

2013 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 60181-4712**Current Mailing Address:**2 MID AMERICA PLAZA
SUITE 200
OAKBROOK TERRACE, IL 60181-4712**FEI Number:** 36-6033921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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	PD
Name	BEACHAM, III, H FPD
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181-4712

Title	VSD
Name	CARPENTER, HENRY AVSD
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181-4712

Title	VD
Name	PICKAR, SUSAN VD
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181-4712

Title	VD
Name	BRANNIGAN, MATTHEW TVD
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181-4712

Title	VD
Name	JACOBS, DAVID VD
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181-4712

Title	V
Name	PALKA, DALE VP
Address	2 MID AMERICA PLAZA, SUITE 200
City-State-Zip:	OAKBROOK TERRACE IL 60181-4712

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: HENRY A. CARPENTER**SVP, GENERAL COUNSEL 04/29/2013
& SECRETARY**_____
Electronic Signature of Signing Officer/Director Detail_____
Date