address 2 MID AMERICA PLAZA
SUITE 200

City-State-Zip: OAKBROOK TERRACE IL 60181

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TERRY M. HACKETT**SECRETARY****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date