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ANNUAL STATEMENT

For the Year Ended December 31, 2014

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)*	248-799-6898 *(Area Code) (Telephone Number)*
Internet Web Site Address	MiBlueCrossComplete.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. Nancy Laran Wanchik	President & Chief Executive Officer	2. Lisa Marie Hardy #	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	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 _____ 2015

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	90,512					90,512
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	90,512	0	0	0	0	90,512

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						
PerformRx LLC	273,720	256,586		102,215	102,215	530,306
0199999. Total Pharmaceutical Rebate Receivables	273,720	256,586	0	102,215	102,215	530,306
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	205,185			427,843	633,028	0
0299999. Total Claim Overpayment Receivables	205,185	0	0	427,843	633,028	0
Risk Sharing Receivables						
University of Michigan	4,080,922					4,080,922
0599999. Total Risk Sharing Receivables	4,080,922	0	0	0	0	4,080,922
Other Receivables						
Michigan Department of Community Health	3,379,791					3,379,791
0699999. Total Other Receivables	3,379,791	0	0	0	0	3,379,791
0799999. Gross Health Care Receivables	7,939,618	256,586	0	530,058	735,243	7,991,019

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	137,175	88,652		632,521	137,175	100,317
2. Claim overpayment receivables	15,567	7,787,081		633,028	15,567	36,093
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables	1,769,677			4,080,922	1,769,677	1,769,677
6. Other health care receivables	1,030,168	11,867,023	301,432	3,078,359	1,331,600	1,030,168
7. Totals (Lines 1 through 6)	2,952,587	19,742,756	301,432	8,424,830	3,254,019	2,936,255

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	9,920,965	101,344	82,576	1,072	216,430	10,322,387
0499999. Subtotals	9,920,965	101,344	82,576	1,072	216,430	10,322,387
0599999. Unreported claim and other claim reserves						20,490,517
0799999. Total claims unpaid						30,812,904
0899999. Accrued medical incentive pool and bonus amounts						1,204,587

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	96,613					96,613	
0199999. Individually listed receivables	96,613	0	0	0	0	96,613	0
0399999. Total gross amounts receivable	96,613	0	0	0	0	96,613	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	5,851,722	5,851,722	
AmeriHealth Caritas	Payable for Administrative Services & Other Liabilities	2,464,142	2,464,142	
0199999. Individually listed payables		8,315,864	8,315,864	0
0399999. Total gross payables		8,315,864	8,315,864	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	111,578,250	52.2	24,191	32.3		111,578,250
2. Intermediaries	0	0.0				
3. All other providers	1,194,878	0.6	50,632	67.7		1,194,878
4. Total capitation payments	112,773,128	52.8	74,823	100.0	0	112,773,128
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	100,889,497	47.2	XXX	XXX		100,889,497
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	100,889,497	47.2	XXX	XXX	0	100,889,497
13. Total (Line 4 plus Line 12)	213,662,625	100.0	XXX	XXX	0	213,662,625

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	43,321								43,321	
2. First quarter	46,326								46,326	
3. Second quarter	64,300								64,300	
4. Third quarter	69,144								69,144	
5. Current year	74,823								74,823	
6. Current year member months	736,371								736,371	
Total Member Ambulatory Encounters for Year:										
7. Physician	400,738								400,738	
8. Non-physician	157,856								157,856	
9. Totals	558,594	0	0	0	0	0	0	0	558,594	0
10. Hospital patient days incurred	33,546								33,546	
11. Number of inpatient admissions	8,349								8,349	
12. Health premiums written (b)	260,412,375								260,412,375	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	260,412,375								260,412,375	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	213,662,625								213,662,625	
18. Amount incurred for provision of health care services	232,186,924								232,186,924	

(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	43,321								43,321	
2. First quarter	46,326								46,326	
3. Second quarter	64,300								64,300	
4. Third quarter	69,144								69,144	
5. Current year	74,823								74,823	
6. Current year member months	736,371								736,371	
Total Member Ambulatory Encounters for Year:										
7. Physician	400,738								400,738	
8. Non-physician	157,856								157,856	
9. Totals	558,594	0	0	0	0	0	0	0	558,594	0
10. Hospital patient days incurred	33,546								33,546	
11. Number of inpatient admissions	8,349								8,349	
12. Health premiums written (b)	260,412,375								260,412,375	
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	260,412,375								260,412,375	
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	213,662,625								213,662,625	
18. Amount incurred for provision of health care services	232,186,924								232,186,924	

(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	01/01/2014	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	MI		2,869,463
1399999.	Total - Accident and Health Affiliates - U.S. - Other				0	2,869,463
1499999.	Total - Accident and Health Affiliates - U.S. - Total				0	2,869,463
1899999.	Total - Accident and Health Affiliates				0	2,869,463
2299999.	Total - Accident and Health				0	2,869,463
2399999.	Total U.S.				0	2,869,463
9999999.	Total				0	2,869,463

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	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. - Other													
	38-6561862	01/01/2014	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	MI	SSL/L/I	MC	3,195,850						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						3,195,850	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						3,195,850	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						3,195,850	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						3,195,850	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						3,195,850	0	0	0	0	0	0
6999999.	Total - U.S.						3,195,850	0	0	0	0	0	0
9999999.	Total						3,195,850	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 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII - Medicare					
3. Title XIX - Medicaid	3,196	428	339	(344)	624
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	3,592	2,376	312	(306)	65
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	2,869	1,714	173	19	542
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
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
18. Funds deposited by and withheld from (F)				XXX	XXX
19. Letters of credit (L)				XXX	XXX
20. Trust agreements (T)				XXX	XXX
21. Other (O)				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)	80,614,808	474,517	81,089,325
2.	Accident and health premiums due and unpaid (Line 15)	90,512		90,512
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX	2,067,276	2,067,276
5.	All other admitted assets (balance)	8,519,450		8,519,450
6.	Totals assets (Line 28)	89,224,770	2,541,793	91,766,563
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	27,943,441	2,869,463	30,812,904
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,204,587		1,204,587
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)	29,386,215	(327,670)	29,058,545
15.	Total liabilities (Line 24)	58,534,243	2,541,793	61,076,036
16.	Total capital and surplus (Line 33)	30,690,527	XXX	30,690,527
17.	Total liabilities, capital and surplus (Line 34)	89,224,770	2,541,793	91,766,563

	NET CREDIT FOR CEDED REINSURANCE	
18.	Claims unpaid	2,869,463
19.	Accrued medical incentive pool	0
20.	Premiums received in advance	0
21.	Reinsurance recoverable on paid losses	0
22.	Other ceded reinsurance recoverables	(474,517)
23.	Total ceded reinsurance recoverables	2,394,946
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	327,670
30.	Total ceded reinsurance payables/offsets	327,670
31.	Total net credit for ceded reinsurance	2,067,276

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	NONE					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

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	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 Insurance 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
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	15649	47-2221114				Woodward Straits Insurance Company	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	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	
			45-3742721				Data Driven Delivery Systems, Inc.	DE	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	

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 *
			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 BC 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, LLC	LA	NIA	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	
			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	
			37-1752699				Community Care of Florida, LLC	FL	IA	Florida True Health Inc.	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	38.740	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	

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 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	(104,269,580)			1,495,099,119	35,373,207			1,435,202,746	
95610	38-2359234	Blue Care Network of Michigan		(32,000,000)			(1,228,331,174)	(36,572,477)			(1,296,903,651)	3,917,146
52037	38-2536979	Blue Care of Michigan, Inc.					81,880	(1,000)			80,880	
	27-0521030	Accident Fund Holdings, Inc.	12,000,000				(12,613,202)				(613,202)	
10166	38-3207001	Accident Fund Insurance Company of America	(21,000,000)	(15,000,000)			53,414,701				17,414,701	(425,646,653)
12304	20-3058200	Accident Fund General Insurance Company		15,000,000			(73,269,483)				(58,269,483)	209,467,548
12305	20-3058291	Accident Fund National Insurance Company					(30,669,814)				(30,669,814)	41,881,152
10713	36-4072992	Third Coast Insurance Company					(77,845)				(77,845)	
29157	39-0941450	United Wisconsin Insurance Company					31,474,350				31,474,350	90,527,522
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust.					(127,026)				(127,026)	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Tr					(129,119)	804,816			675,697	(6,786,609)
	38-3134881	BCN Service Company					(316,883,222)	(1,000)			(316,884,222)	
	45-1259278	EIN Properties LLC					10,035,365				10,035,365	
	27-1038374	Bloom Health Corporation					3,185,831				3,185,831	
11557	32-0026448	Blue Cross Complete of Michigan		32,000,000			(46,355,817)	396,454			(13,959,363)	2,869,463
	38-2338506	Blue Cross and Blue Shield of Michigan Foundation					(1,126,815)				(1,126,815)	
12177	20-1117107	CompWest Insurance Co.					(9,502,537)				(9,502,537)	83,770,431
77720	75-0956156	LifeSecure Insurance Company		12,000,000			4,009,649				16,009,649	
	58-1767730	NASCO Corporation					81,152,031				81,152,031	
	27-0863878	PerformRx, LLC					18,858,267				18,858,267	
	45-3742721	Data Driven Delivery Systems, Inc.		60,800,000			10,773,971				71,573,971	
	47-2221114	Woodward Straits Insurance Company		25,000,000			(285,843)				24,714,157	
	23-2859523	AmeriHealth Caritas Health Plan		6,469,580			11,286,733				17,756,313	
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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