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ANNUAL STATEMENT

For the Year Ended December 31, 2015

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 [ ] No [X]

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)*	248-799-6898 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.BCBSM.com	
Statutory Statement Contact	Jill Angela Fiddes *(Name)*	248-799-6898 *(Area Code) (Telephone Number) (Extension)*
	jfiddes@bcbsm.com *(E-Mail Address)*	844-852-7151 *(Fax Number)*

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

Julie Anne Angott	Mark Robert Bartlett	William Harrison Black	David Bing
James Robert Dietz	Shauna Ryder Diggs MD	Sarah Winston Doyle	Janet Louise Harden
Valeriah Ann Holmon	Gerald Kariem	Robert Paul Kelch MD	Kevin James Klobucar
Melvin Lyle Larsen	Paula Jean Manderfield	Gregory Alan Sudderth	Diana Lynn Watson
Mary Ann Weaver			

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	Lisa Marie Hardy	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 _____ 2016

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	2,048,167	446,418	244,688	2,898,012	2,898,012	2,739,273
Federal Employee Health Benefit Plan	4,375,268					4,375,268
0299997. Group subscribers subtotal	4,375,268	0	0	0	0	4,375,268
0299998. Premiums due and unpaid not individually listed	4,695,699	1,199,610	148,761	282,268	282,268	6,044,070
0299999. Total group	9,070,967	1,199,610	148,761	282,268	282,268	10,419,338
0399999. Premiums due and unpaid from Medicare entities	28,502,795					28,502,795
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	39,621,929	1,646,028	393,449	3,180,280	3,180,280	41,661,406

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	13,924,456	13,898,117				27,822,573
0199999. Total Pharmaceutical Rebate Receivables	13,924,456	13,898,117	0	0	0	27,822,573
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	280,107				20,246	259,861
0299999. Total Claim Overpayment Receivables	280,107	0	0	0	20,246	259,861
Risk Sharing Receivables						
University of Michigan Health System	4,750,000					4,750,000
0599998. Risk Sharing Receivables Not Listed Individually	1,019,008			70,284	70,284	1,019,008
0599999. Total Risk Sharing Receivables	5,769,008	0	0	70,284	70,284	5,769,008
0799999. Gross Health Care Receivables	19,973,571	13,898,117	0	70,284	90,530	33,851,442

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	17,111,520	26,869,743		27,822,573	17,111,520	15,954,128
2. Claim overpayment receivables	1,217,958	515,015		280,107	1,217,958	454,182
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables	4,750,000	4,750,000	70,284	5,769,008	4,820,284	4,820,284
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	23,079,478	32,134,758	70,284	33,871,688	23,149,762	21,228,594

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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	100,280,588	1,655,336	583,457			102,519,381
0499999. Subtotals	100,280,588	1,655,336	583,457	0	0	102,519,381
0599999. Unreported claim and other claim reserves						248,952,950
0699999. Total amounts withheld						9,494,137
0799999. Total claims unpaid						360,966,468
0899999. Accrued medical incentive pool and bonus amounts						71,266,951

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 Mutual Insurance Company	27,707,826					27,707,826	
BCN Service Company	5,028,522					5,028,522	
0199999. Individually listed receivables	32,736,348	0	0	0	0	32,736,348	0
0299999. Receivables not individually listed	454,350					454,350	
0399999. Total gross amounts receivable	33,190,698	0	0	0	0	33,190,698	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 Mutual Insurance Company	Administrative services and pension and postretirement	88,794,547	45,502,878	43,291,669
BCN Service Company	Claims and Capitation payments for Personal Plus and Self-Funded transactions	11,965,729	11,965,729	
0199999. Individually listed payables		100,760,276	57,468,607	43,291,669
0299999. Payables not individually listed		4,843	4,843	
0399999. Total gross payables		100,765,119	57,473,450	43,291,669

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	191,910,484	6.9	657,281	98.1		191,910,484
2. Intermediaries	23,995,402	0.9	580,945	86.7		23,995,402
3. All other providers	46,218,513	1.7	652,916	97.4		46,218,513
4. Total capitation payments	262,124,399	9.4	1,891,142	282.2	0	262,124,399
Other Payments:						
5. Fee-for-service	263,102,678	9.5	XXX	XXX		263,102,678
6. Contractual fee payments	2,138,054,534	76.9	XXX	XXX		2,138,054,534
7. Bonus/withhold arrangements - fee-for-service	6,533,188	0.2	XXX	XXX		6,533,188
8. Bonus/withhold arrangements - contractual fee payments	111,303,001	4.0	XXX	XXX		111,303,001
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	2,518,993,401	90.6	XXX	XXX	0	2,518,993,401
13. Total (Line 4 plus Line 12)	2,781,117,800	100.0	XXX	XXX	0	2,781,117,800

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	23,995,402	1,999,617		
9999999. Totals		23,995,402	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	1,416,093		1,321,126	94,967	94,967	0
2. Medical furniture, equipment and fixtures	17,872		17,872			0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	30,941,099		16,032,817	14,908,282	14,908,282	0
6. Total	32,375,064	0	17,371,815	15,003,249	15,003,249	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	652,857	112,194	449,285	11,748			16,827	62,803		
2. First quarter	699,482	164,422	437,388	12,260			17,520	67,892		
3. Second quarter	678,327	144,555	434,720	12,482			17,513	69,057		
4. Third quarter	672,454	135,695	435,782	12,768			17,444	70,765		
5. Current year	670,254	128,848	438,928	12,973			17,534	71,971		
6. Current year member months	8,025,758	1,611,317	5,221,062	149,723			210,034	833,622		
Total Member Ambulatory Encounters for Year:										
7. Physician	4,025,781	578,478	2,337,915	149,807			125,238	834,343		
8. Non-physician	1,446,894	200,449	815,352	89,750			51,104	290,239		
9. Totals	5,472,675	778,927	3,153,267	239,557	0	0	176,342	1,124,582	0	0
10. Hospital patient days incurred	260,000	32,217	129,897	10,135			4,991	82,760		
11. Number of inpatient admissions	65,972	8,697	36,885	2,280			1,441	16,669		
12. Health premiums written (b)	3,278,232,853	492,264,027	1,944,562,544	31,227,354			96,022,480	714,156,448		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,273,374,983	492,264,136	1,939,658,922	31,179,232			96,022,480	714,250,213		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,781,117,800	389,573,158	1,634,362,838	21,442,345			85,360,650	650,378,809		
18. Amount incurred for provision of health care services	2,809,765,639	408,907,877	1,628,643,753	21,901,970			86,360,404	663,951,635		

(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 $.....714,156,448

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	652,857	112,194	449,285	11,748			16,827	62,803		
2. First quarter	699,482	164,422	437,388	12,260			17,520	67,892		
3. Second quarter	678,327	144,555	434,720	12,482			17,513	69,057		
4. Third quarter	672,454	135,695	435,782	12,768			17,444	70,765		
5. Current year	670,254	128,848	438,928	12,973			17,534	71,971		
6. Current year member months	8,025,758	1,611,317	5,221,062	149,723			210,034	833,622		
Total Member Ambulatory Encounters for Year:										
7. Physician	4,025,781	578,478	2,337,915	149,807			125,238	834,343		
8. Non-physician	1,446,894	200,449	815,352	89,750			51,104	290,239		
9. Totals	5,472,675	778,927	3,153,267	239,557	0	0	176,342	1,124,582	0	0
10. Hospital patient days incurred	260,000	32,217	129,897	10,135			4,991	82,760		
11. Number of inpatient admissions	65,972	8,697	36,885	2,280			1,441	16,669		
12. Health premiums written (b)	3,278,232,853	492,264,027	1,944,562,544	31,227,354			96,022,480	714,156,448		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	3,273,374,983	492,264,136	1,939,658,922	31,179,232			96,022,480	714,250,213		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,781,117,800	389,573,158	1,634,362,838	21,442,345			85,360,650	650,378,809		
18. Amount incurred for provision of health care services	2,809,765,639	408,907,877	1,628,643,753	21,901,970			86,360,404	663,951,635		

(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 $.....714,156,448

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. - Captive						
15649	47-2221114	01/01/2015	Woodward Straits Insurance Company	MI		5,062,521
1299999.	Total - Accident and Health Affiliates - U.S. - Captive				0	5,062,521
Accident and Health - Affiliates - U.S. - Other						
54291	38-2069753	01/01/2015	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI		2,917,925
1399999.	Total - Accident and Health Affiliates - U.S. - Other				0	2,917,925
1499999.	Total - Accident and Health Affiliates - U.S. - Total				0	7,980,446
1899999.	Total - Accident and Health Affiliates				0	7,980,446
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	AA-9990032	01/01/2015	U.S. Department of Health and Human Services	DC	45,186,818	6,793,011
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				45,186,818	6,793,011
2199999.	Total - Accident and Health Non-Affiliates				45,186,818	6,793,011
2299999.	Total - Accident and Health				45,186,818	14,773,457
2399999.	Total U.S.				45,186,818	14,773,457
9999999.	Total				45,186,818	14,773,457

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	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	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. - Captive													
15649	47-2221114	01/01/2015	Woodward Straits Insurance Company	MI	SSL/L/I	CMM	12,608,650						
0199999.	Total - General Account - Authorized - Affiliates - U.S. - Captive						12,608,650	0	0	0	0	0	0
General Account - Authorized - Affiliates - U.S. - Other													
54291	38-2069753	01/01/2015	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	OTH/A/G	CMMFEHBPMR	19,196,455						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						19,196,455	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						31,805,105	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						31,805,105	0	0	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
00000	AA-9990032	01/01/2015	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	4,283,961						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						4,283,961	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						4,283,961	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						36,089,066	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						36,089,066	0	0	0	0	0	0
6999999.	Total - U.S.						36,089,066	0	0	0	0	0	0
9999999.	Total						36,089,066	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 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	34,527	38,091	28,128	27,649	31,085
2. Title XVIII - Medicare	1,562	2,891	8,499	7,535	4,369
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	71,386	48,336	35,684	32,044	31,218
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	14,773	15,409	21,447	19,380	13,428
8. Reinsurance recoverable on paid losses	45,187	37,095			
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
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
18. Funds deposited by and withheld from (F)					XXX
19. Letters of credit (L)					XXX
20. Trust agreements (T)					XXX
21. Other (O)					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)	1,667,662,931	(11,194,622)	1,656,468,309
2.	Accident and health premiums due and unpaid (Line 15)	42,353,283		42,353,283
3.	Amounts recoverable from reinsurers (Line 16.1)	45,186,818	(45,186,818)	0
4.	Net credit for ceded reinsurance	XXX	66,870,936	66,870,936
5.	All other admitted assets (balance)	92,594,004		92,594,004
6.	Totals assets (Line 28)	1,847,797,036	10,489,496	1,858,286,532
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	346,193,011	14,773,457	360,966,468
8.	Accrued medical incentive pool and bonus payments (Line 2)	71,266,951		71,266,951
9.	Premiums received in advance (Line 8)	72,612,882		72,612,882
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)	331,217,715	(4,283,961)	326,933,754
15.	Total liabilities (Line 24)	821,290,559	10,489,496	831,780,055
16.	Total capital and surplus (Line 33)	1,026,506,477	XXX	1,026,506,477
17.	Total liabilities, capital and surplus (Line 34)	1,847,797,036	10,489,496	1,858,286,532

	NET CREDIT FOR CEDED REINSURANCE	
18.	Claims unpaid	14,773,457
19.	Accrued medical incentive pool	0
20.	Premiums received in advance	0
21.	Reinsurance recoverable on paid losses	45,186,818
22.	Other ceded reinsurance recoverables	11,194,622
23.	Total ceded reinsurance recoverables	71,154,897
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	4,283,961
30.	Total ceded reinsurance payables/offsets	4,283,961
31.	Total net credit for ceded reinsurance	66,870,936

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

	States, Etc.	Direct Business Only					
		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 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		09789424				AF Global Capital, Ltd.	GBR	NIA	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	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		45-3854611				Michigan Medicaid Holdings Company	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	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	Michigan Medicaid Holdings Company	Ownership	50.000	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	15649	47-2221114				Woodward Straits Insurance Company	MI	IA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			47-5653683				SBBX Co.	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			11-7388370				ikaSystems	DE	NIA	SBBX	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	19.990	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	28.680	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	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 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 *
			47-4522025				Data Driven Delivery Systems, Holdings, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	70.100	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			45-3742721				Data Driven Delivery Systems, LLC	DE	NIA	Data Driven Delivery Systems, Holdings, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			45-1062167				NDBH Holding Company, LLC	MO	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	10.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			43-1698690				New Directions Behavioral Health, LLC	MO	NIA	NDBH Holding Company, LLC	Ownership	99.000	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	
			38-3946080				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	
			20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	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	
			47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			37-1752699				FTH Clinic, LLC	FL	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	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	46-1482013				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	
			27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	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	
		11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	19.370	BCBSM and IBC MH LLC	

SCHEDULE Y

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

1 NAIC Company Code	2 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 Compar	9,000,000	(115,837,800)			2,021,276,332	18,232,554			1,932,671,086	2,471,211
95610	38-2359234	Blue Care Network of Michigan		29,200,322			(1,682,048,919)	(18,570,044)		144,175,767	(1,527,242,874)	7,980,445
52037	38-2536979	Blue Care of Michigan, Inc.					(202,387)	(17,716)		2,390,661	2,170,558	
	27-0521030	Accident Fund Holdings, Inc.	5,500,000				(13,493,656)				(7,993,656)	
10166	38-3207001	Accident Fund Insurance Company of America	(14,500,000)				39,345,264		*		24,845,264	541,916,487
12304	20-3058200	Accident Fund General Insurance Company					(85,835,932)		*		(85,835,932)	(272,926,734)
12305	20-3058291	Accident Fund National Insurance Company					(38,303,687)		*		(38,303,687)	(60,129,086)
10713	36-4072992	Third Coast Insurance Company					(161,421)				(161,421)	
29157	39-0941450	United Wisconsin Insurance Company					42,041,129		*		42,041,129	(129,960,398)
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust.					(84,871)	(350,000)		(94,229,911)	(94,664,782)	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Tr					(85,014)	(5,673,000)		(47,492,596)	(53,250,610)	
	38-3134881	BCN Service Company					(352,526,697)			48,250	(352,478,447)	
	45-1259278	EIN Properties LLC					9,407,907				9,407,907	
11557	47-2582248	Blue Cross Complete of Michigan LLC		14,799,678			(50,935,622)	(164,444)		(4,892,171)	(41,192,559)	
	38-2338506	Blue Cross and Blue Shield of Michigan Foundation					(1,356,905)				(1,356,905)	
12177	20-1117107	CompWest Insurance Co.					(11,131,385)		*		(11,131,385)	(78,900,269)
77720	75-0956156	LifeSecure Insurance Company		12,000,000			1,907,429				13,907,429	
	58-1767730	NASCO Corporation					75,701,281				75,701,281	
	27-0863878	PerformRx, LLC					15,586,757				15,586,757	
	45-3742721	Data Driven Delivery Systems, Inc.					3,257,380				3,257,380	
	47-2221114	Woodward Straits Insurance Company					9,525,504	6,542,650			16,068,154	(10,451,656)
	23-2859523	AmeriHealth Caritas Health Plan		59,836,800			18,117,513				77,954,313	
	45-3854611	Michigan Medicaid Holdings Company		1,000							1,000	
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 Co.	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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12. The data for this supplement is not required to be filed.

13. The data for this supplement is not required to be filed.

14. The data for this supplement is not required to be filed.

15. The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed.

17. The data for this supplement is not required to be filed.

18. The data for this supplement is not required to be filed.

19. The data for this supplement is not required to be filed.

20. The data for this supplement is not required to be filed.

21. The data for this supplement is not required to be filed.

22. The data for this supplement is not required to be filed.

23. The data for this supplement is not required to be filed.

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9561020152050000

9561020152070000

9561020154200000

9561020153710000

9561020153700000

9561020153650000

9561020152240000

9561020152250000

9561020152260000

9561020153060000

9561020152110000

9561020152130000

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NONE

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NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(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 2012				Policies Issued in 2013, 2014 & 2015			
										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.....	....34.....	.12/01/2009	.....	.04/15/2010	.....	MYBLUE MEDIGAP.....	180,654	144,216	.....79.8	89	120,023	88,328	.....73.6	78
.....YES.....	09-A141/09-166.....	C.....	.....NO.....	....34.....	.12/01/2009	.....	.04/15/2010	.01/01/2011	MYBLUE MEDIGAP.....	1,057,834	804,248	.....76.0	358	.....	.....	.....0.0	.....
.....YES.....	09-A141/09-166.....	F.....	.....NO.....	....34.....	.12/01/2009	.....	.04/15/2010	.....	MYBLUE MEDIGAP.....	16,456,221	11,998,276	.....72.9	5,969	11,621,660	7,984,812	.....68.7	5,487
.....YES.....	10-A048/10-005-A.....	N.....	.....NO.....	....34.....	.04/14/2010	.....	.....	.....	MYBLUE MEDIGAP.....	612,653	329,940	.....53.9	293	1,130,187	552,152	.....48.9	699
0199999.	Total Policy Experience on Individual Policies.....									18,307,362	13,276,680	.....72.5	6,709	12,871,870	8,625,291	.....67.0	6,264

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".

2015 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
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Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
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