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ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

Blue Care Network of Michigan

NAIC Group Code.....572, 572 (Current Period) (Prior Period) NAIC Company Code..... 95610 Employer's ID Number..... 38-2359234

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan Country of Domicile US

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [X] No [ ]

Incorporated/Organized..... May 6, 1981 Commenced Business..... May 13, 1981

Statutory Home Office	20500 Civic Center Drive….. Southfield ..... MI ..... US …. 48076 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	20500 Civic Center Drive….. Southfield ..... MI ..... US …. 48076 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-799-6400 *(Area Code) (Telephone Number)*
Mail Address	20500 Civic Center Drive MC C455….. Southfield ..... MI ..... US …. 48076 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	20500 Civic Center Drive….. Southfield ..... MI ..... US …. 48076 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-223-5480 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.BCBSM.com	
Statutory Statement Contact	Karen Marie Hackett *(Name)*	248-223-5480 *(Area Code) (Telephone Number) (Extension)*
	KHackett@bcbsm.com *(E-Mail Address)*	866-316-7774 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Kevin James Klobucar	President & Chief Executive Officer	2. Julie Concetta Swantek	Secretary
3. Susan Anne Kluge	Chief Financial Officer & Treasurer	4. Marc Darryl Keshishian MD	Chief Medical Officer

OTHER

DIRECTORS OR TRUSTEES

Kedrick David Adkins	Julie Anne Angott	Mark Robert Bartlett	William Harrison Black
James Robert Dietz	Shauna Ryder Diggs MD	Sarah Winston Doyle	Janet Louise Harden
DeMerritte Bonta Hiscoe MD	Valeriah Ann Holmon	Gerald Kariem	Robert Paul Kelch MD
Kevin James Klobucar	Melvin Lyle Larsen	Barry Eugene Newcomb	Gregory Alan Sudderth
Diana Lynn Watson			

State of..... Michigan
County of..... Oakland

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.

(Signature)	(Signature)	(Signature)
Kevin James Klobucar	Julie Concetta Swantek	Susan Anne Kluge
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Secretary	Chief Financial Officer & Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2014

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	716,666	63,203	24,996	47,755	47,755	804,865
City of Detroit	1,234,000	1,230,000	1,234,000	2,164,438	2,164,438	3,698,000
Federal Employee Health Benefit Plan	3,028,481	300,000	300,000			3,628,481
State of Michigan	2,340,434	86,000	86,000			2,512,434
0299997. Group subscribers subtotal	6,602,915	1,616,000	1,620,000	2,164,438	2,164,438	9,838,915
0299998. Premiums due and unpaid not individually listed	7,166,199	422,218	15,597	54,400	54,400	7,604,014
0299999. Total group	13,769,114	2,038,218	1,635,597	2,218,838	2,218,838	17,442,929
0399999. Premiums due and unpaid from Medicare entities	13,462,584					13,462,584
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	27,948,364	2,101,421	1,660,593	2,266,593	2,266,593	31,710,378

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually	7,416,569	6,167,802		2,322,770	2,322,770	13,584,371
0199999. Total Pharmaceutical Rebate Receivables	7,416,569	6,167,802	0	2,322,770	2,322,770	13,584,371
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	12,960				12,960	0
0299999. Total Claim Overpayment Receivables	12,960	0	0	0	12,960	0
Risk Sharing Receivables						
University of Michigan Health System	4,750,000					4,750,000
0599999. Total Risk Sharing Receivables	4,750,000	0	0	0	0	4,750,000
0799999. Gross Health Care Receivables	12,179,529	6,167,802	0	2,322,770	2,335,730	18,334,371

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered	68,912,741	1,766,055	179,892	123,519		70,982,207
0499999. Subtotals	68,912,741	1,766,055	179,892	123,519	0	70,982,207
0599999. Unreported claim and other claim reserves						195,679,330
0699999. Total amounts withheld						8,964,242
0799999. Total claims unpaid						275,625,779
0899999. Accrued medical incentive pool and bonus amounts						63,930,270

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Blue Cross Blue Shield of Michigan	39,899,345					39,899,345	
BCN Service Company	6,899,825					6,899,825	
Blue Cross Complete of Michigan	2,905,430					2,905,430	
0199999. Individually listed receivables	49,704,600	0	0	0	0	49,704,600	0
0299999. Receivables not individually listed	110,718					110,718	
0399999. Total gross amounts receivable	49,815,318	0	0	0	0	49,815,318	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Blue Cross Blue Shield of Michigan	Administrative services and pension and postretirement	108,116,256	57,609,308	50,506,948
BCN Service Company	Claims and Capitation payments for Personal Plus and Self-Funded transactions	10,681,986	10,681,986	
0199999. Individually listed payables		118,798,242	68,291,294	50,506,948
0299999. Payables not individually listed		7,729	7,729	
0399999. Total gross payables		118,805,971	68,299,023	50,506,948

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	154,180,022	7.0	460,552	86.5		154,180,022
2. Intermediaries	23,084,486	1.1	516,616	97.0		23,084,486
3. All other providers	26,890,289	1.2	516,616	97.0		26,890,289
4. Total capitation payments	204,154,797	9.3	1,493,784	280.5	0	204,154,797
Other Payments:						
5. Fee-for-service	260,200,557	11.9	XXX	XXX		260,200,557
6. Contractual fee payments	1,622,266,516	74.1	XXX	XXX		1,622,266,516
7. Bonus/withhold arrangements - fee-for-service	4,315,199	0.2	XXX	XXX		4,315,199
8. Bonus/withhold arrangements - contractual fee payments	98,246,785	4.5	XXX	XXX		98,246,785
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,985,029,057	90.7	XXX	XXX	0	1,985,029,057
13. Total (Line 4 plus Line 12)	2,189,183,854	100.0	XXX	XXX	0	2,189,183,854

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
	Joint Venture Hospital Laboratories	23,084,486	1,923,707		
9999999. Totals		23,084,486	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	3,042,057		1,807,298	1,234,759	1,234,759	0
2. Medical furniture, equipment and fixtures	90,624		90,624			0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	18,317,292		11,260,477	7,056,815	7,056,815	0
6. Total	21,449,973	0	13,158,399	8,291,574	8,291,574	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Blue Care Network of Michigan 2. Southfield, MI

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	544,596	3,256	465,430	9,316			18,494	48,100		
2. First quarter	524,548	3,338	440,648	9,361			17,866	53,335		
3. Second quarter	524,483	3,240	439,944	9,667			17,746	53,886		
4. Third quarter	526,334	3,194	440,487	9,815			17,718	55,120		
5. Current year	532,482	3,053	445,685	10,022			17,658	56,064		
6. Current year member months	6,313,762	38,740	5,293,963	115,099			214,220	651,740		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,543,013	35,195	2,549,770	119,804			128,009	710,235		
8. Non-physician	943,992	10,088	621,831	66,175			38,312	207,586		
9. Totals	4,487,005	45,283	3,171,601	185,979	0	0	166,321	917,821	0	0
10. Hospital patient days incurred	210,904	1,953	130,037	8,206			5,016	65,692		
11. Number of inpatient admissions	53,437	466	36,506	1,872			1,428	13,165		
12. Health premiums written (b)	2,624,145,896	11,444,195	1,919,315,248	22,950,088			84,292,226	586,144,139		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,631,084,041	11,514,947	1,925,733,626	22,905,476			84,292,226	586,637,766		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,189,183,854	19,034,983	1,578,239,283	16,639,256			75,020,671	500,249,661		
18. Amount incurred for provision of health care services	2,190,730,823	19,968,414	1,580,939,421	16,343,113			72,209,386	501,270,489		

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....586,144,139

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Blue Care Network of Michigan 2. Southfield, MI

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	544,596	3,256	465,430	9,316			18,494	48,100		
2. First quarter	524,548	3,338	440,648	9,361			17,866	53,335		
3. Second quarter	524,483	3,240	439,944	9,667			17,746	53,886		
4. Third quarter	526,334	3,194	440,487	9,815			17,718	55,120		
5. Current year	532,482	3,053	445,685	10,022			17,658	56,064		
6. Current year member months	6,313,762	38,740	5,293,963	115,099			214,220	651,740		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,543,013	35,195	2,549,770	119,804			128,009	710,235		
8. Non-physician	943,992	10,088	621,831	66,175			38,312	207,586		
9. Totals	4,487,005	45,283	3,171,601	185,979	0	0	166,321	917,821	0	0
10. Hospital patient days incurred	210,904	1,953	130,037	8,206			5,016	65,692		
11. Number of inpatient admissions	53,437	466	36,506	1,872			1,428	13,165		
12. Health premiums written (b)	2,624,145,896	11,444,195	1,919,315,248	22,950,088			84,292,226	586,144,139		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,631,084,041	11,514,947	1,925,733,626	22,905,476			84,292,226	586,637,766		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,189,183,854	19,034,983	1,578,239,283	16,639,256			75,020,671	500,249,661		
18. Amount incurred for provision of health care services	2,190,730,823	19,968,414	1,580,939,421	16,343,113			72,209,386	501,270,489		

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....586,144,139

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - U.S. - Other						
	38-6561862	01/01/2013	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	MI		21,447,462
1399999.	Total - Accident and Health Affiliates - U.S. - Other				0	21,447,462
1499999.	Total - Accident and Health Affiliates - U.S. - Total				0	21,447,462
1899999.	Total - Accident and Health Affiliates				0	21,447,462
2299999.	Total - Accident and Health				0	21,447,462
2399999.	Total U.S.				0	21,447,462
9999999.	Total				0	21,447,462

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Other												
	38-6561862	01/01/2013	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	MI	SSL/L/I	36,627,141						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other					36,627,141	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total					36,627,141	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates					36,627,141	0	0	0	0	0	0
1199999.	Total - General Account - Authorized					36,627,141	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified					36,627,141	0	0	0	0	0	0
6999999.	Total - U.S.					36,627,141	0	0	0	0	0	0
9999999.	Total					36,627,141	0	0	0	0	0	0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	28,128	27,649	31,085	24,155	24,484
2. Title XVIII - Medicare	8,499	7,535	4,369	2,639	2,804
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	35,684	32,044	31,218	23,997	24,412
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	21,447	19,380	13,428	11,606	8,515
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with certified reinsurers			XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust			XXX	XXX	XXX
18. Funds deposited by and withheld from (F)			XXX	XXX	XXX
19. Letters of credit (L)			XXX	XXX	XXX
20. Trust agreements (T)			XXX	XXX	XXX
21. Other (O)			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded 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)	1,471,890,236	2,858,483	1,474,748,719
2.	Accident and health premiums due and unpaid (Line 15)	31,710,378		31,710,378
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX	15,487,338	15,487,338
5.	All other admitted assets (balance)	89,998,318		89,998,318
6.	Totals assets (Line 28)	1,593,598,932	18,345,821	1,611,944,753
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	254,178,317	21,447,462	275,625,779
8.	Accrued medical incentive pool and bonus payments (Line 2)	63,930,270		63,930,270
9.	Premiums received in advance (Line 8)	36,017,152		36,017,152
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	239,714,128	(3,101,641)	236,612,487
15.	Total liabilities (Line 24)	593,839,867	18,345,821	612,185,688
16.	Total capital and surplus (Line 33)	999,759,065	XXX	999,759,065
17.	Total liabilities, capital and surplus (Line 34)	1,593,598,932	18,345,821	1,611,944,753
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	21,447,462		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	(2,858,483)		
23.	Total ceded reinsurance recoverables	18,588,979		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	3,101,641		
30.	Total ceded reinsurance payables/offsets	3,101,641		
31.	Total net credit for ceded reinsurance	15,487,338		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
	States, Etc.	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	6 Totals
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						0
10.	Florida FL						0
11.	Georgia GA						0
12.	Hawaii HI						0
13.	Idaho ID						0
14.	Illinois IL						0
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						0
32.	New Mexico NM						0
33.	New York NY						0
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						0
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.	US 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	0	0	0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	UDP	State of Michigan	Legal			...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		27-0521030				Accident Fund Holdings, Inc.	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10166	38-3207001				Accident Fund Insurance Company of America	MI	IA	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	29157	39-0941450				United Wisconsin Insurance Company	WI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12304	20-3058200				Accident Fund General Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12305	20-3058291				Accident Fund National Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10713	36-4072992				Third Coast Insurance Company	IL	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12177	20-1117107				CompWest Insurance Co.	CA	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		20-1420821				LifeSecure Holdings Corporation	AZ	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	77720	75-0956156				LifeSecure Insurance Company	MI	IA	LifeSecure Holdings Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	95610	38-2359234				Blue Care Network of Michigan	MI	RE	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	11557	32-0026448				Blue Cross Complete of Michigan	MI	DS	Blue Care Network of Michigan	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		38-3134881				BCN Service Company	MI	DS	Blue Care Network of Michigan	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	52037	38-2536979				Blue Care of Michigan, Inc.	MI	IA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	NIA	Blue Care of Michigan, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		38-6561861				Blue Care Network Medical Malpractice Self-Insurance Trust	MI	OTH	Blue Care Network of Michigan	Ownership	97.200	Blue Cross Blue Shield of Michigan Mutual Insurance Company	1.
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		38-6561862				Blue Care Network Stop-Loss and Casualty Self-Insurance Trust	MI	OTH	Blue Care Network of Michigan	Ownership	99.300	Blue Cross Blue Shield of Michigan Mutual Insurance Company	2.
			58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	16.660	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...
			27-1038374				Bloom Health Corporation	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	26.050	Blue Cross Blue Shield of Michigan Mutual Insurance Company	...

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	40.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.740	BCBSM and IBC MH LLC	
			30-0703311				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	38.740	BCBSM and IBC MH LLC	
			80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	38.740	BCBSM and IBC MH LLC	
			45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	38.740	BCBSM and IBC MH LLC	
			23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.370	BCBSM and IBC MH LLC	
			23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.370	BCBSM and IBC MH LLC	
		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			77-0632420				Shore Points AmeriHealth Mercy of Louisiana, L.L.C.	LA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			20-4948091				AmeriHealth Mercy of Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		13630	26-0885397				CBHNP Services, Inc.	PA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	19.370	BCBSM and IBC MH LLC	
			45-0563075				Prestige Health Choice, LLC	FL	NIA	Florida True Health, Inc.	Ownership	7.748	BCBSM and IBC MH LLC	
			61-1720226				Prestige MSO, LLC	FL	NIA	Florida True Health, Inc.	Ownership	9.879	BCBSM and IBC MH LLC	
		15088	46-1480203				AmeriHealth District of Columbia, Inc.	DC	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	AmeriHealth Caritas Health Plan	Ownership	27.120	BCBSM and IBC MH LLC	
			45-4244113				AmeriHealth Northeast, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	19.370	BCBSM and IBC MH LLC	
			27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			46-4191591				Regence AmeriHealth Caritas, Inc.	WA	NIA	AmeriHealth Caritas Health Plan	Ownership	19.370	BCBSM and IBC MH LLC	
			23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.370	BCBSM and IBC MH LLC	
			23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.370	BCBSM and IBC MH LLC	

Asterisk	Explanation
1	Grantor trust used for Malpractice insurance
2	Grantor trust used for Stop-loss reinsurance

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
54291	38-2069753	Blue Cross Blue Shield of Michigan Mutual Insurance Company		(15,532,200)			1,303,517,447				1,287,985,247	
95610	38-2359234	Blue Care Network of Michigan		(17,000,000)			(1,049,256,920)	(943,466)			(1,067,200,386)	21,447,462
52037	38-2536979	Blue Care of Michigan, Inc.					(129,066)	(1,000)			(130,066)	
	27-0521030	Accident Fund Holdings	8,000,000				(10,922,042)				(2,922,042)	
10166	38-3207001	Accident Fund Insurance Company of America	(8,000,000)				45,924,186				37,924,186	(443,597,821)
12304	20-3058200	Accident Fund General Insurance Company					(45,063,433)		*		(45,063,433)	155,045,634
12305	20-3058291	Accident Fund National Insurance Company					(21,838,561)		*		(21,838,561)	54,703,458
10713	36-4072992	Third Coast Insurance Company					(76,021)				(76,021)	
29157	39-0941450	United Wisconsin Insurance Company					10,774,081		*		10,774,081	127,190,282
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust					(120,405)				(120,405)	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Trust					(116,817)	(1,002,202)			(1,119,019)	(23,161,892)
	38-3134881	BCN Service Company					(305,486,778)	(1,000)			(305,487,778)	
	30-0703311	BMH		15,532,200							15,532,200	
	45-1259278	EIN					5,983,659				5,983,659	
	27-1038374	BloomHealth					12,509,415				12,509,415	
11557	32-0026448	Blue Cross Complete of Michigan		17,000,000			(26,070,735)	1,947,668			(7,123,067)	1,714,430
	38-2338506	Blue Cross Blue Shield of Michigan Foundation					(1,058,088)				(1,058,088)	
12177	20-1117107	CompWest Insurance Company					(7,035,328)		*		(7,035,328)	106,658,447
77720	75-0956156	LifeSecure Insurance Company					(156,791)				(156,791)	
	58-1767730	National Accounting Service Company					80,844,821				80,844,821	
	23-2859523	AmeriHealth Caritas Health Plan					2,162,839				2,162,839	
	27-0863878	PerformRX, LLC					5,614,537				5,614,537	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
10166	Accident Fund Insurance Company of America	76.50%			
29157	United Wisconsin Insurance Company	9.50%			
12305	Accident Fund National Insurance Company	6.00%			
12304	Accident Fund General Insurance Company	4.00%			
12177	CompWest Insurance Company	4.00%			

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed 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 Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. 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 the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	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?	NO
20.	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?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.
2.
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4.
5.
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12. *9561020132050000*
13. *9561020132070000*
14. *9561020134200000*
15. *9561020133710000*
16. *9561020133700000*
17. *9561020133650000*
18. *9561020132240000*
19. *9561020132250000*
20. *9561020132260000*
21. *9561020133060000*
22. *9561020132110000*
23. *9561020132130000*
24.
25.
26.

Overflow Page
NONE

Overflow Page
NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....572
Address (City, State and Zip Code).....Southfield MI, 48076
Person Completing This Exhibit.....William Cook

NAIC Company Code.....95610

Title.....Senior Financial Analyst.....Telephone Number.....248-455-3423

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	09-A141/09-166.....	A.....	.....NO.....	....3,4.....	.12/01/2009	.....	.04/15/2010	.....	MYBLUE MEDIGAP.....	131,769	71,730	.....54.4	73	98,738	44,669	.....45.2	71
.....YES.....	09-A141/09-166.....	C.....	.....NO.....	....3,4.....	.12/01/2009	.....	.04/15/2010	.01/01/2011	MYBLUE MEDIGAP.....	1,270,094	1,012,934	.....79.8	474	2,660	427	.....16.1	1
.....YES.....	09-A141/09-166.....	F.....	.....NO.....	....3,4.....	.12/01/2009	.....	.04/15/2010	.....	MYBLUE MEDIGAP.....	10,761,958	8,100,150	.....75.3	4,017	9,767,116	6,643,221	.....68.0	4,841
.....YES.....	10-A048/10-005-A.....	M.....	.....NO.....	....3,4.....	.04/14/2010	.....	.....	.04/30/2013	MYBLUE MEDIGAP.....	10,899	4,863	.....44.6	5	62,110	36,788	.....59.2	33
.....YES.....	10-A048/10-005-A.....	N.....	.....NO.....	....3,4.....	.04/14/2010	.....	.....	.....	MYBLUE MEDIGAP.....	117,373	54,772	.....46.7	59	682,759	373,559	.....54.7	448
0199999.	Total Policy Experience on Individual Policies.....									12,292,093	9,244,449	.....75.2	4,628	10,613,383	7,098,664	.....66.9	5,394

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 53200 Grand River New Hudson MI 48165
   2.2 Contact person and phone number..... Robin Mynhier 248-486-2027
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 611 Cascade West Parkway Grand Rapids MI 49546
   3.2 Contact person and phone number..... Jayne Fischer 616-977-6109
4. Explain any policies identified as policy type "O".

2013 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

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