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ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

BLUE CROSS BLUE SHIELD OF MICHIGAN

NAIC Group Code.....572, 572 (Current Period) (Prior Period) NAIC Company Code..... 54291 Employer's ID Number..... 38-2069753

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

Licensed as Business Type.....Hospital, Medical & Dental Service or Indemnity Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 1, 1975 Commenced Business..... January 1, 1975

Statutory Home Office	600 Lafayette East..... Detroit ..... MI .... 48226 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	600 Lafayette East..... Detroit ..... MI ..... 48226 *(Street and Number) (City or Town, State and Zip Code)*	313-225-9000 *(Area Code) (Telephone Number)*
Mail Address	600 Lafayette East..... Detroit ..... MI ..... 48226 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	600 Lafayette East..... Detroit ..... MI ..... 48226 *(Street and Number) (City or Town, State and Zip Code)*	313-225-9000 *(Area Code) (Telephone Number)*
Internet Website Address	http://bcbsm.com/	
Statutory Statement Contact	Kenneth A. Bluhm *(Name)*	313-225-9095 *(Area Code) (Telephone Number) (Extension)*
	kbluhm@bcbsm.com *(E-Mail Address)*	866-294-2979 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. DANIEL J. LOEPP	President and CEO	2. MARK R. BARTLETT	Executive Vice President and CFO
3. CAROLYNN WALTON	Vice President and Treasurer	4. TRICIA A. KEITH	VP Corporate Secretary & Services

OTHER

ELIZABETH R. HAAR	Senior Vice President	ROBERT MILEWSKI	Senior Vice President
JOSEPH H. HOHNER	Executive Vice President	THOMAS L. SIMMER MD	Senior Vice President
SUSAN L. BARKELL	Senior Vice President	KENNETH R. DALLAFIOR	Senior Vice President
DARRELL E. MIDDLETON	Executive Vice President	LYNDA M. ROSSI	Senior Vice President

DIRECTORS OR TRUSTEES

JAMES G. AGEE	JON E. BARFIELD	WILLIAM H. BLACK	EDWARD J. CANFIELD DO
DIANE R. GODDEERIS RN,BSN	TERRY W. BURNS	BRIAN M. CONNOLLY	PATRICK J. DEVLIN
MARK T. GAFFNEY	SARAH W. DOYLE	THOMAS J. HADRYCH	JOHN M. HAMILTON
GERALD H. ACKER	WALLACE D. RILEY	SPENCER C. JOHNSON	GARY H. TORGOW
MELVIN L. LARSEN	DANIEL J. LOEPP	F. REMINGTON SPRAGUE MD	GARY J. MCINERNEY
LIVIO MEZZA	EDWARD G. JANKOWSKI MD	ROBERT A. PATZER	RENEE C. AXT
BOB KING	JAMES W. RICHARDS RPH	STEVEN B. COOK	JAMES U. SETTLES JR
EDWIN D. SECORD III DDS,MS	GREGORY A. SUDDERTH	S. MARTIN TAYLOR	EMERY I. KLEIN
JEAN L. ROSE	JOHN VANDERMOLEN	JOSEPH J. ASHTON	

State of.....Michigan
County of.....Wayne

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 of the enclosed statement (except for formatting differences due to electronic filing). The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
DANIEL J. LOEPP	MARK R. BARTLETT	CAROLYNN WALTON
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President and CEO	Executive Vice President and CFO	Vice President and Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____

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						
Small Group Market	4,526,079	437,766	283,345			5,247,190
Experience Rated	61,782,958	894,892	320,709			62,998,559
0299997. Group subscribers subtotal	66,309,037	1,332,658	604,054	0	0	68,245,749
0299999. Total group	66,309,037	1,332,658	604,054	0	0	68,245,749
0399999. Premiums due and unpaid from Medicare entities	45,051,747	1,314,914	941,840	1,640,750		48,949,251
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	111,360,784	2,647,572	1,545,894	1,640,750	0	117,195,000

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	57,399,494					57,399,494
0199999. Total Pharmaceutical Rebate Receivables	57,399,494	0	0	0	0	57,399,494
Other Receivables						
Federal Employee Program	39,736,000					39,736,000
0699999. Total Other Receivables	39,736,000	0	0	0	0	39,736,000
0799999. Total Health Care Receivables	97,135,494	0	0	0	0	97,135,494

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	14,265,545	559,210	140,933	76,927	163,196	15,205,811
0499999. Subtotals	14,265,545	559,210	140,933	76,927	163,196	15,205,811
0599999. Unreported claim and other claim reserves						534,810,269
0799999. Total claims unpaid						550,016,080
0899999. Accrued medical incentive pool and bonus amounts						27,300,811

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Blue Care Network of Michigan	81,146,784	5,112,293				86,259,077	
Blue Care of Michigan, Inc.	391					391	
Accident Fund Insurance Company of America	1,614,641					1,614,641	
LifeSecure Insurance Company	259,736					259,736	
BCBSM Foundation	304,100	68,989				373,089	
0199999. Individually listed receivables	83,325,652	5,181,282	0	0	0	88,506,934	0
0399999. Total gross amounts receivable	83,325,652	5,181,282	0	0	0	88,506,934	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Blue Care Network of Michigan	Point of Service and Hospital Settlements	34,296,867	34,296,867	
Accident Fund Insurance Company of America	Intercompany balance	17,458,594		17,458,594
0199999. Individually listed payables		51,755,461	34,296,867	17,458,594
0399999. Total gross payables		51,755,461	34,296,867	17,458,594

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	0	0.0				
2. Intermediaries	1,819,545	0.0				1,819,545
3. All other providers	0	0.0				
4. Total capitation payments	1,819,545	0.0	0		0	1,819,545
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	5,567,111,158	99.2	XXX	XXX		5,567,111,158
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	42,892,640	0.8	XXX	XXX		42,892,640
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	5,610,003,798	100.0	XXX	XXX	0	5,610,003,798
13. Total (Line 4 plus Line 12)	5,611,823,343	100.0	XXX	XXX	0	5,611,823,343

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					
	Quest Diagnostics	1,819,545	151,629		
9999999. Totals		1,819,545	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	46,058,398		37,603,517	8,454,882	8,454,882	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	46,058,398	0	37,603,517	8,454,882	8,454,882	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....BLUE CROSS BLUE SHIELD OF MICHIGAN 2. Detroit, MI

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

NAIC Group Code.....572

NAIC Company Code.....54291

	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	1,530,558	187,207	888,805	213,134	4,109	19,860	83,882	75,577		57,984
2. First quarter	1,496,909	183,415	863,232	215,933	3,936	21,021	86,189	69,137		54,046
3. Second quarter	1,486,649	175,054	862,298	214,697	3,976	16,659	86,659	73,813		53,493
4. Third quarter	1,488,488	171,344	868,985	213,670	3,172	15,781	87,112	75,263		53,161
5. Current year	1,489,063	198,343	838,183	212,361	4,020	19,600	87,263	76,415		52,878
6. Current year member months	17,946,160	2,447,924	10,101,296	2,573,161	44,626	210,787	1,041,902	886,045		640,419
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	6,440,686,564	517,209,263	3,948,189,222	291,475,528	17,237,455	81,517,452	375,748,499	869,700,952		339,608,193
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	6,396,937,026	518,128,693	3,906,353,481	290,019,156	17,239,633	81,339,245	375,990,606	868,258,019		339,608,193
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	5,612,101,765	503,315,741	3,251,609,456	448,211,944	12,937,545	62,827,257	343,474,371	748,096,734		241,628,717
18. Amount incurred for provision of health care services	5,556,845,407	495,257,160	3,190,399,707	450,117,520	13,131,111	70,584,127	349,590,064	748,378,392		239,387,326

(a) For health business: number of persons insured under PPO managed care products.....1,174,761 and number of persons insured under indemnity only products.....313,060.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....962,809,672

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....BLUE CROSS BLUE SHIELD OF MICHIGAN 2. Michigan

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

NAIC Group Code.....572 NAIC Company Code.....54291

	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	1,530,558	187,207	888,805	213,134	4,109	19,860	83,882	75,577		57,984
2. First quarter	1,496,909	183,415	863,232	215,933	3,936	21,021	86,189	69,137		54,046
3. Second quarter	1,486,649	175,054	862,298	214,697	3,976	16,659	86,659	73,813		53,493
4. Third quarter	1,488,488	171,344	868,985	213,670	3,172	15,781	87,112	75,263		53,161
5. Current year	1,489,063	198,343	838,183	212,361	4,020	19,600	87,263	76,415		52,878
6. Current year member months	17,946,160	2,447,924	10,101,296	2,573,161	44,626	210,787	1,041,902	886,045		640,419
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	6,440,686,564	517,209,263	3,948,189,222	291,475,528	17,237,455	81,517,452	375,748,499	869,700,952		339,608,193
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	6,396,937,026	518,128,693	3,906,353,481	290,019,156	17,239,633	81,339,245	375,990,606	868,258,019		339,608,193
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	5,612,101,765	503,315,741	3,251,609,456	448,211,944	12,937,545	62,827,257	343,474,371	748,096,734		241,628,717
18. Amount incurred for provision of health care services	5,556,845,407	495,257,160	3,190,399,707	450,117,520	13,131,111	70,584,127	349,590,064	748,378,392		239,387,326

(a) For health business: number of persons insured under PPO managed care products.....1,174,761 and number of persons insured under indemnity only products.....313,060.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....962,809,672

Sch. S-Pt. 1-Sn. 2
NONE

Sch. S-Pt. 2
NONE

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 - Non-Affiliates - U.S. Non-Affiliates												
38245	36-6033921	01/01/2008	BCS Insurance Company	US	YRT/G	1,539,266						
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					1,539,266	0	0	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					1,539,266	0	0	0	0	0	0
0799999.	Total - General Account - Authorized					1,539,266	0	0	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					1,539,266	0	0	0	0	0	0
3199999.	Total - U.S.					1,539,266	0	0	0	0	0	0
3399999.	Total					1,539,266	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	1,539	2,875	1,785	1,547	
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	278	2,910	1,235	1,257	
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
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)	6,008,994,126	(1,260,843)	6,007,733,283
2.	Accident and health premiums due and unpaid (Line 15)	117,195,000		117,195,000
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	835,386,134	1,260,843	836,646,977
6.	Totals assets (Line 28)	6,961,575,260	0	6,961,575,260
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	550,016,080		550,016,080
8.	Accrued medical incentive pool and bonus payments (Line 2)	27,300,811		27,300,811
9.	Premiums received in advance (Line 8)	5,203,048		5,203,048
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)	3,589,403,369		3,589,403,369
13.	Total liabilities (Line 24)	4,171,923,308	0	4,171,923,308
14.	Total capital and surplus (Line 33)	2,789,651,952	XXX	2,789,651,952
15.	Total liabilities, capital and surplus (Line 34)	6,961,575,260	0	6,961,575,260
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	1,260,843		
21.	Total ceded reinsurance recoverables	1,260,843		
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	1,260,843		
26.	Total ceded reinsurance payables/offsets	1,260,843		
27.	Total net credit for ceded reinsurance	0		

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		54291	38-2069753				Blue Cross Blue Shield of Michigan	MI	UDP	State of Michigan	legal			
0572			27-0521030				Accident Fund Holdings, Inc.	MI	DS	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12304	20-3058200				Accident Fund General Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		10713	36-4072992				Third Coast Insurance Company	IL	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	52-2414206				CWI Holdings, Inc.	DE	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	32-6057193				CWI Holdings 2006 Statutory Trust I	DE	DS	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	72-1615795				Howard Street Insurance Services	CA	DS	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	20-1117107				CompWest Insurance Co.	CA	DS	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572			20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		77720	75-0956156				LifeSecure Insurance Company	MI	DS	LifeSecure Holdings Corporation	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		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		52037	38-2536979				Blue Care of Michigan, Inc.	MI	DS	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	DS	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	NIA	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	NIA	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	

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
		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 Corporation		-							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

Detailed Explanation
Accident Fund Ins. Co. of America 80%
United Wisconsin Ins. Co. 10%
Accident Fund National Ins. Co. 6%
Accident Fund General Ins. Co. 4%

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?	YES
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:

BAR CODE:

1.

2.

3.

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9.

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11.

12. *54291201120500000*

13. *54291201120700000*

14. *54291201142000000*

15. *54291201137100000*

16. *54291201137000000*

17.

18. *54291201122400000*

19. *54291201122500000*

20. *54291201122600000*

21. *54291201130600000*

22. *54291201121100000*

23. *54291201121300000*

24.

25.

26.

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Company Owned Automobile	23,680	23,680	0	
2597. Summary of remaining write-ins for Line 25	23,680	23,680	0	0

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. Accounts Payable to Health Care Vendors	80,652,713		80,652,713	80,293,362
2305. Account payable to other plans	10,686,412		10,686,412	11,775,525
2397. Summary of remaining write-ins for Line 23	91,339,125	0	91,339,125	92,068,887

Additional Write-ins for Exhibit of Net Investment Income:

	1 Collected During Year	2 Earned During Year
0904. HOME OFFICE RENT		47,097,661
0997. Summary of remaining write-ins for Line 9	0	47,097,661

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Interim Receivables from Providers	7,223,185	5,560,862	(1,662,323)
2597. Summary of remaining write-ins for Line 25	7,223,185	5,560,862	(1,662,323)

Overflow Page for Write-Ins

NONE

Supplement for the year 2011 of the **BLUE CROSS BLUE SHIELD OF MICHIGAN**

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).....
Person Completing This Exhibit.....

NAIC Company Code.....54291

Title.....Telephone Number.....

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																	
NA	4744, 4745, 4851	P	NO	256	12/29/1980	NA	01/21/2001	NA	Medigap Low Option			0.0		1,254,413	2,544,316	202.8	1,788
NA	4744, 4745	P	NO	256	12/29/1980	NA	01/21/2001	NA	Medigap High Option			0.0		29,973,261	49,162,642	164.0	19,813
Yes	4290	A	NO	256	08/21/1992	NA	01/21/2001	NA	Medigap Plan A			0.0		4,336,547	11,055,619	254.9	9,293
Yes	4291	C	NO	256	08/21/1992	NA	01/21/2001	NA	Medigap Plan C			0.0		251,952,479	383,917,791	152.4	179,158
Yes	9802	A	NO	1256	04/29/1999	NA	01/21/2001	NA	Medigap Blue Plan			0.0		2,502,457	3,437,152	137.4	2,489
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	290,019,157	450,117,520	155.2	212,541

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..... 27000 W. Eleven Mile Road MI 48034
   3.2 Contact person and phone number..... Terry Keller 248-448-5444
4. Explain any policies identified as policy type "O".

* 5 4 2 9 1 2 0 1 1 3 6 5 0 0 1 0 0 *

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code....572 (To Be Filed By March 1) NAIC Company Code.....54291

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage	95,911,566	XXX		XXX	95,911,566
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	(2,972,694)	XXX		XXX	(2,972,694)
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	170,310	XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	96,081,876	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	(2,972,694)	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	93,109,182	XXX	0	XXX	92,938,872
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	75,025,065	XXX		XXX	75,025,065
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	(174,487)	XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	74,850,578	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	74,850,578	XXX	0	XXX	75,025,065
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change	XXX	6,731,135	XXX		6,731,135
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	7,391,384	XXX		XXX	7,391,384
15. Expenses Incurred	7,455,577	XXX		XXX	XXX
16. Underwriting Gain/Loss	10,803,027	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	17,253,558

2011 ALPHABETICAL INDEX
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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														
0572		54291	38-2069753				Blue Cross Blue Shield of Michigan	MI	UDP	State of Michigan	legal			
0572			27-0521030				Accident Fund Holdings, Inc.	MI	DS	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12304	20-3058200				Accident Fund General Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		10713	36-4072992				Third Coast Insurance Company	IL	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	52-2414206				CWI Holdings, Inc.	DE	DS	Accident Fund Insurance Company of America	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	32-6057193				CWI Holdings 2006 Statutory Trust I	DE	DS	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	72-1615795				Howard Street Insurance Services	CA	DS	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		12177	20-1117107				CompWest Insurance Co.	CA	DS	CWI Holdings, Inc.	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572			20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		77720	75-0956156				LifeSecure Insurance Company	MI	DS	LifeSecure Holdings Corporation	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan	Ownership	100.00	Blue Cross Blue Shield of Michigan	
0572		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		52037	38-2536979				Blue Care of Michigan, Inc.	MI	DS	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	DS	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	NIA	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	NIA	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	