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ANNUAL STATEMENT

For the Year Ended December 31, 2009

of the Condition and Affairs of the

Blue Care Network of Michigan

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

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

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

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

Statutory Home Office	20500 Civic Center Drive….. Southfield ..... MI ..... 48076 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	20500 Civic Center Drive….. Southfield ..... MI ..... 48076 *(Street and Number) (City or Town, State and Zip Code)*	248-799-6400 *(Area Code) (Telephone Number)*
Mail Address	20500 Civic Center Drive MC C455….. Southfield ..... MI ..... 48076 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	20500 Civic Center Drive….. Southfield ..... MI ..... 48076 *(Street and Number) (City or Town, State and Zip Code)*	248-455-3630 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.mibcn.com	
Statutory Statement Contact	Penny Jean Wall *(Name)*	248-455-3630 *(Area Code) (Telephone Number) (Extension)*
	PWall@bcbsm.com *(E-Mail Address)*	248-455-3639 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Jeanne Helen Carlson	President & Chief Executive Officer	2. Julie Concetta Swantek	Secretary
3. Susan Anne Kluge	Chief Financial Officer & Treasurer	4. Marc Darryl Keshishian MD #	Chief Medical Officer

OTHER

Laurie Lowe Westfall Chief Operating Officer

DIRECTORS OR TRUSTEES

Kedrick David Adkins	Julie Anne Angott	Mark Robert Bartlett	William Harrison Black
Jeanne Helen Carlson	James Robert Dietz	Shauna Ryder Diggs MD	Janet Louise Harden
DeMerritte Bonta Hiscoe MD	Valeriah Ann Holmon	Robert Paul Kelch MD	Karen Marie Knapp
Melvin Lyle Larsen #	Donald Glenn Oetman	Calvin Thomas Rapson	Kevin Lewis Seitz
Gregory Alan Sudderth	Diana Lynn Watson		

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

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

Subscribed and sworn to before me
This _____ day of _____ 2010

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
0199999. Total individuals	539,283	97,674	67,625	349,516	349,516	704,582
Federal Employee Health Benefit Program	3,153,211	939,408				4,092,619
City of Detroit	1,311,000	1,275,610				2,586,610
State of Michigan	1,434,230	79,715	79,715			1,593,660
0299997. Group subscribers subtotal	5,898,441	2,294,733	79,715	0	0	8,272,889
0299998. Premiums due and unpaid not individually listed	3,060,095	335,410	93,323	33,207	33,207	3,488,828
0299999. Total group	8,958,536	2,630,143	173,038	33,207	33,207	11,761,717
0399999. Premiums due and unpaid from Medicare entities	3,600,000					3,600,000
0599999. Accident and health premiums due and unpaid (Page 2, Line 13)	13,097,819	2,727,817	240,663	382,723	382,723	16,066,299

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually	4,558,029	4,316,497				8,874,526
0199999. Total Pharmaceutical Rebate Receivables	4,558,029	4,316,497	0	0	0	8,874,526
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually	81,095				81,095	0
0499999. Total Capital Arrangement Receivables	81,095	0	0	0	81,095	0
Risk Sharing Receivables						
University of Michigan Health System	4,750,000					4,750,000
0599999. Total Risk Sharing Receivables	4,750,000	0	0	0	0	4,750,000
0799999. Total Health Care Receivables	9,389,124	4,316,497	0	0	81,095	13,624,526

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	33,009,903	3,353,109	250,544	504,780	388,956	37,507,292
0499999. Subtotals	33,009,903	3,353,109	250,544	504,780	388,956	37,507,292
0599999. Unreported claim and other claim reserves						217,288,871
0699999. Total amounts withheld						11,583,461
0799999. Total claims unpaid						266,379,624
0899999. Accrued medical incentive pool and bonus amounts						44,351,108

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Blue Cross Blue Shield of Michigan	7,626,235					7,626,235	
BCN Service Company	6,248,448					6,248,448	
BlueCaid of Michigan	164,868					164,868	
0199999. Individually listed receivables	14,039,551	0	0	0	0	14,039,551	0
0299999. Receivables not individually listed	48,605					48,605	
0399999. Total gross amounts receivable	14,088,156	0	0	0	0	14,088,156	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Blue Cross Blue Shield of Michigan	Administrative Services	97,870,597	32,933,093	64,937,504
BCN Service Company	Administrative Services/Net Personal Plus Premium	648,589	648,589	
Blue Care of Michigan, Inc.	Administrative Services	40,925	40,925	
Blue Care Network Medical Malpractice Self-Insurance Trust	Administrative Services	21,302	21,302	
BlueCaid of Michigan	Cash Reciept	11,034	11,034	
Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	Administrative Services	6,828	6,828	
0199999. Individually listed payables		98,599,275	33,661,771	64,937,504
0399999. Total gross payables		98,599,275	33,661,771	64,937,504

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	145,907,594	7.3	483,080	92.0		145,907,594
2. Intermediaries	22,123,546	1.1	514,577	98.0		22,123,546
3. All other providers	18,119,625	0.9	523,374	99.6		18,119,625
4. Total capitation payments	186,150,765	9.3	1,521,031	289.6	0	186,150,765
Other Payments:						
5. Fee-for-service	199,421,380	10.0	XXX	XXX		199,421,380
6. Contractual fee payments	1,492,026,688	74.8	XXX	XXX		1,492,026,688
7. Bonus/withhold arrangements - fee-for-service	3,889,382	0.2	XXX	XXX		3,889,382
8. Bonus/withhold arrangements - contractual fee payments	103,944,009	5.2	XXX	XXX		103,944,009
9. Non-contingent salaries	9,480,378	0.5	XXX	XXX		9,480,378
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,808,761,837	90.7	XXX	XXX	0	1,808,761,837
13. Total (Line 4 plus Line 12)	1,994,912,602	100.0	XXX	XXX	0	1,994,912,602

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
Transactions with Intermediaries					
	Joint Venture Hospital Laboratories	22,123,546	1,843,629		
9999999. Totals		22,123,546	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	2,223,391	-	1,807,896	415,495	415,495	0
2. Medical furniture, equipment and fixtures	90,624	-	84,084	6,540	6,540	(0)
3. Pharmaceuticals and surgical supplies	-	-	-	-	-	0
4. Durable medical equipment	-	-	-	-	-	0
5. Other property and equipment	10,015,413	-	9,220,887	794,526	794,526	0
6. Total	12,329,428	0	11,112,867	1,216,561	1,216,561	(0)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	554,666	1,737	498,446	8,836			20,244	25,403		
2. First quarter	538,941	1,569	479,673	8,599			19,573	29,527		
3. Second quarter	530,418	1,457	470,545	8,555			19,611	30,250		
4. Third quarter	527,316	1,550	466,297	8,699			19,807	30,963		
5. Current year	525,226	1,738	463,157	8,911			19,923	31,497		
6. Current year member months	6,367,506	18,886	5,644,951	103,998			236,151	363,520		
Total Member Ambulatory Encounters for Year:										
7. Physician	4,159,936	27,103	3,391,180	154,454			139,290	447,909		
8. Non-physician	686,772	3,962	564,715	29,665			25,083	63,347		
9. Totals	4,846,708	31,065	3,955,895	184,119	0	0	164,373	511,256	0	0
10. Hospital patient days incurred	180,311	408	122,095	10,843			5,108	41,857		
11. Number of inpatient admissions	46,366	115	34,448	2,380			1,441	7,982		
12. Health premiums written (b)	2,235,538,837	7,617,487	1,754,500,249	44,233,980			75,072,555	354,114,566		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,236,615,485	7,617,487	1,754,503,016	44,233,980			75,774,544	354,486,458		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,994,912,602	11,929,966	1,564,952,511	35,989,365			73,252,428	308,770,097		18,235
18. Amount incurred for provision of health care services	1,965,626,698	11,929,966	1,531,481,106	35,034,809			73,046,888	314,115,694		18,235

(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 $.....354,114,566

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	554,666	1,737	498,446	8,836			20,244	25,403		
2. First quarter	538,941	1,569	479,673	8,599			19,573	29,527		
3. Second quarter	530,418	1,457	470,545	8,555			19,611	30,250		
4. Third quarter	527,316	1,550	466,297	8,699			19,807	30,963		
5. Current year	525,226	1,738	463,157	8,911			19,923	31,497		
6. Current year member months	6,367,506	18,886	5,644,951	103,998			236,151	363,520		
Total Member Ambulatory Encounters for Year:										
7. Physician	4,159,936	27,103	3,391,180	154,454			139,290	447,909		
8. Non-physician	686,772	3,962	564,715	29,665			25,083	63,347		
9. Totals	4,846,708	31,065	3,955,895	184,119	0	0	164,373	511,256	0	0
10. Hospital patient days incurred	180,311	408	122,095	10,843			5,108	41,857		
11. Number of inpatient admissions	46,366	115	34,448	2,380			1,441	7,982		
12. Health premiums written (b)	2,235,538,837	7,617,487	1,754,500,249	44,233,980			75,072,555	354,114,566		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,236,615,485	7,617,487	1,754,503,016	44,233,980			75,774,544	354,486,458		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	1,994,912,602	11,929,966	1,564,952,511	35,989,365			73,252,428	308,770,097		18,235
18. Amount incurred for provision of health care services	1,965,626,698	11,929,966	1,531,481,106	35,034,809			73,046,888	314,115,694		18,235

(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 $.....354,114,566

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 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	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 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates						
.....	38-6561862..	.01/01/2009	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust.....	Southfield, Mi.....	.....	8,514,823
0499999.	Total - Affiliates.....				0	8,514,823
0699999.	Total - Accident and Health.....				0	8,514,823
0799999.	Totals - Life, Annuity and Accident and Health.....				0	8,514,823

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Affiliates												
	38-6561862	01/01/2009	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	Southfield, Mi	SSL/L/I	27,288,216						
0199999.	Total - Authorized General Account - Affiliates					27,288,216	0	0	0	0	0	0
0399999.	Total - Authorized General Account					27,288,216	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					27,288,216	0	0	0	0	0	0
1599999.	Totals					27,288,216	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8

NONE

SCHEDULE S - PART 5

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

		1 2009	2 2008	3 2007	4 2006	5 2005
A.	**OPERATIONS ITEMS**					
1.	Premiums	24,484	10,864	12,109	7,885	3,437
2.	Title XVIII - Medicare	2,804	1,240	254	138	
3.	Title XIX - Medicaid					
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	24,412	12,821	13,035	5,913	2,528
B.	**BALANCE SHEET ITEMS**					
6.	Premiums receivable					
7.	Claims payable	8,515	5,035	9,520	7,857	10,768
8.	Reinsurance recoverable on paid losses					
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances unpaid					
11.	Unauthorized reinsurance offset					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
12.	Funds deposited by and withheld from (F)					
13.	Letters of credit (L)					
14.	Trust agreements (T)					
15.	Other (O)					

SCHEDULE S - PART 6

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 10)	830,745,698	4,151,332	834,897,030
2.	Accident and health premiums due and unpaid (Line 13)	16,068,955		16,068,955
3.	Amounts recoverable from reinsurers (Line 14.1)			0
4.	Net credit for ceded reinsurance	XXX	1,277,141	1,277,141
5.	All other admitted assets (balance)	38,148,782		38,148,782
6.	Totals assets (Line 26)	884,963,435	5,428,473	890,391,908
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	257,864,801	8,514,823	266,379,624
8.	Accrued medical incentive pool and bonus payments (Line 2)	44,351,108		44,351,108
9.	Premiums received in advance (Line 8)	34,047,140		34,047,140
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			0
11.	Reinsurance in unauthorized companies (Line 18)			0
12.	All other liabilities (balance)	132,089,153	(3,086,350)	129,002,803
13.	Total liabilities (Line 22)	468,352,202	5,428,473	473,780,675
14.	Total capital and surplus (Line 31)	416,611,233	XXX	416,611,233
15.	Total liabilities, capital and surplus (Line 32)	884,963,435	5,428,473	890,391,908
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	8,514,823		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	(4,151,332)		
21.	Total ceded reinsurance recoverables	4,363,491		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	3,086,350		
26.	Total ceded reinsurance payables/offsets	3,086,350		
27.	Total net credit for ceded reinsurance	1,277,141		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL						0
2.	Alaska AK						0
3.	Arizona AZ						0
4.	Arkansas AR						0
5.	California CA						0
6.	Colorado CO						0
7.	Connecticut CT						0
8.	Delaware DE						0
9.	District of Columbia DC						0
10.	Florida FL						0
11.	Georgia GA						0
12.	Hawaii HI						0
13.	Idaho ID						0
14.	Illinois IL						0
15.	Indiana IN						0
16.	Iowa IA						0
17.	Kansas KS						0
18.	Kentucky KY						0
19.	Louisiana LA						0
20.	Maine ME						0
21.	Maryland MD						0
22.	Massachusetts MA						0
23.	Michigan MI						0
24.	Minnesota MN						0
25.	Mississippi MS						0
26.	Missouri MO						0
27.	Montana MT						0
28.	Nebraska NE						0
29.	Nevada NV						0
30.	New Hampshire NH						0
31.	New Jersey NJ						0
32.	New Mexico NM						0
33.	New York NY						0
34.	North Carolina NC						0
35.	North Dakota ND						0
36.	Ohio OH						0
37.	Oklahoma OK						0
38.	Oregon OR						0
39.	Pennsylvania PA						0
40.	Rhode Island RI						0
41.	South Carolina SC						0
42.	South Dakota SD						0
43.	Tennessee TN						0
44.	Texas TX						0
45.	Utah UT						0
46.	Vermont VT						0
47.	Virginia VA						0
48.	Washington WA						0
49.	West Virginia WV						0
50.	Wisconsin WI						0
51.	Wyoming WY						0
52.	American Samoa AS						0
53.	Guam GU						0
54.	Puerto Rico PR						0
55.	US Virgin Islands VI						0
56.	Northern Mariana Islands MP						0
57.	Canada CN						0
58.	Aggregate Other Alien OT						0
59.	Totals	0	0	0	0	0	0

NONE

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
54291	38-2069753	Blue Cross Blue Shield of Michigan		(8,591,058)	(18,554,506)		1,116,746,129			74,731,616	1,164,332,181	
95610	38-2359234	Blue Care Network of Michigan					(925,834,378)	(2,876,577)		(74,731,616)	(1,003,442,571)	8,514,823
52037	38-2536979	Blue Care of Michigan, Inc.					(6,028,476)	(1,000)			(6,029,476)	
	27-0521030	Accident Fund Holdings	500,000				(491,092)				8,908	
10166	38-3207001	Accident Fund Insurance Company of America	(500,000)		18,554,506		(5,642,141)				12,412,365	(88,964,092)
12304	20-3058200	Accident Fund General Insurance Company					(6,643,913)				(6,643,913)	(12,237,000)
12305	20-3058291	Accident Fund National Insurance Company					(18,443,719)				(18,443,719)	60,574,000
10713	36-4072992	Third Coast Insurance Company					(2,700)				(2,700)	
29157	39-0941450	United Wisconsin Insurance Company					(3,098,281)				(3,098,281)	129,799,000
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust.					1,091,520				1,091,520	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Tr					(71,384)	2,714,333			2,642,949	(9,068,550)
	38-3134881	BCN Service Company					(137,978,472)	(1,000)			(137,979,472)	
	38-2612298	DenteMax					(1,494,122)				(1,494,122)	
11557	38-0026448	BlueCaid of Michigan					(6,488,570)	164,244			(6,324,326)	553,727
11946	20-0547500	Michigan Health Insurance Company									0	
	38-2338506	Blue Cross Blue Shield of Michigan Foundation					(933,503)				(933,503)	
12177	20-1117107	CompWest Insurance Company					(4,127,676)				(4,127,676)	(89,171,908)
	20-1420821	LifeSecure Holdings Corporation									0	
77720	75-0956156	LifeSecure Insurance Company		8,591,058			(559,222)				8,031,836	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Pooling Information

10166	Accident Fund Ins. Co. of America	80.00%
29157	United Wisconsin Ins. Co.	10.00%
12305	Accident Fund National Ins. Co.	6.00%
12304	Accident Fund General Ins. Co.	4.00%

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
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

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	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	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
15.	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
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19.	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

EXPLANATIONS:

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BAR CODE:

9561020093600000

9561020092050000

9561020092070000

9561020094200000

9561020093710000

9561020093700000

9561020093650000

9561020093060000

9561020092110000

9561020092130000

Overflow Page for Write-Ins

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2104. Escheats	782,852		782,852	774,215
2105. Other Payables	150,553		150,553	
2197. Summary of remaining write-ins for Line 21	933,405	0	933,405	774,215

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2009
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

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

NAIC Company Code.....95610

Telephone Number.....248-455-3423

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006				Policies Issued in 2007, 2008 & 2009			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	09-A-141/09-166.....	C.....	.....NO.....	...."3","4".....	12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	2,268	1,668	.....73.5	14
.....YES.....	09-A-141/09-166.....	F.....	.....NO.....	...."3","4".....	12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	16,200	11,911	.....73.5	100
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	18,468	13,579	.....73.5	114

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 53200 Grand River New Hudson MI 48165
   2.2 Contact person and phone number..... Robin Mynhier 248-486-2027
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 611 Cascade West Parkway Grand Rapids MI 49546
   3.2 Contact person and phone number..... Jayne Fischer 616-977-6109
4. Explain any policies identified as policy type "O".

2009 ALPHABETICAL INDEX
HEALTH ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule DA – Part 1	E17
Schedule DA – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification Between Years	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37
Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14