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ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

Blue Cross Complete of Michigan

NAIC Group Code.....572, 572 (Current Period) (Prior Period) NAIC Company Code..... 11557 Employer's ID Number..... 32-0026448

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..... September 25, 2002 Commenced Business..... January 1, 2003

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	600 E. Lafayette Blvd…… Detroit ..... MI ..... US …. 48226 *(Street and Number) (City or Town, State, Country and Zip Code)*	313-225-9000 *(Area Code) (Telephone Number)*
Mail Address	600 E. Lafayette Blvd., MC 1508….. Detroit ..... MI ..... US …. 48226 *(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	MiBlueCrossComplete.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. Nancy Laran Wanchik	President & Chief Executive Officer	2. Julie Concetta Swantek	Secretary
3. Susan Anne Kluge	Chief Financial Officer & Treasurer	4. Donald Samuel Beam MD	Chief Medical Officer

OTHER

DIRECTORS OR TRUSTEES

Jeffrey Lawrence Connolly Joleen Mary Immerfall Nancy Laran Wanchik

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)
Nancy Laran Wanchik	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						
0499999. Premiums due and unpaid from Medicaid entities	109,844					109,844
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	109,844	0	0	0	0	109,844

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						
OmedaRx and PerformRx LLC PBMs	36,716	33,730		29,871	29,871	70,446
0199999. Total Pharmaceutical Rebate Receivables	36,716	33,730	0	29,871	29,871	70,446
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	36,093				36,093	0
0299999. Total Claim Overpayment Receivables	36,093	0	0	0	36,093	0
Risk Sharing Receivables						
University of Michigan	1,769,677				86,340	1,683,337
0599999. Total Risk Sharing Receivables	1,769,677	0	0	0	86,340	1,683,337
Other Receivables						
Michigan Department of Community Health	1,030,168					1,030,168
0699999. Total Other Receivables	1,030,168	0	0	0	0	1,030,168
0799999. Gross Health Care Receivables	2,872,654	33,730	0	29,871	152,304	2,783,951

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	3,161,408	33,626	29,670	25,319	149,212	3,399,235
0499999. Subtotals	3,161,408	33,626	29,670	25,319	149,212	3,399,235
0599999. Unreported claim and other claim reserves						9,465,508
0799999. Total claims unpaid						12,864,743
0899999. Accrued medical incentive pool and bonus amounts						286,749

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 Care Network of Michigan	5,640					5,640	
0199999. Individually listed receivables	5,640	0	0	0	0	5,640	0
0399999. Total gross amounts receivable	5,640	0	0	0	0	5,640	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 Care Network of Michigan	Payables for Administrative Services & Other Liabilities	2,931,808	2,931,808	
0199999. Individually listed payables		2,931,808	2,931,808	0
0399999. Total gross payables		2,931,808	2,931,808	0

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	72,696,524	65.4	19,260	44.5		72,696,524
2. Intermediaries	0	0.0				
3. All other providers	204,466	0.2	24,061	55.5		204,466
4. Total capitation payments	72,900,990	65.6	43,321	100.0	0	72,900,990
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	38,205,450	34.4	XXX	XXX		38,205,450
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
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	38,205,450	34.4	XXX	XXX	0	38,205,450
13. Total (Line 4 plus Line 12)	111,106,440	100.0	XXX	XXX	0	111,106,440

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

NONE

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						0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	0	0	0	0	0	0

NONE

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Blue Cross Complete of Michigan 2. Southfield, MI

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

NAIC Group Code.....572

NAIC Company Code.....11557

	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	26,803								26,803	
2. First quarter	30,030								30,030	
3. Second quarter	34,739								34,739	
4. Third quarter	39,598								39,598	
5. Current year	43,321								43,321	
6. Current year member months	427,860								427,860	
Total Member Ambulatory Encounters for Year:										
7. Physician	202,101								202,101	
8. Non-physician	63,190								63,190	
9. Totals	265,291	0	0	0	0	0	0	0	265,291	0
10. Hospital patient days incurred	16,990								16,990	
11. Number of inpatient admissions	4,442								4,442	
12. Health premiums written (b)	122,484,962								122,484,962	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	122,484,962								122,484,962	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	111,106,440								111,106,440	
18. Amount incurred for provision of health care services	120,200,304								120,200,304	

(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 $.....0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Blue Cross Complete of Michigan 2. Southfield, MI

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

NAIC Group Code.....572

NAIC Company Code.....11557

	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	26,803								26,803	
2. First quarter	30,030								30,030	
3. Second quarter	34,739								34,739	
4. Third quarter	39,598								39,598	
5. Current year	43,321								43,321	
6. Current year member months	427,860								427,860	
Total Member Ambulatory Encounters for Year:										
7. Physician	202,101								202,101	
8. Non-physician	63,190								63,190	
9. Totals	265,291	0	0	0	0	0	0	0	265,291	0
10. Hospital patient days incurred	16,990								16,990	
11. Number of inpatient admissions	4,442								4,442	
12. Health premiums written (b)	122,484,962								122,484,962	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	122,484,962								122,484,962	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	111,106,440								111,106,440	
18. Amount incurred for provision of health care services	120,200,304								120,200,304	

(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 $.....0

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		1,714,430
1399999.	Total - Accident and Health Affiliates - U.S. - Other				0	1,714,430
1499999.	Total - Accident and Health Affiliates - U.S. - Total				0	1,714,430
1899999.	Total - Accident and Health Affiliates				0	1,714,430
2299999.	Total - Accident and Health				0	1,714,430
2399999.	Total U.S.				0	1,714,430
9999999.	Total				0	1,714,430

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief 10 Current Year	 11 Prior Year	12 Modified Coinsurance Reserve	13 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	427,860						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other					427,860	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total					427,860	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates					427,860	0	0	0	0	0	0
1199999.	Total - General Account - Authorized					427,860	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified					427,860	0	0	0	0	0	0
6999999.	Total - U.S.					427,860	0	0	0	0	0	0
9999999.	Total					427,860	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					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid	428	339	(344)	624	381
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	2,376	312	(306)	65	545
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	1,714	173	19	542	554
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)	35,093,026	(398,522)	34,694,504
2.	Accident and health premiums due and unpaid (Line 15)	109,844		109,844
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX	2,069,344	2,069,344
5.	All other admitted assets (balance)	2,983,223		2,983,223
6.	Totals assets (Line 28)	38,186,093	1,670,822	39,856,915
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	11,150,313	1,714,430	12,864,743
8.	Accrued medical incentive pool and bonus payments (Line 2)	286,749		286,749
9.	Premiums received in advance (Line 8)			0
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)	13,939,747	(43,608)	13,896,139
15.	Total liabilities (Line 24)	25,376,809	1,670,822	27,047,631
16.	Total capital and surplus (Line 33)	12,809,284	XXX	12,809,284
17.	Total liabilities, capital and surplus (Line 34)	38,186,093	1,670,822	39,856,915
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	1,714,430		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	398,522		
23.	Total ceded reinsurance recoverables	2,112,952		
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	43,608		
30.	Total ceded reinsurance payables/offsets	43,608		
31.	Total net credit for ceded reinsurance	2,069,344		

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	UIP	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	UDP	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	RE	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	NIA	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	...
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	...

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 *
			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?	NO
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?	NO
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?	NO
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

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2013 ALPHABETICAL INDEX
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Analysis of Operations By Lines of Business	7	Schedule D – Part 6 – Section 2	E16
Assets	2	Schedule D – Summary By Country	SI04
Cash Flow	6	Schedule D – Verification Between Years	SI03
Exhibit 1 – Enrollment By Product Type for Health Business Only	17	Schedule DA – Part 1	E17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Health Care Receivables	19	Schedule DB – Part A – Section 1	E18
Exhibit 3A – Health Care Receivables Collected and Accrued	20	Schedule DB – Part A – Section 2	E19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	21	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	22	Schedule DB – Part B – Section 1	E20
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	23	Schedule DB – Part B – Section 2	E21
Exhibit 7 – Part 1 – Summary of Transactions With Providers	24	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	24	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Furniture, Equipment and Supplies Owned	25	Schedule DB – Part C – Section 2	SI13
Exhibit of Capital Gains (Losses)	15	Schedule DB – Part D – Section 1	E22
Exhibit of Net Investment Income	15	Schedule DB – Part D – Section 2	E23
Exhibit of Nonadmitted Assets	16	Schedule DB – Verification	SI14
Exhibit of Premiums, Enrollment and Utilization (State Page)	30	Schedule DL – Part 1	E24
Five-Year Historical Data	29	Schedule DL – Part 2	E25
General Interrogatories	27	Schedule E – Part 1 – Cash	E26
Jurat Page	1	Schedule E – Part 2 – Cash Equivalents	E27
Liabilities, Capital and Surplus	3	Schedule E – Part 3 – Special Deposits	E28
Notes To Financial Statements	26	Schedule E – Verification Between Years	SI15
Overflow Page For Write-ins	44	Schedule S – Part 1 – Section 2	31
Schedule A – Part 1	E01	Schedule S – Part 2	32
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 2	33
Schedule A – Part 3	E03	Schedule S – Part 4	34
Schedule A – Verification Between Years	SI02	Schedule S – Part 5	35
Schedule B – Part 1	E04	Schedule S – Part 6	36
Schedule B – Part 2	E05	Schedule S – Part 7	37
Schedule B – Part 3	E06	Schedule T – Part 2 – Interstate Compact	38
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Other Considerations	39
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	41
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	42
Schedule BA – Verification Between Years	SI03	Statement of Revenue and Expenses	4
Schedule D – Part 1	E10	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	43
Schedule D – Part 1A – Section 2	SI08	Underwriting and Investment Exhibit – Part 1	8
Schedule D – Part 2 – Section 1	E11	Underwriting and Investment Exhibit – Part 2	9
Schedule D – Part 2 – Section 2	E12	Underwriting and Investment Exhibit – Part 2A	10
Schedule D – Part 3	E13	Underwriting and Investment Exhibit – Part 2B	11
Schedule D – Part 4	E14	Underwriting and Investment Exhibit – Part 2C	12
Schedule D – Part 5	E15	Underwriting and Investment Exhibit – Part 2D	13
Schedule D – Part 6 – Section 1	E16	Underwriting and Investment Exhibit – Part 3	14