

**Summary of Subsidiary Corporations**

Complete and submit a separate summary for *each* subsidiary corporation (reproduce form if necessary). A subsidiary is any controlled, owned or affiliated entity as described in Section 500.115 of the Michigan Insurance Code of 1956 as amended. Complete on a calendar year basis unless otherwise indicated.

**SUBMIT FORM AND ATTACHMENTS WITH MICHIGAN ANNUAL STATEMENT FILING.**

Submission Required By: NONPROFIT HEALTH CARE CORPORATIONS	<b>2008</b>
DENTAL SERVICE CORPORATIONS	<b>DUE 3/1/09</b>
Bar Code Required - Place Bar Code Here	

Name of Company (Insurer--NOT Subsidiary)	NAIC Group number	NAIC Company code
Name and address of Subsidiary	Subsidiary contact person name and title	
	Contact person phone number (     )	Subsidiary state of incorporation
Summary of business activity of Subsidiary	Subsidiary Tax I. D. Number (FEIN)	Subsidiary date of incorporation
Subsidiary--Total number of shares authorized	Describe all lawsuits or other litigation pending against Subsidiary	
Subsidiary--Par value of stock		
Number of Subsidiary shares owned by Insurer at year end 2007		
Number of Subsidiary shares owned by Insurer at year end 2008		
2008 Dividends Subsidiary paid to Insurer		
Dates dividends were paid:		

**Required Attachments (if applicable):**

I. Attach a detailed description and supporting documentation on any of these relationships or transactions between Insurer and the Subsidiary: *(check to show attachments are included; if there were no such transactions or relationships, check to indicate none)*

II. Attach financial statements and exhibits for the report year ending December 31, 2008. List titles of the attachments below:

1. Loans, other investments, purchases, sales of, or exchanges of securities of the Subsidiary.  
 Attachments included     None
2. Purchases, sales of, or exchanges of assets.  
 Attachments included     None
3. Transactions not in the ordinary course of business.  
 Attachments included     None
4. Guarantees for the benefit of a subsidiary which may result in a contingent exposure to Insurer's assets.  
 Attachments included     None
5. All management and service contracts and all cost sharing arrangements.  
 Attachments included     None

III. Attach a completed form FIS 0084 Summary of Subsidiary Corporations for each *Subsidiary of the Subsidiary*. List names of all the Subsidiaries of the Subsidiary below: *(indicate if none)*  
 None

PA 218 of 1956 as amended, requires submission by nonprofit health care corporations and dental service corporations who were controlled, owned or were affiliated with an entity during the calendar reporting year, as described in Section 500.115 of the Michigan Insurance Code of 1956 as amended. Failure to properly complete and file this report may result in a compliance action against the corporation.



**Michigan Department of Labor & Economic Growth**

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