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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2017

OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

NAIC Group Code 00572 (Current Period), 00572 (Prior Period) NAIC Company Code 11557 Employer's ID Number 47-2582248

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]
Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [X]
Other [ ] Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized 12/18/2014 Commenced Business 01/01/2003

Statutory Home Office 100 Galleria Officentre, Suite 210 (Street and Number), Southfield, MI, US 48034 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive (Street and Number) Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Mail Address 100 Galleria Officentre, Suite 210 (Street and Number or P.O. Box), Southfield, MI, US 48034 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive (Street and Number) Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Internet Web Site Address MiBlueCrossComplete.com

Statutory Statement Contact Paul Edward Stevenson (Name) 248-663-7997 (Area Code) (Telephone Number) (Extension)

pstevenson@mibluecrosscomplete.com (E-Mail Address) 248-663-7475 (FAX Number)

OFFICERS

Name	Title	Name	Title
Steven Harvey Bohner	Treasurer	Robert Edward Tootle, Esquire	Secretary
James Michael Jernigan	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Eileen Mary Coggins	James Michael Jernigan	Mark Robert Bartlett	Lynda Marie Rossi

State of Pennsylvania
County of Philadelphia
ss

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.

Steven Harvey Bohner Treasurer	Robert Edward Tootle, Esquire Secretary	James Michael Jernigan President

Subscribed and sworn to before me this
day of November, 2017

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

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds			0	0
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ ..... encumbrances)			0	0
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ 145,766,701), cash equivalents ($ 0) and short-term investments ($ 32,366,530)	178,133,231		178,133,231	151,605,233
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	178,133,231	0	178,133,231	151,605,233
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	7		7	0
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	3,026,143		3,026,143	323,724
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums ($ .....) and contracts subject to redetermination ($ .....)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	370,748		370,748	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	4,723,961		4,723,961	240,000
18.2 Net deferred tax asset	1,724,124	787,500	936,624	662,918
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets ($ .....)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($ 2,643,798) and other amounts receivable	4,182,759	1,538,961	2,643,798	2,052,293
25. Aggregate write-ins for other-than-invested assets	2,536,986	2,536,986	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	194,697,959	4,863,447	189,834,512	154,884,168
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	194,697,959	4,863,447	189,834,512	154,884,168
DETAILS OF WRITE-INS				
1101.			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	193,236	193,236	0	0
2502. Intangible Asset	2,343,750	2,343,750	0	0
2503.			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,536,986	2,536,986	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	69,083,992		69,083,992	54,277,139
2. Accrued medical incentive pool and bonus amounts	5,601,659		5,601,659	2,393,456
3. Unpaid claims adjustment expenses	1,301,484		1,301,484	994,123
4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	512,842		512,842	343,252
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	47,161,294		47,161,294	38,281,023
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	6,275,517		6,275,517	6,282,287
16. Derivatives		0	0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	3,037,647	0	3,037,647	4,373,602
24. Total liabilities (Lines 1 to 23)	132,974,435	0	132,974,435	106,944,882
25. Aggregate write-ins for special surplus funds	XXX	XXX	13,447,465	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	44,000,001	44,000,001
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(587,389)	3,939,285
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	56,860,077	47,939,286
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	189,834,512	154,884,168
DETAILS OF WRITE-INS				
2301. Stale Dated Checks	805,107		805,107	739,499
2302. Premium Assessment			0	2,394,364
2303. Health Insurance Claim Assessment	2,232,540		2,232,540	1,239,739
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	3,037,647	0	3,037,647	4,373,602
2501. Subsequent Year Affordable Care Act Assessment	XXX	XXX	13,447,465	0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	13,447,465	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	1,703,197	1,270,717	1,776,267
2. Net premium income (including $ non-health premium income)	XXX	646,207,417	515,550,171	709,412,922
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of $ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	646,207,417	515,550,171	709,412,922
Hospital and Medical:				
9. Hospital/medical benefits		279,137,577	204,645,830	283,827,902
10. Other professional services		23,103,199	19,759,100	27,343,389
11. Outside referrals		749,376	0	0
12. Emergency room and out-of-area		30,594,784	22,346,998	30,923,202
13. Prescription drugs		75,419,697	58,668,397	79,396,593
14. Aggregate write-ins for other hospital and medical	0	164,728,404	120,724,768	167,581,693
15. Incentive pool, withhold adjustments and bonus amounts		6,642,710	2,279,203	3,522,521
16. Subtotal (Lines 9 to 15)	0	580,375,747	428,424,296	592,595,300
Less:				
17. Net reinsurance recoveries		922,055	282,060	768,602
18. Total hospital and medical (Lines 16 minus 17)	0	579,453,692	428,142,236	591,826,698
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including $ 8,593,957 cost containment expenses		13,892,885	13,995,742	19,385,586
21. General administrative expenses		39,885,437	62,393,991	81,986,721
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	633,232,014	504,531,969	693,199,005
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	12,975,403	11,018,202	16,213,917
25. Net investment income earned		967,807	71,419	111,963
26. Net realized capital gains (losses) less capital gains tax of $		20,003	0	0
27. Net investment gains (losses) (Lines 25 plus 26)	0	987,810	71,419	111,963
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	13,963,213	11,089,621	16,325,880
31. Federal and foreign income taxes incurred	XXX	4,884,039	3,779,000	5,520,000
32. Net income (loss) (Lines 30 minus 31)	XXX	9,079,174	7,310,621	10,805,880
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401. Durable Medical Equipment		557,289	422,187	570,243
1402. Alternative Medical Cost		1,252,657	724,007	1,471,267
1403. Provider Passthrough Programs		161,960,072	119,332,812	164,924,208
1498. Summary of remaining write-ins for Line 14 from overflow page	0	958,386	245,762	615,975
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	164,728,404	120,724,768	167,581,693
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	47,939,286	37,855,869	37,855,869
34.	Net income or (loss) from Line 32	9,079,174	7,310,621	10,805,880
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $	(2)	0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	221,207	(1,745,450)	(2,180,128)
39.	Change in nonadmitted assets	(379,588)	686,561	1,457,665
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock		0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	8,920,791	6,251,732	10,083,417
49.	Capital and surplus end of reporting period (Line 33 plus 48)	56,860,077	44,107,601	47,939,286
	DETAILS OF WRITE-INS			
4701.			0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	643,504,998	510,799,662	709,089,198
2. Net investment income	967,800	71,419	111,963
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	644,472,798	510,871,081	709,201,161
5. Benefit and loss related payments	563,033,238	409,880,108	568,756,460
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	55,702,505	87,016,367	110,529,014
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses)	9,368,000	2,760,000	5,760,000
10. Total (Lines 5 through 9)	628,103,743	499,656,475	685,045,474
11. Net cash from operations (Line 4 minus Line 10)	16,369,055	11,214,606	24,155,687
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	20,001	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	20,001	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	0
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	0
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	20,001	0	0
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	10,138,942	17,880,069	18,296,703
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	10,138,942	17,880,069	18,296,703
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	26,527,998	29,094,675	42,452,390
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	151,605,233	109,152,843	109,152,843
19.2 End of period (Line 18 plus Line 19.1)	178,133,231	138,247,518	151,605,233

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	173,816	0	0	0	0	0	0	0	173,816	0
2. First Quarter	181,145	0	0	0	0	0	0	0	181,145	0
3. Second Quarter	193,775	0	0	0	0	0	0	0	193,775	0
4. Third Quarter	199,639								199,639	
5. Current Year	0									
6. Current Year Member Months	1,703,197								1,703,197	
Total Member Ambulatory Encounters for Period:										
7. Physician	976,937								976,937	
8. Non-Physician	182,764								182,764	
9. Total	1,159,701	0	0	0	0	0	0	0	1,159,701	0
10. Hospital Patient Days Incurred	77,477								77,477	
11. Number of Inpatient Admissions	15,310								15,310	
12. Health Premiums Written (a)	647,385,405								647,385,405	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	647,385,405								647,385,405	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	562,360,691								562,360,691	
18. Amount Incurred for Provision of Health Care Services	580,375,747								580,375,747	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $

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)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	25,171,151	495,871	0	0	0	25,667,022
0499999 Subtotals	25,171,151	495,871	0	0	0	25,667,022
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	43,416,970
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	69,083,992
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	5,601,659

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	47,191,601	514,995,260	676,410	68,407,582	47,868,011	54,277,139
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	47,191,601	514,995,260	676,410	68,407,582	47,868,011	54,277,139
10. Health care receivables (a)		4,182,759			0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	3,434,534		56,991	5,544,668	3,491,525	2,393,456
13. Totals (Lines 9-10+11+12)	50,626,135	510,812,501	733,401	73,952,250	51,359,536	56,670,595

(a) Excludes $ ..... loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

These items are based on illustrations taken from the NAIC Annual Statement Instructions

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Blue Cross Complete of Michigan LLC (the Company) are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State requires maternity case receivables due from the Department of Community Health to be reported on the health care and other amounts receivable line on page 2 of the Annual Statement. In NAIC SAP, this receivable is reported on the uncollected premiums and agents' balances in the course of collection line. This reclass does not have any monetary effect on net income, surplus or risk based capital.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Michigan is shown below:

	SSAP #	F/S Page	F/S Line#	2017	2016
NET INCOME					
(1) Blue Cross Complete of Michigan LLC state basis (Page 4, Line 32, Columns 2 & 3)				$ ……9,079,174	$ ……...10,805,880
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	.....	.....	.....	$..... 0	$..... 0
(3) State Permitted Practices that increase/(decrease) NAIC SAP	.....	.....	.....	$..... 0	$..... 0
(4) NAIC SAP (1-2-3=4)				$……9,079,174	$..... 10,805,880
SURPLUS					
(5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4)				$……56,860,077	$..... 47,939,286
(6) State Prescribed Practices that increase/(decrease) NAIC SAP: Maternity case receivables reported as health care receivable	00	2	15.1, 24	$..... 0	$..... 0
(7) State Permitted Practices that increase/(decrease) NAIC SAP	.....	.....	.....	$..... 0	$..... 0
(8) NAIC SAP (5-6-7=8)				$……56,860,077	$..... 47,939,286

B. Use of Estimates in the Preparation of the Financial Statements – No significant changes since December 31, 2016.

C. Accounting Policy

The Company uses the following accounting policies:

(1) Short-term investments – No significant changes since December 31, 2016.
(2) Bonds – None
(3) Common Stocks – None
(4) Preferred Stock – None
(5) Mortgage Loans – None
(6) Loan-backed securities – None
(7) Investments in subsidiaries, controlled and affiliated (SCA) entities **–** None
(8) Investments in joint ventures, partnerships and limited liability companies – None
(9) Derivatives – None
(10) Anticipated investment income as a factor in premium deficiency calculation – None
(11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2016.
(12) Fixed asset capitalization policy modifications – None
(13) Pharmaceutical Rebates – No significant changes since December 31, 2016.

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

Material changes in accounting principle and/or correction of errors **–** None

3. Business Combinations and Goodwill

A. Statutory Purchase Method – None
B. Statutory Merger
(1) Name and brief description of the combined entities – None
(2) Method of accounting – None
(3) Shares of stock issued in the transaction – None
(4) Details of results of operations – None
(5) Adjustments recorded directly to surplus – None
C. Assumption Reinsurance – None
D. Impairment Loss recognized on Business Combinations and Goodwill – None

4. Discontinued Operations

A. Discontinued Operations Disposed of or Classified as Held for Sale – None
B. Change in Plan of Sale of Discontinued Operation – None
C. Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal – None
D. Equity Interest Retained in the Discontinued Operation After Disposal – None

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – None
B. Debt Restructuring – None
C. Reverse Mortgages – None
D. Loan-Backed Securities
(1) Prepayment assumptions – None
(2) Recognized Other-than-Temporary Impairment – None
(3) Present Value of Cash Flows – None
(4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
(a) The aggregate amount of unrealized losses – None
(b) The aggregate related fair value of securities with unrealized losses – None
E. Repurchase Agreements and/or Securities Lending Transactions – None
F. Real Estate – None
G. Investments in low-income housing tax credits (LIHTC) – None
H. Restricted Assets
(1) Restricted Assets (Including Pledged) – No significant changes since December 31, 2016.
(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
(3) Detail of Other Restricted Assets – None
(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None
I. Working Capital Finance Investments – None
J. Offsetting and Netting of Assets and Liabilities – None
K. Structured Notes – None
L. 5* Securities – None

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of admitted assets – None
B. Impaired investments in Joint Ventures, Partnerships and Limited Liability Companies – None

7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases – No significant changes since December 31, 2016.
B. Total amount excluded – No significant changes since December 31, 2016.

8. Derivative Instruments

A. Market risk, credit risk and cash requirements of the derivative instruments – None
B. Objective for using derivative instruments – None
C. Accounting policies for recognizing and measuring derivatives instruments used – None
D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
E. Net gain or loss recognized for derivatives instruments no longer qualifying for hedge accounting – None
F. Derivative instruments accounted for as cash flow hedges – None

9. Income Taxes – No significant changes since December 31, 2016.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A.,B., Material related party transactions – None
C.
D. Amounts due from or to related parties as of September 30, 2017 – No significant changes since December 31, 2016.
E. Parental guarantees **–** None
F. Material management or service arrangements – No significant changes since December 31, 2016.
G. Nature of control relationship – No significant changes since December 31, 2016.

H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
I. Investments in an SCA entity that exceed 10% of admitted assets – None
J. Write-downs for impaired investments in SCA entities – None
K. Investment in foreign subsidiary calculation – None
L. Investment in a downstream noninsurance holding company – None
M. All SCA Investments
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
(2) NAIC filing response information – None
N. Investment in Insurance SCAs – None

11. Debt
A. Capital Notes – None
B. Federal Home Loan Bank (FHLB) Agreements – None

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
A. Defined Benefit Plan – None
B.,C. Postretirement Plan Assets – None
D. Basis used to determine the overall expected long-term rate-of-return-on-assets assumption – None
E. Defined Contribution Plans – None
F. Multiemployer Plans – None
G. Consolidated/Holding Company Plans – None
H. Postemployment Benefits and Compensated Absences – None
I. Impact of Medicare Modernization Act on Postretirement Benefits – None

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
A. Common Capital stock outstanding – None
B. Preferred stock – None
C. Dividend restrictions – No significant changes since December 31, 2016.
D. Dates and amounts of dividends paid **–** None
E. Stockholder's portion of ordinary dividend from profits – None
F. Restrictions placed on unassigned funds (surplus) – None
G. The total amount of advances to surplus not repaid – None
H. The amount of stock held by the Company for special purposes – None
I. Changes in balances of special surplus funds from the prior year – Changes in balances of special surplus funds from the prior year are due to the Subsequent Year Affordable Care Act (ACA) assessment, which amounted to $13,447,465.
J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses **–** No significant changes since December 31, 2016.
K. Surplus notes – None
L. Impact of any restatement due to quasi-reorganization – None
M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

14. Liabilities, Contingencies and Assessments
A. Contingent Commitments **–** None
B. Assessments – None
C. Gain Contingencies – None
D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits – None
E. Joint and Several Liabilities – None
F. All Other Contingencies – None

15. Leases
A. Lessee Operating Leases
(1) Lease description – None
(2) Minimum aggregate rental commitments – None
(3) Sales leaseback transactions – None
B. Lessor Leases
(1) Operating Leases – None
(2) Leveraged Leases – None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk
A. The face, contract or notional principle amount – None
B. The nature and terms of the contract – None
C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
A. Transfers of Receivables reported as Sales – None
B. Transfer and Servicing of Financial Assets – None
C. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
A. ASO Plans – None
B. ASC Plans – None
C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – None

20. Fair Value Measurements
A.,B. Fair value measurement at reporting date
(1) Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.
(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
(3) Transfers in and/or out of Level 3 – None
(4) Fair value measurements categorized within Level 2 and 3 – None
C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy – None
D. Not Practicable to Estimate Fair Value – None

21. Other Items
A. Unusual or Infrequent Items – None
B. Troubled Debt Restructuring: Debtors – None
C. Other Disclosures – None
D. Business Interruption Insurance Recoveries – None
E. State Transferable and Non-transferable Tax Credits – None
F. Subprime-Mortgage-Related Risk Exposure – None
G. Retained Assets – None
H. Insurance-Linked Securities (ILS) Contracts – None

22. Events Subsequent
Type 1 – Recognized subsequent events – None
Type 2 – Nonrecognized subsequent events – No significant changes since December 31, 2016.

23. Reinsurance
A. Ceded Reinsurance Report – None
B. Uncollectible Reinsurance – None
C. Commutation of Ceded Reinsurance – None
D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation
(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating Was Downgraded or Status Subject to Revocation – None
(2) Reporting Entity's Certified Reinsurer Rating Downgraded or Status Subject to Revocation – None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
A. Accrued retrospective premium adjustments – None
B. Accrued retrospective premium as an adjustment to earned premium **–** None
C. The amount of net premium written that are subject to retrospective rating features – None
D. Medical loss ratio rebates required pursuant to the Public Health Service Act – None
E. Risk- Sharing Provisions of the ACA – None

25. Change in Incurred Claims and Claim Adjustment Expenses
Reserves as of December 31, 2016 were $57,664,718 for incurred claims and claim adjustment expenses. As of September 30, 2017, $51,620,258 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $733,401 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of $5,311,059 during 2017 for the year ended December 31, 2016. The favorable reserves developments are attributable to claims settled for amounts less than originally estimated, primarily due to lower health care cost trends as well as the actual claim submission time being faster than assumed in establishing the accrued medical expenses in the prior year. These adjustments are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables – No significant changes since December 31, 2016.

B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves – None

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [ ] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [ ] No [ ]

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

Effective July 1, 2017, AmeriHealth Caritas Health Plan (ACHP) contributed its ownership interest in certain subsidiaries to AMHP Holdings Corp. (Holdings), a wholly owned subsidiary of ACHP.

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [ ] No [X] NA [ ]

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2016

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/15/2015

6.4 By what department or departments?

Michigan Department of Insurance and Financial Services/Pennsylvania Insurance Department

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [ ] No [ ] NA [X]

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] NA [X]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [ ] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $

13. Amount of real estate and mortgages held in short-term investments: $

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	$	$
14.22 Preferred Stock	$	$
14.23 Common Stock	$	$
14.24 Short-Term Investments	$	$
14.25 Mortgage Loans on Real Estate	$	$
14.26 All Other	$	$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	$ 0	$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	$	$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]

If no, attach a description with this statement.

GENERAL INTERROGATORIES

16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $.....0

16.3 Total payable for securities lending reported on the liability page $.....0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? ..... Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon	4400 Computer Drive, Westborough, MA 01581
PNC Bank	One Financial Parkway, Kalamazoo, MI 49009

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["…that have access to the investment accounts"; "…handle securities"]

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne, who makes recommendations to BOD	I
Steven Bohner, who makes recommendations to BOD	I

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's assets? Yes [ ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [ ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? ..... Yes [X] No [ ]

18.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	91.0 %
1.2 A&H cost containment percent	1.3 %
1.3 A&H expense percent excluding cost containment expenses	6.2 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	$
2.3 Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

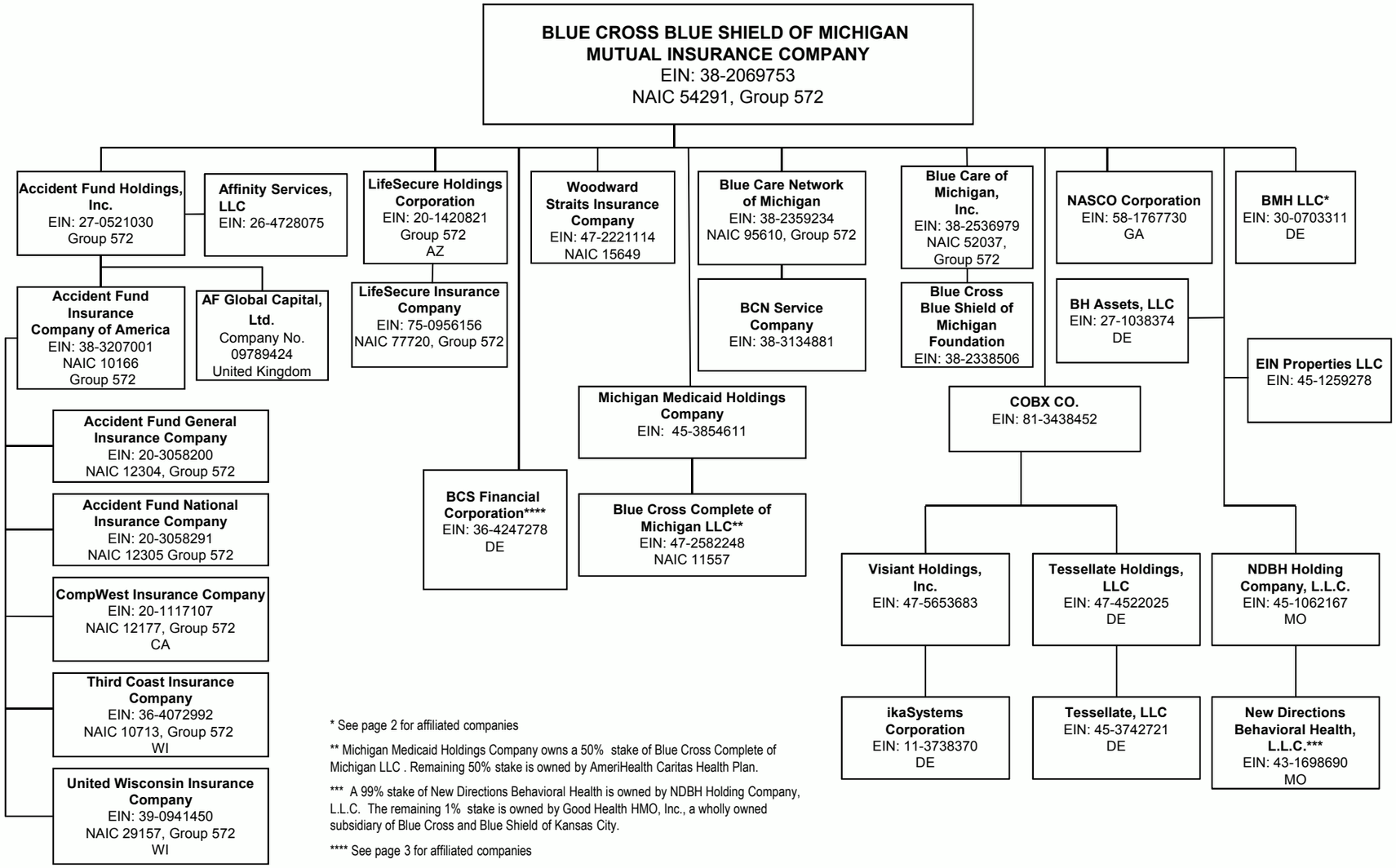
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
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. Dist. 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	L			647,385,405				647,385,405	
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. U.S. Virgin Islands VI								0	
56. Northern Mariana Islands MP								0	
57. Canada CAN								0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	647,385,405	0	0	0	647,385,405	0
60. Reporting entity contributions for Employee Benefit Plans	XXX							0	
61. Total (Direct Business)	(a) 1	0	0	647,385,405	0	0	0	647,385,405	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



* See page 2 for affiliated companies

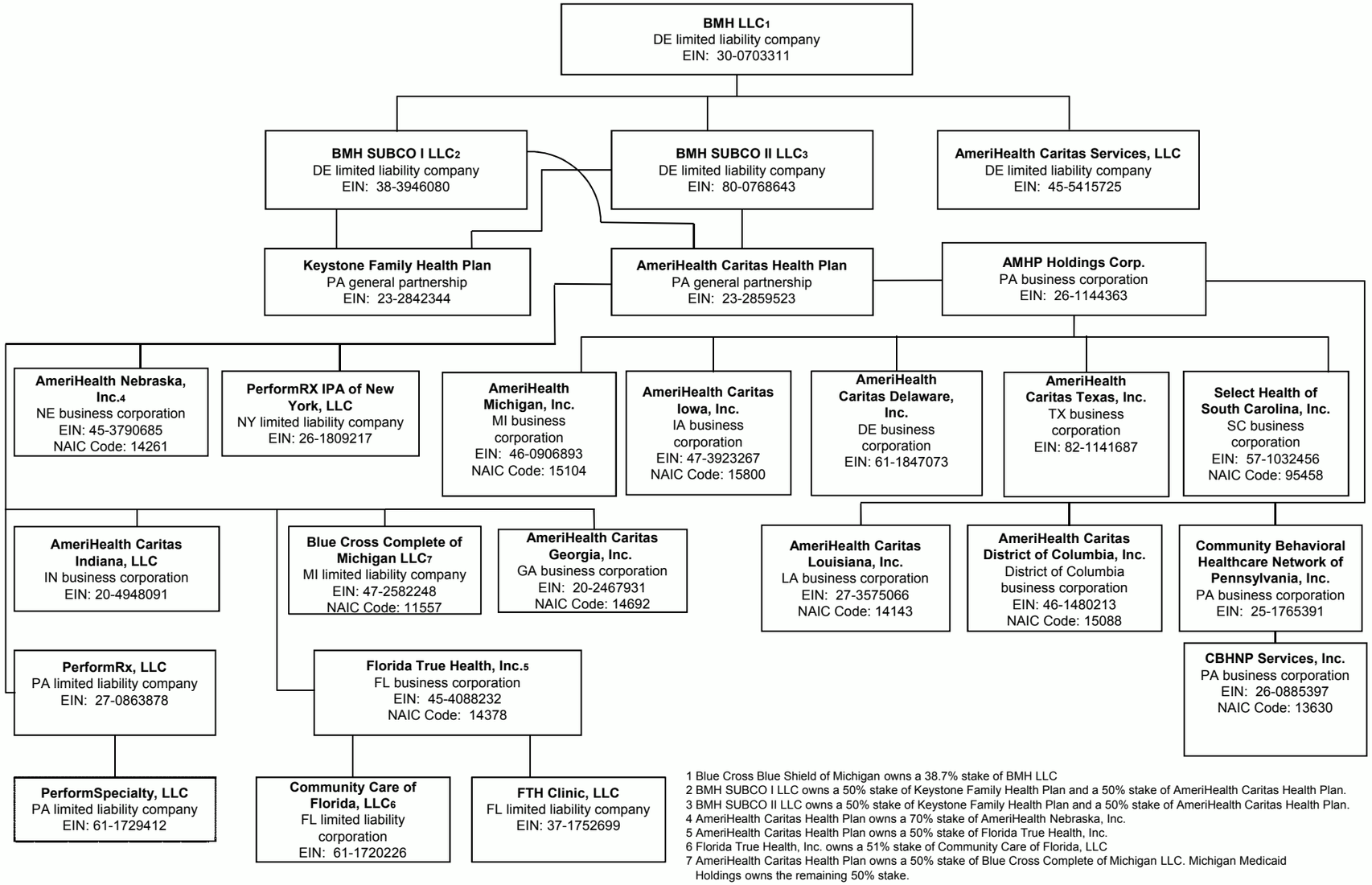
** Michigan Medicaid Holdings Company owns a 50% stake of Blue Cross Complete of Michigan LLC . Remaining 50% stake is owned by AmeriHealth Caritas Health Plan.

*** A 99% stake of New Directions Behavioral Health is owned by NDBH Holding Company, L.L.C. The remaining 1% stake is owned by Good Health HMO, Inc., a wholly owned subsidiary of Blue Cross and Blue Shield of Kansas City.

**** See page 3 for affiliated companies

All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

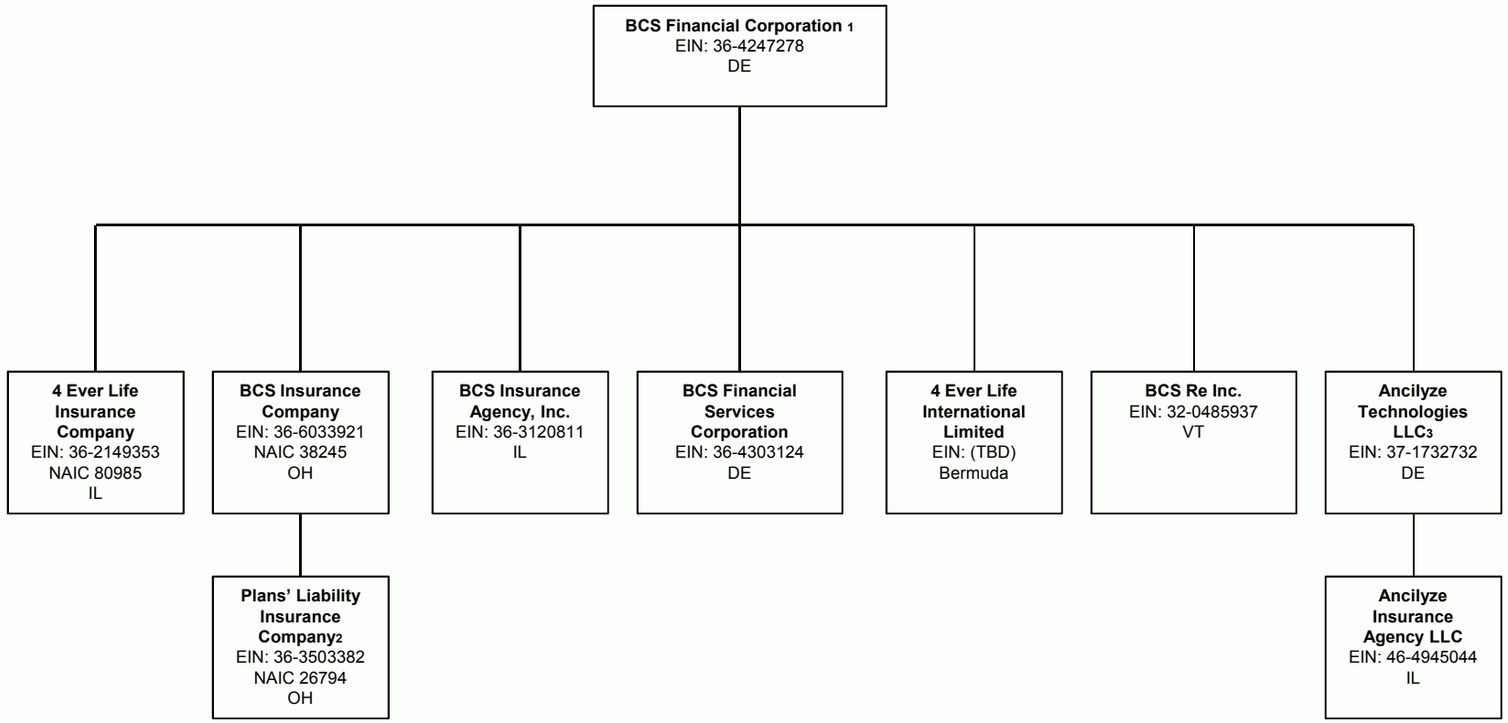
STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



1 Blue Cross Blue Shield of Michigan owns a 38.7% stake of BMH LLC
2 BMH SUBCO I LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.
3 BMH SUBCO II LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.
4 AmeriHealth Caritas Health Plan owns a 70% stake of AmeriHealth Nebraska, Inc.
5 AmeriHealth Caritas Health Plan owns a 50% stake of Florida True Health, Inc.
6 Florida True Health, Inc. owns a 51% stake of Community Care of Florida, LLC
7 AmeriHealth Caritas Health Plan owns a 50% stake of Blue Cross Complete of Michigan LLC. Michigan Medicaid Holdings owns the remaining 50% stake.

All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

STATEMENT AS OF SEPTEMBER 30, 2017 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



1 Blue Cross Blue Shield of Michigan owns 9.66% of BCS Financial Corporation
Accident Fund Insurance Company of America owns 3.41% of BCS Financial Corporation
2 BCS Financial Corporation owns a 6.64% of Plans' Liability Insurance Company
3 BCS Financial Corporation owns 50% of Ancilyze Technologies LLC

All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

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 Is an SCA Filing Required? (Y/N)	16 *
00572	BC/BS of Michigan Mutual Insurance Co.	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	RE	State of Michigan	Legal			N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	27-0521030				Accident Fund Holdings, Inc.	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
00572	BC/BS of Michigan Mutual Insurance Co.	00000					AF Global Capital, Ltd.	GBR	DS	Accident Fund Holdings, Inc.	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc.	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	26-4728075				Affinity Services, LLC	MI	DS	Accident Fund Holdings, Inc.	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	12304	20-3058200				Accident Fund General Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	10713	36-4072992				Third Coast Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	12177	20-1117107				CompWest Insurance Company	CA	DS	Accident Fund Insurance Company of America	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	

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00572	BC/BS of Michigan Mutual Insurance Co	77720	75-0956156				LifeSecure Insurance Company	MI	DS	LifeSecure Holdings Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
00572	BC/BS of Michigan Mutual Insurance Co	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	DS	Michigan Medicaid Holdings Company	Ownership	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-3134881				BCN Service Company	MI	DS	Blue Care Network of Michigan	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
00572	BC/BS of Michigan Mutual Insurance Co	52037	38-2536979				Blue Care of Michigan, Inc	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	DS	Blue Care of Michigan, Inc	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	81-3438452				COBX Co	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co	00000	47-5653683				Visiant Holdings, Inc (formerly SBBX Co)	MI	NIA	COBX Co	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
00572	BC/BS of Michigan Mutual Insurance Co	00000	11-3738370				ikaSystems Corporation	DE	NIA	Visiant Holdings, Inc (formerly SBBX Co)	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	

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00572	BC/BS of Michigan Mutual Insurance Co.	00000	58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	19.5	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	27-1038374				BH Assets, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	28.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	40.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-4522025				Tessellate Holdings, LLC (formerly DDDS, Holdings, LLC)	DE	NIA	COBX Co.	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3742721				Tessellate, LLC (dba DDDS)	DE	NIA	Tessellate Holdings, LLC (formerly DDDS, Holdings, LLC)	Ownership	70.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-1062167				NDBH Holding Company, LLC	MO	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	43-1698690				New Directions Behavioral Health, LLC	MO	NIA	NDBH Holding Company, LLC	Ownership	99.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00572	BC/BS of Michigan Mutual Insurance Co.	00000	30-0703311				BMH LLC	DE	NIA	IBC MH LLC	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	

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00000		15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	37-1752699				FTH Clinic, LLC	FL	NIA	Florida True Health, Inc.	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc.	Ownership	9.9	BCBSM and IBC MH LLC	N	
00000		15088	46-1482013				AmeriHealth District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	NIA	AMHP Holdings Corp.	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	AmeriHealth Caritas Health Plan	Ownership	27.1	BCBSM and IBC MH LLC	N	
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	38.7	BCBSM and IBC MH LLC	N	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	19.4	BCBSM and IBC MH LLC	N	
00000		00000	38-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	Ownership	13.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	Ownership	13.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00000		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	Ownership	13.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		26794	36-3503382				Plans' Liability Insurance Company	OH	IA	BCBSM and BCS Insurance Company	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		00000	36-3120811				BCS Insurance Agency, Inc.	IL	NIA	BCS Financial Corporation	Ownership	13.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		00000	36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	Ownership	13.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		00000					4 Ever Life International Limited	BMU	IA	BCS Financial Corporation	Ownership	13.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		00000	32-0485937				BCS Re Inc.	VT	IA	BCS Financial Corporation	Ownership	13.1	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		00000	37-1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	Ownership	6.5	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
00000		00000	46-4945044				Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	Ownership	6.5	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Explanation:

1.

Bar Code:

1. 1 1 5 5 7 2 0 1 7 3 6 5 0 0 0 0 3

OVERFLOW PAGE FOR WRITE-INS

MQ004 Additional Aggregate Lines for Page 04 Line 14.
*REVEX1

	1 Current Year To Date Uncovered	2 Current Year To Date Total	3 Prior Year To Date Total	4 Prior Year Ended December 31 Total
1404. Consumer Incentives		958,386	245,762	615,927
1405. Health Ed. and Pop. Mgmnt			0	48
1406.			0	0
1407.			0	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	958,386	245,762	615,975

SCHEDULE A – VERIFICATION

Real Estate

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

NONE

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	0	0
2. Cost of bonds and stocks acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration for bonds and stocks disposed of		0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	3,066,712	166,125,835	165,500,000	0	3,005,884	3,066,712	3,692,547	3,003,907
2. NAIC 2 (a)	0	0	0	0	0	0	0	0
3. NAIC 3 (a)	0	0	0	0	0	0	0	0
4. NAIC 4 (a)	0	0	0	0	0	0	0	0
5. NAIC 5 (a)	0	0	0	0	0	0	0	0
6. NAIC 6 (a)	0	0	0	0	0	0	0	0
7. Total Bonds	3,066,712	166,125,835	165,500,000	0	3,005,884	3,066,712	3,692,547	3,003,907
PREFERRED STOCK								
8. NAIC 1	0	0	0	0	0	0	0	0
9. NAIC 2	0	0	0	0	0	0	0	0
10. NAIC 3	0	0	0	0	0	0	0	0
11. NAIC 4	0	0	0	0	0	0	0	0
12. NAIC 5	0	0	0	0	0	0	0	0
13. NAIC 6	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	3,066,712	166,125,835	165,500,000	0	3,005,884	3,066,712	3,692,547	3,003,907

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ 3,692,547 ; NAIC 2 $ 0 ;
NAIC 3 $ 0 ; NAIC 4 $ 0 ; NAIC 5 $ 0 ; NAIC 6 $ 0

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	32,366,530	XXX	32,366,531	944,649	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	3,003,907	2,488,117
2. Cost of short-term investments acquired	915,342,621	2,003,907
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	(1)	0
5. Total gain (loss) on disposals	20,003	0
6. Deduct consideration received on disposals	886,000,000	1,488,117
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other-than-temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	32,366,530	3,003,907
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	32,366,530	3,003,907

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

Schedule E - Verification

NONE

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
PNC Bank 249 5th Ave. Pittsburgh, PA 15222		0.010	965		(6,288,039)	(6,690,048)	145,665,231	XXX
Bank of New York Mellon 4400 Computer Drive, Westborough, MA 01581							101,470	XXX
0199998 Deposits in 0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	965	0	(6,288,039)	(6,690,048)	145,766,701	XXX
0399999 Total Cash on Deposit	XXX	XXX	965	0	(6,288,039)	(6,690,048)	145,766,701	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	965	0	(6,288,039)	(6,690,048)	145,766,701	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0