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ANNUAL STATEMENT

For the Year Ended December 31, 2011

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)*	248-455-3428 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.mibcn.com	
Statutory Statement Contact	Joseph John Andraska *(Name)*	248-455-3428 *(Area Code) (Telephone Number) (Extension)*
	JAndraska@bcbsm.com *(E-Mail Address)*	877-350-3408 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Kevin James Klobucar	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

DIRECTORS OR TRUSTEES

Kedrick David Adkins	Julie Anne Angott	Mark Robert Bartlett	William Harrison Black
James Robert Dietz	Shauna Ryder Diggs MD	Sarah Winston Doyle #	Janet Louise Harden
DeMerritte Bonta Hiscoe MD	Valeriah Ann Holmon	Teola Pearl Hunter	Gerald Kariem #
Robert Paul Kelch MD	Kevin James Klobucar	Melvin Lyle Larsen	Barry Eugene Newcomb #
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)
Kevin James Klobucar	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 _____ 2012

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	535,521	46,164	423	131,965	131,965	582,108
Ford Motor Company	13,170,150					13,170,150
Federal Employee Health Benefit Plan	4,029,484					4,029,484
State of Michigan	1,856,881	63,000				1,919,881
City of Detroit	1,575,000	1,596,000	1,597,000	437,629	437,629	4,768,000
0299997. Group subscribers subtotal	20,631,515	1,659,000	1,597,000	437,629	437,629	23,887,515
0299998. Premiums due and unpaid not individually listed	3,932,517	417,904	1,095	59,327	59,327	4,351,516
0299999. Total group	24,564,032	2,076,904	1,598,095	496,956	496,956	28,239,031
0399999. Premiums due and unpaid from Medicare entities	7,397,014					7,397,014
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	32,496,567	2,123,068	1,598,518	628,921	628,921	36,218,153

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	5,397,452	4,301,778				9,699,230
0199999. Total Pharmaceutical Rebate Receivables	5,397,452	4,301,778	0	0	0	9,699,230
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually	69,848				69,848	0
0499999. Total Capital Arrangement Receivables	69,848	0	0	0	69,848	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	10,217,300	4,301,778	0	0	69,848	14,449,230

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	52,645,752	626,589	222,461	279,790		53,774,592
0499999. Subtotals	52,645,752	626,589	222,461	279,790	0	53,774,592
0599999. Unreported claim and other claim reserves						208,967,527
0699999. Total amounts withheld						9,753,905
0799999. Total claims unpaid						272,496,024
0899999. Accrued medical incentive pool and bonus amounts						72,326,542

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	37,458,483				2,763,200	34,695,283	
BCN Service Company	6,526,349					6,526,349	
BlueCaid of Michigan	285,588					285,588	
0199999. Individually listed receivables	44,270,420	0	0	0	2,763,200	41,507,220	0
0299999. Receivables not individually listed	45,826					45,826	
0399999. Total gross amounts receivable	44,316,246	0	0	0	2,763,200	41,553,046	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 and pension and postretirement	86,318,112	28,595,886	57,722,226
BCN Service Company	Claims and Capitation payments for Personal Plus and Self-Funded transactions	9,292,931	9,292,931	
0199999. Individually listed payables		95,611,043	37,888,817	57,722,226
0299999. Payables not individually listed		29,718	29,718	
0399999. Total gross payables		95,640,761	37,918,535	57,722,226

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	166,080,663	7.5	554,598	97.4		166,080,663
2. Intermediaries	24,041,663	1.1	554,598	97.4		24,041,663
3. All other providers	27,202,636	1.2	560,842	98.5		27,202,636
4. Total capitation payments	217,324,962	9.8	1,670,038	293.4	0	217,324,962
Other Payments:						
5. Fee-for-service	229,664,424	10.4	XXX	XXX		229,664,424
6. Contractual fee payments	1,659,863,075	75.1	XXX	XXX		1,659,863,075
7. Bonus/withhold arrangements - fee-for-service	9,179,070	0.4	XXX	XXX		9,179,070
8. Bonus/withhold arrangements - contractual fee payments	95,480,990	4.3	XXX	XXX		95,480,990
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,994,187,559	90.2	XXX	XXX	0	1,994,187,559
13. Total (Line 4 plus Line 12)	2,211,512,521	100.0	XXX	XXX	0	2,211,512,521

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	24,041,663	2,003,472		
9999999. Totals		24,041,663	XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,986,141		1,855,533	130,608	130,608	0
2. Medical furniture, equipment and fixtures	90,624		90,089	535	535	0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	10,254,819		10,053,211	201,608	201,608	0
6. Total	12,331,584	0	11,998,833	332,751	332,751	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	532,705	3,297	467,019	7,233			18,971	36,185		
2. First quarter	551,719	3,285	476,429	7,788			22,192	42,025		
3. Second quarter	558,875	3,157	482,811	7,908			22,246	42,753		
4. Third quarter	565,332	3,208	488,057	8,144			22,332	43,591		
5. Current year	569,229	3,125	491,047	8,387			22,371	44,299		
6. Current year member months	6,692,695	38,529	5,777,702	95,482			267,040	513,942		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,792,012	40,482	2,900,949	109,974			152,631	587,976		
8. Non-physician	848,471	9,152	631,413	46,484			37,157	124,265		
9. Totals	4,640,483	49,634	3,532,362	156,458	0	0	189,788	712,241	0	0
10. Hospital patient days incurred	196,330	2,046	125,858	7,509			5,555	55,362		
11. Number of inpatient admissions	49,566	481	35,095	1,760			1,568	10,662		
12. Health premiums written (b)	2,605,856,803	13,013,136	1,974,600,155	17,659,877			96,074,891	504,508,744		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,605,195,123	12,958,084	1,975,191,876	17,151,409			95,976,538	503,917,216		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,211,512,521	16,443,184	1,657,432,427	14,609,499			84,086,303	438,941,108		
18. Amount incurred for provision of health care services	2,220,609,788	17,725,663	1,655,842,572	14,819,562			85,087,024	447,134,967		

(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 $.....504,508,744

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	532,705	3,297	467,019	7,233			18,971	36,185		
2. First quarter	551,719	3,285	476,429	7,788			22,192	42,025		
3. Second quarter	558,875	3,157	482,811	7,908			22,246	42,753		
4. Third quarter	565,332	3,208	488,057	8,144			22,332	43,591		
5. Current year	569,229	3,125	491,047	8,387			22,371	44,299		
6. Current year member months	6,692,695	38,529	5,777,702	95,482			267,040	513,942		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,792,012	40,482	2,900,949	109,974			152,631	587,976		
8. Non-physician	848,471	9,152	631,413	46,484			37,157	124,265		
9. Totals	4,640,483	49,634	3,532,362	156,458	0	0	189,788	712,241	0	0
10. Hospital patient days incurred	196,330	2,046	125,858	7,509			5,555	55,362		
11. Number of inpatient admissions	49,566	481	35,095	1,760			1,568	10,662		
12. Health premiums written (b)	2,605,856,803	13,013,136	1,974,600,155	17,659,877			96,074,891	504,508,744		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,605,195,123	12,958,084	1,975,191,876	17,151,409			95,976,538	503,917,216		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,211,512,521	14,811,548	1,659,064,093	14,609,499			84,086,273	438,941,108		
18. Amount incurred for provision of health care services	2,220,609,788	15,619,323	1,657,948,912	14,819,562			85,087,024	447,134,967		

(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 $.....504,508,744

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 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance

NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - U.S. Affiliates						
	38-6561862	01/01/2011	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	US		13,427,794
0899999.	Total - Accident and Health Affiliates - U.S. Affiliates				0	13,427,794
1099999.	Total - Accident and Health Affiliates				0	13,427,794
1499999.	Total - Accident and Health				0	13,427,794
1599999.	Total U.S.				0	13,427,794
1799999.	Total				0	13,427,794

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	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. Affiliates												
	38-6561862	01/01/2011	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	US	SSL/I	35,453,747						
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					35,453,747	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					35,453,747	0	0	0	0	0	0
0799999.	Total - General Account - Authorized					35,453,747	0	0	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					35,453,747	0	0	0	0	0	0
3199999.	Total - U.S.					35,453,747	0	0	0	0	0	0
3399999.	Total					35,453,747	0	0	0	0	0	0

Sch. S-Pt. 4
NONE

SCHEDULE S - PART 5

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

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums	31,085	24,155	24,484	10,864	12,109
2. Title XVIII - Medicare	4,369	2,639	2,804	1,240	254
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	31,218	23,997	24,412	12,821	13,035
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	13,428	11,606	8,515	5,035	9,520
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 12)	1,182,836,940	5,304,090	1,188,141,030
2.	Accident and health premiums due and unpaid (Line 15)	36,218,153		36,218,153
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX	5,110,475	5,110,475
5.	All other admitted assets (balance)	71,152,006		71,152,006
6.	Totals assets (Line 28)	1,290,207,099	10,414,565	1,300,621,664
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	259,068,230	13,427,794	272,496,024
8.	Accrued medical incentive pool and bonus payments (Line 2)	72,326,542		72,326,542
9.	Premiums received in advance (Line 8)	42,533,384		42,533,384
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			0
11.	Reinsurance in unauthorized companies (Line 20)			0
12.	All other liabilities (balance)	207,700,390	(3,013,229)	204,687,161
13.	Total liabilities (Line 24)	581,628,546	10,414,565	592,043,111
14.	Total capital and surplus (Line 33)	708,578,553	XXX	708,578,553
15.	Total liabilities, capital and surplus (Line 34)	1,290,207,099	10,414,565	1,300,621,664
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	13,427,794		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	(5,304,090)		
21.	Total ceded reinsurance recoverables	8,123,704		
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	3,013,229		
26.	Total ceded reinsurance payables/offsets	3,013,229		
27.	Total net credit for ceded reinsurance	5,110,475		

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 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
0572	Blue Cross Blue Shield of Michigan	54291	38-2069753				Blue Cross Blue Shield of Michigan	MI	UDP	State of Michigan	Legal			
0572	Blue Cross Blue Shield of Michigan		27-0521030				Accident Fund Holdings, Inc.	MI	NIA	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	10166	38-3207001				Accident Fund Insurance Company of America	MI	IA	Accident Fund Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	29157	39-0941450				United Wisconsin Insurance Company	WI	IA	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12304	20-3058200				Accident Fund General Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12305	20-3058291				Accident Fund National Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	10713	36-4072992				Third Coast Insurance Company	IL	IA	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12177	52-2414206				CWI Holdings, Inc.	DE	IA	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12177	32-6057193				CWI Holdings 2006 Statutory Trust I	DE	IA	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12177	72-1615795				Howard Street Insurance Services	CA	IA	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12177	20-1117107				CompWest Insurance Co	CA	IA	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan		20-1420821				LifeSecure Holdings Corporation	AZ	NIA	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	77720	75-0956156				LifeSecure Insurance Company	MI	IA	LifeSecure Holdings Corporation	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	95610	38-2359234				Blue Care Network of Michigan	MI		Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	11557	32-0026448				BlueCaid of Michigan	MI	DS	Blue Care Network of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
			38-3134881				BCN Service Company	MI	DS	Blue Care Network of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	52037	38-2536979				Blue Care of Michigan, Inc.	MI	IA	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
			38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	NIA	Blue Care of Michigan, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
			58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan	Ownership	16.70	Blue Cross Blue Shield of Michigan	
			27-1038374				Bloom Health Corporation	DE	NIA	Blue Cross Blue Shield of Michigan	Ownership	28.70	Blue Cross Blue Shield of Michigan	
			45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan	Ownership	40.00	Blue Cross Blue Shield of Michigan	
			30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			38-6561861				Blue Care Network Medical Malpractice Self-Insurance Trust	MI	OTH	Blue Care Network of Michigan	Ownership	97.20	Blue Cross Blue Shield of Michigan	*
			38-6561862				Blue Care Network Stop-Loss and Casualty Self-Insurance Trust	MI	OTH	Blue Care Network of Michigan	Ownership	99.30	Blue Cross Blue Shield of Michigan	*
			30-0703311				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			23-2859523				AmeriHealth Mercy Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	
			23-2859523				AmeriHealth Mercy Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			27-3575066				AmeriHealth Mercy of Louisiana, Inc.	LA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
		95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			20-2467931				Select Health of Georgia, Inc.	GA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			77-0632420				Shore Points AmeriHealth Mercy of Louisiana, LLC	LA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			20-4948091				AmeriHealth Mercy of Indiana, LLC	IN	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			26-1809217				AmeriHealth Mercy Perform RX IPA of NY, LLC	NY	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
		13630	26-0885397				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	IA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			23-2842344				Keystone Mercy Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	
			23-2842344				Keystone Mercy Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	

Asterisk	Explanation
*	Grantor trust used for Stop-loss reinsurance
*	Grantor trust used for Malpractice insurance

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		(15,500,000)			994,140,621				978,640,621	
95610	38-2359234	Blue Care Network of Michigan					(796,043,591)	(4,236,122)			(800,279,713)	13,427,794
52037	38-2536979	Blue Care of Michigan, Inc.					(240,983)	(1,000)			(241,983)	
	27-0521030	Accident Fund Holdings	6,000,000				(15,533,465)				(9,533,465)	
10166	38-3207001	Accident Fund Insurance Company of America	(6,000,000)				(4,205,225)		*		(10,205,225)	(216,978,688)
12304	20-3058200	Accident Fund General Insurance Company					(10,842,975)		*		(10,842,975)	18,094,000
12305	20-3058291	Accident Fund National Insurance Company					(16,670,972)		*		(16,670,972)	73,557,000
10713	36-4072992	Third Coast Insurance Company					(111,285)				(111,285)	
29157	39-0941450	United Wisconsin Insurance Company					(7,361,671)		*		(7,361,671)	148,943,000
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust.					(101,477)				(101,477)	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Tr					(93,242)	4,199,653			4,106,411	(13,447,210)
	38-3134881	BCN Service Company					(206,741,946)	(1,000)			(206,742,946)	
11557	38-0026448	BlueCaid of Michigan					(6,239,196)	38,469			(6,200,727)	19,416
	38-2338506	Blue Cross Blue Shield of Michigan Foundation					(885,689)				(885,689)	
12177	20-1117107	CompWest Insurance Company					228,132				228,132	(23,615,312)
	20-1420821	LifeSecure holdings Company									0	
77720	75-0956156	LifeSecure Insurance Company		15,500,000			(481,608)				15,018,392	
	58-1767730	National Accounting Service Company					71,184,572				71,184,572	
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.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

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BAR CODE:

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9561020112070000
9561020114200000
9561020113710000
9561020113700000
9561020113650000
9561020112240000
9561020112250000
9561020112260000
9561020113060000
9561020112110000
9561020112130000

Overflow Page
NONE

Overflow Page
NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

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

NAIC Company Code.....95610

Title.....Senior Financial Analyst.....Telephone Number.....248-455-3423

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	09-A141/09-166.....	A.....	.....NO.....	....3,4.....	.12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	194,116	154,667	.....79.7	130
.....YES.....	09-A141/09-166.....	C.....	.....NO.....	....3,4.....	.12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	1,473,217	1,280,845	.....86.9	644
.....YES.....	09-A141/09-166.....	F.....	.....NO.....	....3,4.....	.12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	15,032,132	13,041,721	.....86.8	7,270
.....YES.....	10-A048/10-005-A.....	M.....	.....NO.....	....3,4.....	.04/14/2010	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	31,957	38,772	.....121.3	24
.....YES.....	10-A048/10-005-A.....	N.....	.....NO.....	....3,4.....	.04/14/2010	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	419,987	303,557	.....72.3	319
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	17,151,409	14,819,562	.....86.4	8,387

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".

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SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
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0572	Blue Cross Blue Shield of Michigan	10713	36-4072992				Third Coast Insurance Company	IL	IA	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
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0572	Blue Cross Blue Shield of Michigan	12177	32-6057193				CWI Holdings 2006 Statutory Trust I	DE	IA	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12177	72-1615795				Howard Street Insurance Services	CA	IA	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	12177	20-1117107				CompWest Insurance Co	CA	IA	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan		20-1420821				LifeSecure Holdings Corporation	AZ	NIA	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	77720	75-0956156				LifeSecure Insurance Company	MI	IA	LifeSecure Holdings Corporation	Ownership	100.00	Blue Cross Blue Shield of Michigan	
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0572	Blue Cross Blue Shield of Michigan	11557	32-0026448				BlueCaid of Michigan	MI	DS	Blue Care Network of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
			38-3134881				BCN Service Company	MI	DS	Blue Care Network of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572	Blue Cross Blue Shield of Michigan	52037	38-2536979				Blue Care of Michigan, Inc.	MI	IA	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
			38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	NIA	Blue Care of Michigan, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
			58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan	Ownership	16.70	Blue Cross Blue Shield of Michigan	
			27-1038374				Bloom Health Corporation	DE	NIA	Blue Cross Blue Shield of Michigan	Ownership	28.70	Blue Cross Blue Shield of Michigan	
			45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan	Ownership	40.00	Blue Cross Blue Shield of Michigan	
			30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			38-6561861				Blue Care Network Medical Malpractice Self-Insurance Trust	MI	OTH	Blue Care Network of Michigan	Ownership	97.20	Blue Cross Blue Shield of Michigan	*
			38-6561862				Blue Care Network Stop-Loss and Casualty Self-Insurance Trust	MI	OTH	Blue Care Network of Michigan	Ownership	99.30	Blue Cross Blue Shield of Michigan	*
			30-0703311				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			23-2859523				AmeriHealth Mercy Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	
			23-2859523				AmeriHealth Mercy Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
			27-3575066				AmeriHealth Mercy of Louisiana, Inc.	LA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
		95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			20-2467931				Select Health of Georgia, Inc.	GA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			77-0632420				Shore Points AmeriHealth Mercy of Louisiana, LLC	LA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			20-4948091				AmeriHealth Mercy of Indiana, LLC	IN	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			26-1809217				AmeriHealth Mercy Perform RX IPA of NY, LLC	NY	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
		13630	26-0885397				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	IA	AmeriHealth Mercy Health Plan	Ownership	38.70	Blue Cross Blue Shield of Michigan	
			23-2842344				Keystone Mercy Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	
			23-2842344				Keystone Mercy Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.40	Blue Cross Blue Shield of Michigan	

Asterisk	Explanation
*	Grantor trust used for Stop-loss reinsurance
*	Grantor trust used for Malpractice insurance