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QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021

OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

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

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

Country of Domicile United States

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

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

Statutory Home Office 4000 Town Center, Suite 1300 (Street and Number), Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

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

Mail Address 4000 Town Center, Suite 1300 (Street and Number or P.O. Box), Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

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

Internet Web Site Address MiBlueCrossComplete.com

Statutory Statement Contact Purvis Bell (Name) 248-663-7329 (Area Code) (Telephone Number) (Extension)

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

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
Rebecca Jane Engelman	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Eileen Mary Coggins	Rebecca Jane Engelman	Mark Robert Bartlett	Lynda Marie Rossi
Kimberly Monette Redd-Phillips			

State of Pennsylvania
County of Philadelphia
ss

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

Michael John Burgoyne Treasurer	Robert Edward Tootle, Esquire Secretary	Rebecca Jane Engelman President

Subscribed and sworn to before me this
_____ day of November, 2021

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

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	1,795,000		1,795,000	8,608,000
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less $ ..... encumbrances)			0	0
4.2 Properties held for the production of income (less $ ..... encumbrances)			0	0
4.3 Properties held for sale (less $ ..... encumbrances)			0	0
5. Cash ($ 313,232,028), cash equivalents ($ 35,338,088) and short-term investments ($ 49,478,537)	398,048,653		398,048,653	302,453,940
6. Contract loans (including $ ..... premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	399,843,653	0	399,843,653	311,061,940
13. Title plants less $ ..... charged off (for Title insurers only)			0	0
14. Investment income due and accrued	10,596		10,596	75,870
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	18,934,453		18,934,453	62,245,464
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $ ..... earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums ($ .....) and contracts subject to redetermination ($ .....)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	2,327,418		2,327,418	1,356,275
18.2 Net deferred tax asset	1,071,350	229,535	841,815	1,362,501
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets ($ .....)	1,326,990	1,326,990	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care ($ 6,198,983) and other amounts receivable	7,281,228	1,082,245	6,198,983	1,528,457
25. Aggregate write-ins for other-than-invested assets	3,551,949	3,551,949	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	434,347,637	6,190,719	428,156,918	377,630,507
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	434,347,637	6,190,719	428,156,918	377,630,507
DETAILS OF WRITE-INS				
1101.			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	794,927	794,927	0	0
2502. Intangible Asset	843,750	843,750	0	0
2503. Leasehold Improvement	1,861,754	1,861,754	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	51,518	51,518	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	3,551,949	3,551,949	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less $ ..... reinsurance ceded)	130,716,805		130,716,805	107,100,935
2. Accrued medical incentive pool and bonus amounts	3,303,531		3,303,531	2,501,398
3. Unpaid claims adjustment expenses	1,721,970		1,721,970	1,391,268
4. Aggregate health policy reserves including the liability of $ ..... for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	2,997,777		2,997,777	2,788,323
10.1 Current federal and foreign income tax payable and interest thereon (including $ ..... on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	118,289,392		118,289,392	101,915,037
13. Remittances and items not allocated			0	0
14. Borrowed money (including $ ..... current) and interest thereon $ ..... (including $ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	12,213,878		12,213,878	10,584,850
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with $ ..... authorized reinsurers, $ ..... unauthorized reinsurers and $ ..... certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified ($ .....) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including $ ..... current)	17,720,990	0	17,720,990	17,161,104
24. Total liabilities (Lines 1 to 23)	286,964,343	0	286,964,343	243,442,915
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	54,000,001	54,000,001
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	87,192,574	80,187,591
32. Less treasury stock, at cost:				
32.1 ..... shares common (value included in Line 26 $ .....)	XXX	XXX		0
32.2 ..... shares preferred (value included in Line 27 $ .....)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	141,192,575	134,187,592
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	428,156,918	377,630,507
DETAILS OF WRITE-INS				
2301. Stale Dated Checks	454,664		454,664	706,604
2302. Insurance Provider Assessment	17,266,326		17,266,326	16,454,500
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	17,720,990	0	17,720,990	17,161,104
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	2,788,306	2,166,378	3,023,170
2. Net premium income (including $ non-health premium income)	XXX	892,799,651	666,501,668	917,571,254
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of $ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	25,979	208,321	249,209
8. Total revenues (Lines 2 to 7)	XXX	892,825,630	666,709,989	917,820,463
Hospital and Medical:				
9. Hospital/medical benefits		472,633,818	342,093,387	468,673,892
10. Other professional services		39,268,535	27,465,699	38,728,028
11. Outside referrals		4,464,654	2,554,305	3,164,357
12. Emergency room and out-of-area		48,442,922	37,758,713	50,418,164
13. Prescription drugs		180,688,981	100,387,713	146,725,669
14. Aggregate write-ins for other hospital and medical	0	5,721,594	2,795,445	4,092,213
15. Incentive pool, withhold adjustments and bonus amounts		2,235,873	1,917,412	2,638,917
16. Subtotal (Lines 9 to 15)	0	753,456,377	514,972,674	714,441,240
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	753,456,377	514,972,674	714,441,240
19. Non-health claims (net)			0	0
20. Claims adjustment expenses, including $ 13,959,402 cost containment expenses		24,393,766	22,555,372	31,665,431
21. General administrative expenses		108,708,118	117,760,198	157,018,356
22. Increase in reserves for life and accident and health contracts (including $ increase in reserves for life only)			(2,044,444)	(2,300,000)
23. Total underwriting deductions (Lines 18 through 22)	0	886,558,261	653,243,800	900,825,027
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	6,267,369	13,466,189	16,995,436
25. Net investment income earned		43,518	1,491,703	1,633,526
26. Net realized capital gains (losses) less capital gains tax of $ 605		2,278	45,847	37,120
27. Net investment gains (losses) (Lines 25 plus 26)	0	45,796	1,537,550	1,670,646
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered $) (amount charged off $)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	6,313,165	15,003,739	18,666,082
31. Federal and foreign income taxes incurred	XXX	1,408,252	5,697,816	6,379,466
32. Net income (loss) (Lines 30 minus 31)	XXX	4,904,913	9,305,923	12,286,616
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701. Administrative Service Revenue	XXX	25,979	208,321	249,209
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	25,979	208,321	249,209
1401. Durable Medical Equipment		946,439	1,097,608	1,500,309
1402. Alternative Medical Cost		1,785,788	1,651,048	2,504,364
1403. Consumer Incentives		191,538	46,789	87,540
1498. Summary of remaining write-ins for Line 14 from overflow page	0	2,797,829	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	5,721,594	2,795,445	4,092,213
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	134,187,592	123,097,560	123,097,560
34.	Net income or (loss) from Line 32	4,904,913	9,305,923	12,286,616
35.	Change in valuation basis of aggregate policy and claim reserves		0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of $		0	0
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	(467,942)	(811,738)	(555,127)
39.	Change in nonadmitted assets	2,568,012	856,148	(641,457)
40.	Change in unauthorized and certified reinsurance	0	0	0
41.	Change in treasury stock	0	0	0
42.	Change in surplus notes	0	0	0
43.	Cumulative effect of changes in accounting principles		0	0
44.	Capital Changes:			
	44.1 Paid in		0	0
	44.2 Transferred from surplus (Stock Dividend)		0	0
	44.3 Transferred to surplus		0	0
45.	Surplus adjustments:			
	45.1 Paid in		0	0
	45.2 Transferred to capital (Stock Dividend)	0	0	0
	45.3 Transferred from capital		0	0
46.	Dividends to stockholders		0	0
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital and surplus (Lines 34 to 47)	7,004,983	9,350,333	11,090,032
49.	Capital and surplus end of reporting period (Line 33 plus 48)	141,192,575	132,447,893	134,187,592
	DETAILS OF WRITE-INS			
4701.			0	0
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	936,110,662	684,386,039	948,979,377
2. Net investment income	108,792	1,669,200	1,859,296
3. Miscellaneous income	25,979	208,321	249,209
4. Total (Lines 1 to 3)	936,245,433	686,263,560	951,087,882
5. Benefit and loss related payments	731,741,941	492,977,793	686,925,016
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	113,092,722	125,066,874	153,774,929
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of $ ..... tax on capital gains (losses)	2,380,000	2,500,000	4,600,001
10. Total (Lines 5 through 9)	847,214,663	620,544,667	845,299,946
11. Net cash from operations (Line 4 minus Line 10)	89,030,770	65,718,893	105,787,936
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	6,813,000	12,602,311	21,473,312
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	2,883	43,955	44,597
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,815,883	12,646,266	21,517,909
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	10,015,000	11,810,000
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	10,015,000	11,810,000
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	6,815,883	2,631,266	9,707,909
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	(251,940)	(18,804)	223,195
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(251,940)	(18,804)	223,195
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	95,594,713	68,331,355	115,719,040
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	302,453,940	186,734,900	186,734,900
19.2 End of period (Line 18 plus Line 19.1)	398,048,653	255,066,255	302,453,940

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	289,577	0	0	0	0	0	0	0	289,577	0
2. First Quarter	304,216	0	0	0	0	0	0	0	304,216	0
3. Second Quarter	313,940	0	0	0	0	0	0	0	313,940	0
4. Third Quarter	320,968	0	0	0	0	0	0	0	320,968	0
5. Current Year	0									
6. Current Year Member Months	2,788,306								2,788,306	
Total Member Ambulatory Encounters for Period:										
7. Physician	1,527,859								1,527,859	
8. Non-Physician	364,956								364,956	
9. Total	1,892,815	0	0	0	0	0	0	0	1,892,815	0
10. Hospital Patient Days Incurred	120,659								120,659	
11. Number of Inpatient Admissions	21,928								21,928	
12. Health Premiums Written (a)	892,799,651								892,799,651	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	892,799,651								892,799,651	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	729,038,374								729,038,374	
18. Amount Incurred for Provision of Health Care Services	753,456,377								753,456,377	

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

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	9,194,196	18,928,555	1,119,380			29,242,131
0499999 Subtotals	9,194,196	18,928,555	1,119,380	0	0	29,242,131
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	101,474,674
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	130,716,805
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	3,303,531

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental only					0	0
4. Vision only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	76,872,303	658,013,559	2,836,555	127,880,250	79,708,858	107,100,935
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	76,872,303	658,013,559	2,836,555	127,880,250	79,708,858	107,100,935
10. Health care receivables (a)		7,281,228			0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	1,254,244	179,496	1,248,939	2,054,592	2,503,183	2,501,398
13. Totals (Lines 9-10+11+12)	78,126,547	650,911,827	4,085,494	129,934,842	82,212,041	109,602,333

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

NOTES TO FINANCIAL STATEMENTS

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

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State requires maternity case receivables due from the Department of Community Health to be reported on the health care and other amounts receivable line on page 2 of the Annual Statement. In NAIC SAP, this receivable is reported on the uncollected premiums and agents' balances in the course of collection line. This reclass does not have any monetary effect on net (loss) income, surplus or risk based capital. Also, effective January 1, 2018 DIFS requires Passthrough funds to be presented net within general administrative expenses. In NAIC SAP, the Passthrough funds would be reflected gross in revenue and medical expense. This reclass does not have a monetary effect on net income and surplus, nor prevents a regulatory event with regards to risk based capital.

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

	SSAP #	F/S Page	F/S Line#	2021	2020
NET INCOME					
(1) Blue Cross Complete of Michigan LLC state basis (Page 4, Line 32, Columns 2 & 3)				$ ……..4,904,913	$.....12,286,616
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: Net effect of Passthrough revenue and medical expense reclass to G&A expenses	00	4	2,14,21	$..... 0	$ ….……0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP	.....	.....	.....	$..... 0	$ ……....0
(4) NAIC SAP (1-2-3=4)				$.....4,904,913	$ ……...12,286,616
SURPLUS					
(5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4)				$ ……141,192,575	$ ……...134,187,592
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP: Maternity case receivables reported as health care receivable	00	2	15.1, 24	$ 0	$ ……0
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP	.....	.....	.....	$ 0	$ ……0
(8) NAIC SAP (5-6-7=8)				$ ……..141,192,575	$ 134,187,592

B. Use of Estimates in the Preparation of the Financial Statements – No significant changes since December 31, 2020.

C. Accounting Policy

The Company uses the following accounting policies:

(1) Short-term investments – No significant change since December 31, 2020.
(2) Bonds – No significant change since December 31, 2020.
(3) Common Stocks – None
(4) Preferred Stock – None
(5) Mortgage Loans – None
(6) Loan-backed securities – None
(7) Investments in subsidiaries, controlled and affiliated (SCA) entities **–** None
(8) Investments in joint ventures, partnerships and limited liability companies – None
(9) Derivatives – None
(10) Anticipated investment income as a factor in premium deficiency calculation – None
(11) Accrued Medical Expense/Unpaid Claim Adjustment Expense – No significant changes since December 31, 2020.
(12) Fixed asset capitalization policy modifications – No significant changes since December 31, 2020.
(13) Pharmaceutical Rebates – No significant changes since December 31, 2020.

D. Going Concern – None

2. Accounting Changes and Corrections of Errors

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

3. Business Combinations and Goodwill

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

4. Discontinued Operations

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

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans – None
B. Debt Restructuring – None
C. Reverse Mortgages – None
D. Loan-Backed Securities
(1) Prepayment assumptions – None
(2) Recognized Other-than-Temporary Impairment – None
(3) Present Value of Cash Flows – None
(4) All impaired securities (fair value is less than cost or amortized cost) for which an other than temporary impairment has not been recognized:
(a) The aggregate amount of unrealized losses – None
(b) The aggregate related fair value of securities with unrealized losses – None
E. Dollar Repurchase Agreements and/or Securities Lending Transactions – None
F. Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing – None
H. Repurchase Agreements Transactions Accounted for as a Sale – None
I. Reverse Repurchase Agreements Transactions Accounted for as a Sale – None
J. Real Estate – None
K. Low-income housing tax credits (LIHTC) – None
L. Restricted Assets
(1) Restricted Assets (Including Pledged) – No significant changes since December 31, 2020.
(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories – None
(3) Detail of Other Restricted Assets – None
(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements – None
M. Working Capital Finance Investments – None
N. Offsetting and Netting of Assets and Liabilities – None
O. 5GI Securities – None
P. Short Sales – None
Q. Prepayment Penalty and Acceleration Fees – None
R Reporting Entity's Share of Cash Pool by Asset Type – None

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

A. Due and accrued income is excluded from surplus on the following bases – No significant changes since December 31, 2020.
B. Total amount excluded – No significant changes since December 31, 2020.

8. Derivative Instruments

A. Derivatives under SSAP No. 86 *Derivatives* – None
B. Derivatives under SSAP No. 108 *Derivative Hedging Variable Annuity Guarantees* – None
(1) Discussion of hedged item / hedging instruments and hedging strategy – None
(2) Recognition of gains/losses and deferred assets and liabilities – None
(3) Hedging Strategies Identified as No Longer Highly Effective – None
(4) Hedging Strategies Terminated – None
C. Accounting policies for recognizing and measuring derivatives instruments used – None
D. Component of net gain or loss recognized excluded from hedge effectiveness assessment – None
E. Net gain or loss recognized for derivatives instruments no longer qualifying for hedge accounting – None
F. Derivative instruments accounted for as cash flow hedges – None

9. Income Taxes – No significant changes since December 31, 2020.

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

A.,B. Material related party transactions – None
C. Transactions with related parties who are not reported on Schedule Y – None
D. Amounts due from or to related parties as of September 30, 2021 – No significant changes since December 31, 2020.
E. Material management or service arrangements – No significant changes since December 31, 2020.
F. Parental guarantees **–** None
G. Nature of control relationship – No significant changes since December 31, 2020.
H. Amounts deducted from the value of an upstream intermediate entity or ultimate parent owned, either directly or indirectly, via a downstream SCA entity – None
I. Investments in an SCA entity that exceed 10% of admitted assets – None
J. Write-downs for impaired investments in SCA entities – None
K. Investment in foreign subsidiary calculation – None
L. Investment in a downstream noninsurance holding company – None
M. All SCA Investments
(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None
(2) NAIC filing response information – None
N. Investment in Insurance SCAs – None
O. SCA and SSAP No. 48 Entities Loss Tracking – None

11. Debt

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

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

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

13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Common Capital stock outstanding – None
B. Preferred stock – None
C. Dividend restrictions – No significant changes since December 31, 2020.
D. Dates and amounts of dividends paid **–** None
E. Stockholder's portion of ordinary dividend from profits – None
F. Restrictions placed on unassigned funds (surplus) – None
G. The total amount of advances to surplus not repaid – None
H. The amount of stock held by the Company for special purposes – None
I. Changes in balances of special surplus funds from the prior year – None
J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses **–** No significant changes since December 31, 2020.
K. Surplus notes – None
L. Impact of any restatement due to quasi-reorganization – None
M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

14. Liabilities, Contingencies and Assessments

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

15. Leases

A. Lessee Operating Leases
(1) General description of lessee's leasing arrangements – No significant changes since December 31, 2020.
(2) Minimum aggregate rental commitments – No significant changes since December 31, 2020.
(3) Sales leaseback transactions – None

B. Lessor Leases
(1) Operating Leases – None
(2) Leveraged Leases – None

16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk

A. The face, contract or notional principle amount – None
B. The nature and terms of the contract – None
C. The amount of accounting loss the entity would incur if any party to the financial instrument failed completely to perform according to the term of the contract and the collateral or other security, if any, for the amount due proved to be of no value to the entity – None
D. The Company's policy of requiring collateral or other security to support financial instruments subject to credit risk – None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables reported as Sales – None
B. Transfer and Servicing of Financial Assets – None
C. Wash Sales – None

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans – No significant change since December 31, 2020.
B. ASC Plans – None
C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract – None

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

20. Fair Value Measurements

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

21. Other Items

A. Unusual or Infrequent Items – None
B. Troubled Debt Restructuring: Debtors – None
C. Other Disclosures – None
D. Business Interruption Insurance Recoveries – None
E. State Transferable and Non-transferable Tax Credits – None
F. Subprime-Mortgage-Related Risk Exposure – None
G. Retained Assets – None
H. Insurance-Linked Securities (ILS) Contracts – None
I. Amounts that could be realized on Life Insurance where the reporting entity is owner and beneficiary or has otherwise obtained rights to control the policy – None

22. Events Subsequent

Type 1 – Recognized subsequent events – None
Type 2 – Nonrecognized subsequent events – No significant changes since December 31, 2020.

23. Reinsurance

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

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

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

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2020 were $110,993,601 for incurred claims and claim adjustment expenses. As of September 30, 2021, $79,517,815 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now $4,085,494 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of $27,390,292, during 2021 for the year ended December 31, 2020. The favorable reserves developments are attributable to claims settled for amounts less than originally estimated, primarily due to lower health care cost trends as well as the actual claim submission time being faster than assumed in establishing the accrued medical expenses in the prior year. These adjustments are generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – None

27. Structured Settlements – None

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables – No significant changes since December 31, 2020.
B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves – None

31. Anticipated Salvage and Subrogation – None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

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

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

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

2.2 If yes, date of change:

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

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

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

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

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [ ] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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

If yes, complete and file the merger history data file with the NAIC.

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

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

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

If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2016

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/23/2018

6.4 By what department or departments?

Pennsylvania Insurance Department

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

FINANCIAL

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

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

INVESTMENT

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

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

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

14.2 If yes, please complete the following:

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

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

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

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.3 Total payable for securities lending reported on the liability page $ 0

GENERAL INTERROGATORIES

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

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

1 Name of Custodian(s)	2 Custodian Address
PNC Institutional Asset Management	116 Allegheny Ctr, Pittsburgh , PA 15212-5333

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Michael Burgoyne, who makes recommendations to BOD	I
Western Asset Management Company	U

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

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

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
CRD 110441	Western Asset Management Company		SEC	NO

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

18.2 If no, list exceptions:

.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?..... Yes [ ] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?..... Yes [ ] No [X]

GENERAL INTERROGATORIES

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
    a. The shares were purchased prior to January 1, 2019.
    b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
    c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
    d. The fund only or predominantly holds bonds in its portfolio.
    e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
    f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

    Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	86.0 %
1.2 A&H cost containment percent	1.6 %
1.3 A&H expense percent excluding cost containment expenses	12.2 %
2.1 Do you act as a custodian for health savings accounts?	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	$
2.3 Do you act as an administrator for health savings accounts?	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	$
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes [ ] No [X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [ ] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating

NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

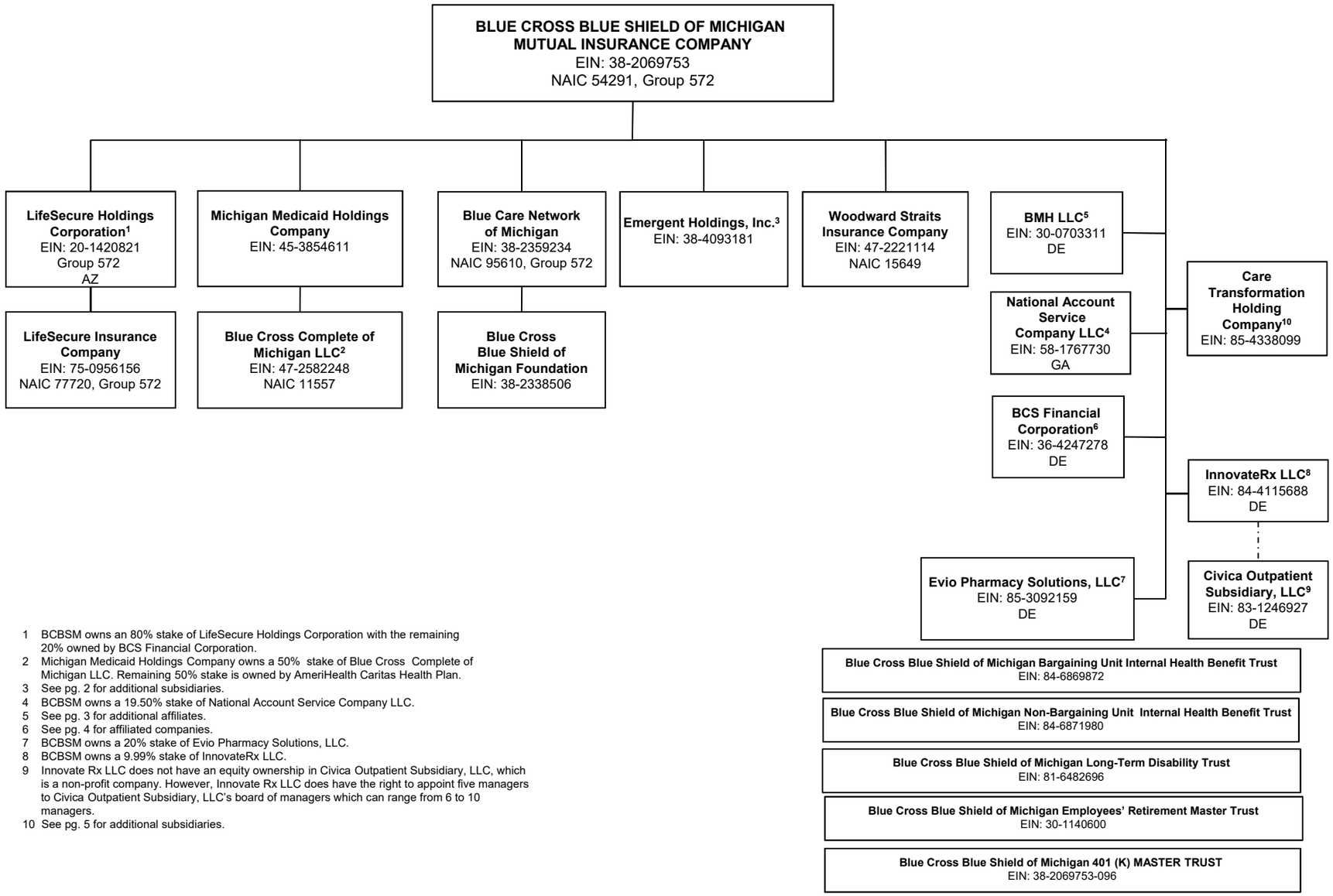
Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status (a)	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama AL	N								0	
2. Alaska AK	N								0	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. Dist. Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	N								0	
12. Hawaii HI	N								0	
13. Idaho ID	N								0	
14. Illinois IL	N								0	
15. Indiana IN	N								0	
16. Iowa IA	N								0	
17. Kansas KS	N								0	
18. Kentucky KY	N								0	
19. Louisiana LA	N								0	
20. Maine ME	N								0	
21. Maryland MD	N								0	
22. Massachusetts MA	N								0	
23. Michigan MI	L			892,799,651					892,799,651	
24. Minnesota MN	N								0	
25. Mississippi MS	N								0	
26. Missouri MO	N								0	
27. Montana MT	N								0	
28. Nebraska NE	N								0	
29. Nevada NV	N								0	
30. New Hampshire NH	N								0	
31. New Jersey NJ	N								0	
32. New Mexico NM	N								0	
33. New York NY	N								0	
34. North Carolina NC	N								0	
35. North Dakota ND	N								0	
36. Ohio OH	N								0	
37. Oklahoma OK	N								0	
38. Oregon OR	N								0	
39. Pennsylvania PA	N								0	
40. Rhode Island RI	N								0	
41. South Carolina SC	N								0	
42. South Dakota SD	N								0	
43. Tennessee TN	N								0	
44. Texas TX	N								0	
45. Utah UT	N								0	
46. Vermont VT	N								0	
47. Virginia VA	N								0	
48. Washington WA	N								0	
49. West Virginia WV	N								0	
50. Wisconsin WI	N								0	
51. Wyoming WY	N								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	N								0	
55. U.S. Virgin Islands VI	N								0	
56. Northern Mariana Islands MP	N								0	
57. Canada CAN	N								0	
58. Aggregate other alien OT	XXX	0	0	0	0	0	0	0	0	0
59. Subtotal	XXX	0	0	892,799,651	0	0	0	0	892,799,651	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	XXX	0	0	892,799,651	0	0	0	0	892,799,651	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 1
R – Registered – Non-domiciled RRGs 0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state 0
Q – Qualified – Qualified or accredited reinsurer 0
N – None of the above – Not allowed to write business in the state 56

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



1 BCBSM owns an 80% stake of LifeSecure Holdings Corporation with the remaining 20% owned by BCS Financial Corporation.
2 Michigan Medicaid Holdings Company owns a 50% stake of Blue Cross Complete of Michigan LLC. Remaining 50% stake is owned by AmeriHealth Caritas Health Plan.
3 See pg. 2 for additional subsidiaries.
4 BCBSM owns a 19.50% stake of National Account Service Company LLC.
5 See pg. 3 for additional affiliates.
6 See pg. 4 for affiliated companies.
7 BCBSM owns a 20% stake of Evio Pharmacy Solutions, LLC.
8 BCBSM owns a 9.99% stake of InnovateRx LLC.
9 Innovate Rx LLC does not have an equity ownership in Civica Outpatient Subsidiary, LLC, which is a non-profit company. However, Innovate Rx LLC does have the right to appoint five managers to Civica Outpatient Subsidiary, LLC's board of managers which can range from 6 to 10 managers.
10 See pg. 5 for additional subsidiaries.

Reporting: 9/30/21 Revised: 10/13/21 All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.

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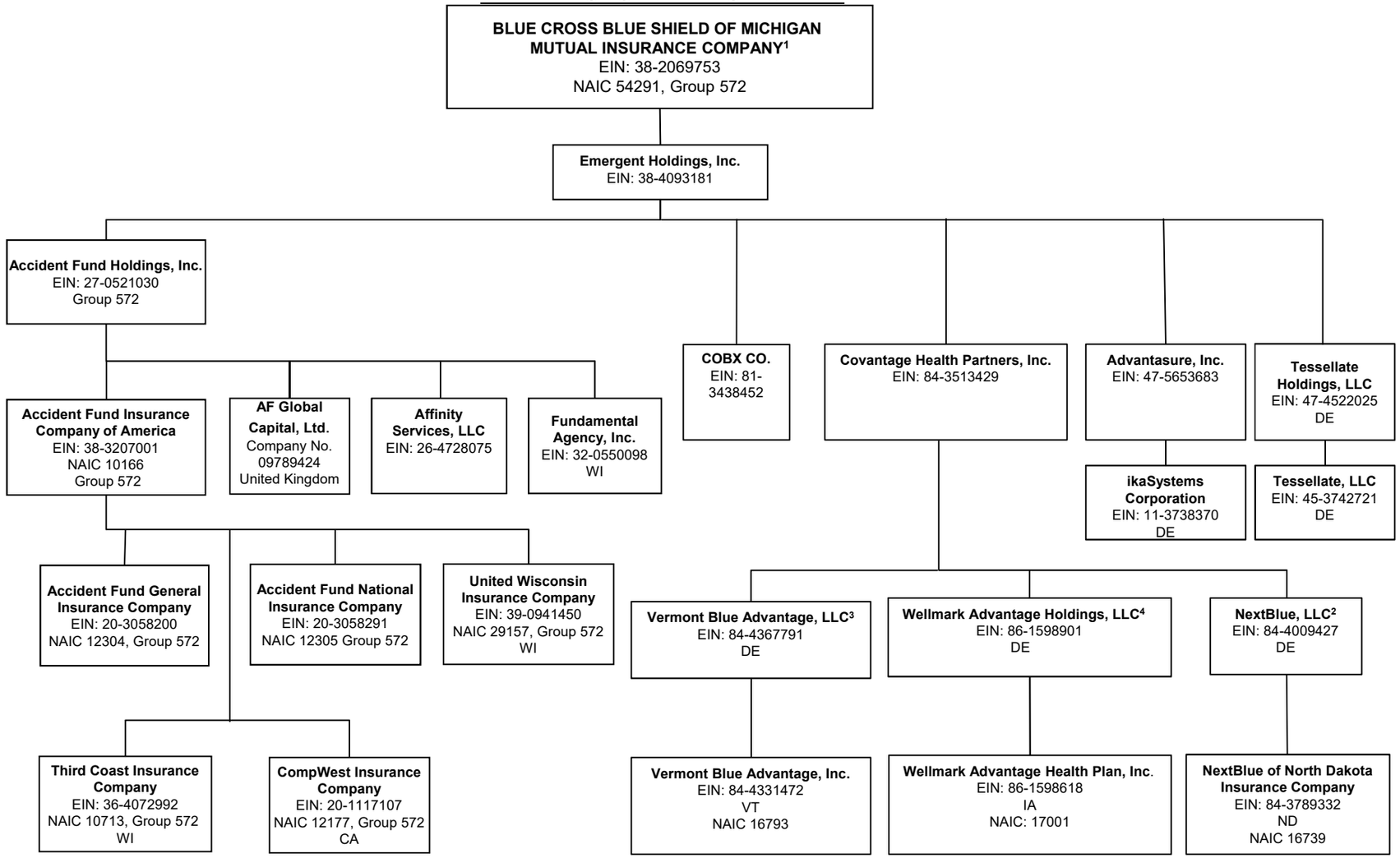
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



1 See page 1 for additional subsidiaries and affiliates.
2 Covantage Health Partners, Inc. owns a 51% stake in NextBlue, LLC.
3 Covantage Health Partners, Inc. owns a 51% stake in Vermont Blue Advantage LLC.
4 Covantage Health Partners, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC.

Reporting: 9/30/21 Revised: 10/13/21

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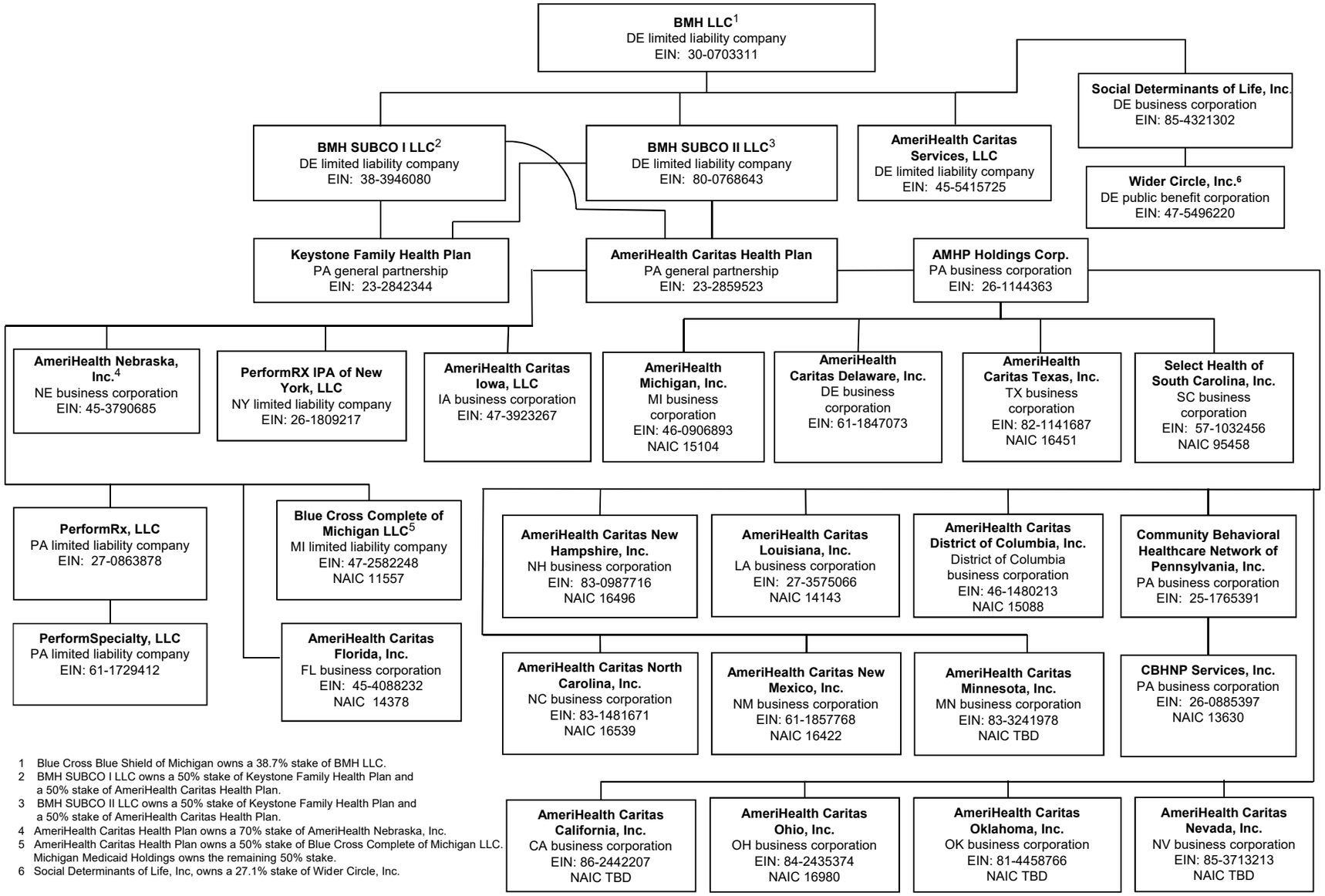
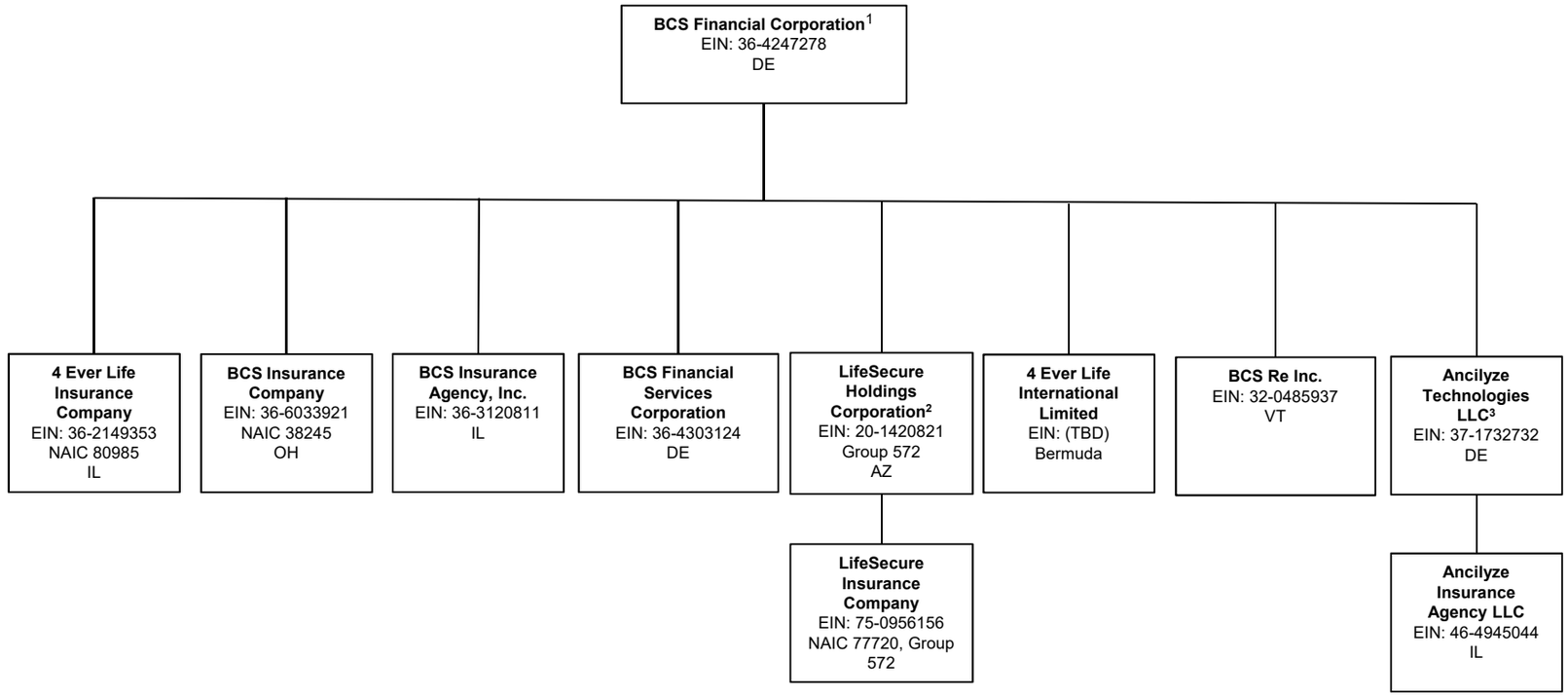
STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



1 Blue Cross Blue Shield of Michigan owns a 38.7% stake of BMH LLC.
2 BMH SUBCO I LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.
3 BMH SUBCO II LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.
4 AmeriHealth Caritas Health Plan owns a 70% stake of AmeriHealth Nebraska, Inc.
5 AmeriHealth Caritas Health Plan owns a 50% stake of Blue Cross Complete of Michigan LLC. Michigan Medicaid Holdings owns the remaining 50% stake.
6 Social Determinants of Life, Inc, owns a 27.1% stake of Wider Circle, Inc.

STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



1 Blue Cross Blue Shield of Michigan owns 10.1% of BCS Financial Corporation Accident Fund Insurance Company of America owns 3.56% of BCS Financial Corporation.
2 BCS Financial owns a 20% stake in LifeSecure Holdings Corporation with the remaining 80% owned by BCBSM.
3 BCS Financial Corporation owns 50% of Ancilyze Technologies LLC.

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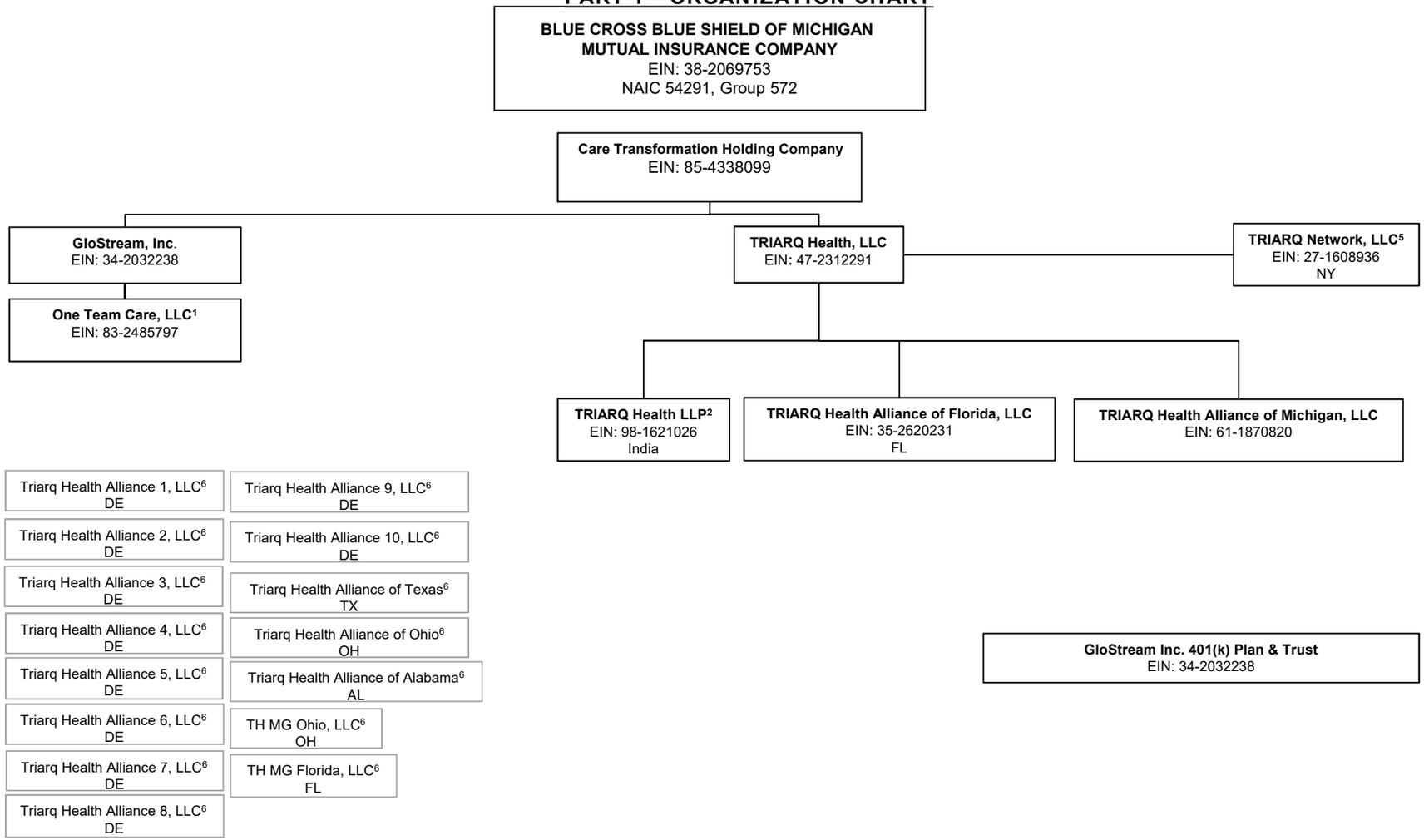
STATEMENT AS OF SEPTEMBER 30, 2021 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATION CHART



1 GloStream Inc. owns a 50% stake in One Team Care, LLC.
2 TRIARQ Health, LLC owns a 99.99% stake in TRIARQ Health LLP.
3 TRIARQ Health, LLC owns a 90% stake in TRIARQ Health Alliance of Florida.
4 TRIARQ Health, LLC owns a 68% stake in TRIARQ Health Alliance of Michigan.
5 Capitalized entity is inactive and is anticipated to have its business activities wound down.
6 Entities were never capitalized and will be dissolved.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
00572	BC/BS of Michigan Mutual Insurance Co.	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	RE	State of Michigan	Legal	0.0		N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-4093181				Emergent Holdings, Inc.	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	27-0521030				Accident Fund Holdings, Inc.	MI	DS	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	AA-0000000				AF Global Capital, Ltd.	GBR	DS	Accident Fund Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	26-4728075				Affinity Services, LLC	MI	DS	Accident Fund Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	32-0550098				Fundamental Agency, Inc.	WI	DS	Accident Fund Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	12304	20-3058200				Accident Fund General Insurance Company	MI	DS	Accident Fund Insurance Company of America	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	10713	36-4072992				Third Coast Insurance Company	WI	DS	Accident Fund Insurance Company of America	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0

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00572	BC/BS of Michigan Mutual Insurance Co.	12177	20-1117107				CompWest Insurance Company	CA	DS	Accident Fund Insurance Company of America	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	80.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	7
00572	BC/BS of Michigan Mutual Insurance Co.	77720	75-0956156				LifeSecure Insurance Company	MI	DS	LifeSecure Holdings Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	7
00572	BC/BS of Michigan Mutual Insurance Co.	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	0
00573	BC/BS of Michigan Mutual Insurance Co.	00000	85-4338099				Care Transformation Holding Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-2312291				TRIARQ Health, LLC	MI	DS	Care Transformation Holding Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	27-1608936				TRIARQ Network, LLC	NY	DS	TRIARQ Health, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	98-1621026				TRIARQ Health, LLP	IND	DS	TRIARQ Health, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	14
00572	BC/BS of Michigan Mutual Insurance Co.	00000	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	DS	TRIARQ Health, LLC	OWNERSHIP	90.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	15
00572	BC/BS of Michigan Mutual Insurance Co.	00000	61-1870820				TRIARQ Health Alliance of Michigan, LLC	MI	DS	TRIARQ Health, LLC	OWNERSHIP	68.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	16

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

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00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream, Inc.	MI	DS	Care Transformation Holding Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-2485797				One Team Care, LLC	MI	DS	GloStream, Inc.	OWNERSHIP	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	17
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust	MI	OTH	Care Transformation Holding Company	Management	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	DS	Michigan Medicaid Holdings Company	OWNERSHIP	50.0	BCBSM and IBC MH LLC	N	5
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	DS	Blue Care Network of Michigan	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-3438452				COBX Co.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-5653683				Advantasure, Inc.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-3513429				Covantage Health Partners, Inc.	MI	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-4009427				NextBlue, LLC	DE	NIA	Covantage Health Partners, Inc.	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9
00572	BC/BS of Michigan Mutual Insurance Co.	16739	84-3789332				NextBlue of North Dakota Insurance Company	ND	IA	NextBlue, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-4367791				Vermont Blue Advantage, LLC	DE	NIA	Covantage Health Partners, Inc.	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9

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

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00572	BC/BS of Michigan Mutual Insurance Co.	16793	84-4331472				Vermont Blue Advantage, Inc.	VT	IA	Vermont Blue Advantage, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9
00573	BC/BS of Michigan Mutual Insurance Co.	00000	11-3738370				ikaSystems Corporation	DE	NIA	Advantasure, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	86-1598901				Wellmark Advantage Holdings, LLC	DE	NIA	Covantage Health Partners, Inc.	OWNERSHIP	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9
00572	BC/BS of Michigan Mutual Insurance Co.	17001	86-1598618				Wellmark Advantage Health Plan, Inc.	IA	IA	Wellmark Advantage Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9
00572	BC/BS of Michigan Mutual Insurance Co.	00000	58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	19.5	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-4522025				Tessellate Holdings, LLC	DE	NIA	Emergent Holdings, Inc.	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3742721				Tessellate, LLC	DE	NIA	Tessellate Holdings, LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-4115688				InnovateRX LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-1246927				Civica Outpatient Subsidiary, LLC	DE	NIA	InnovateRX LLC	MANAGEMENT	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-6869872				Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	10

SCHEDULE Y
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00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-6871980				Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Managerment	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	10
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-6482696				Blue Cross Blue Shield of Michigan Long-Term Disability Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	11
00572	BC/BS of Michigan Mutual Insurance Co.	00000	30-1140600				Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	12
00572	BC/BS of Michigan Mutual Insurance Co.	00000	38-2069753				Blue Cross Blue Shield of Michigan 401(K) Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MANAGEMENT	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	OWNERSHIP	38.7	BCBSM and IBC MH LLC	N	0
00000		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC	OWNERSHIP	50.0	BCBSM and IBC MH LLC	N	3
00000		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	85-4321302				Social Determinants of Life, Inc.	DE	NIA	BMH LLC	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	47-5496220				Wider Circle Inc.	DE	NIA	Social Determinants of Life, Inc.	OWNERSHIP	27.1	BCBSM and IBC MH LLC	N	13
00000		95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2

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00000		14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		15088	46-1482013				AmeriHealth District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	83-3241978				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		16980	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	86-2442207				AmeriHealth Caritas California, Inc.	CA	NIA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		16451	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	45-3790685				AmeriHealth Nebraska, Inc.	NE	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	70.0	BCBSM and IBC MH LLC	N	4
00000		16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		16422	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	IA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	0
00000		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp.	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	0
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	OWNERSHIP	100.0	BCBSM and IBC MH LLC	N	2
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	OWNERSHIP	50.0	BCBSM and IBC MH LLC	N	3
00000		11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	OWNERSHIP	50.0	BCBSM and IBC MH LLC	N	5
00000		00000	36-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	OWNERSHIP	13.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	0
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
00000		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6
00000		00000	36-3120811				BCS Insurance Agency, Inc.	IL	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6
00000		00000	36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6
00000		00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	BCS Financial Corporation	OWNERSHIP	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	7
00000		00000	AA-0000000				4 Ever Life International Limited	BMU	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6
00000		00000	32-0485937				BCS Re Inc.	VT	NIA	BCS Financial Corporation	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6
00000		00000	37-1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	OWNERSHIP	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	8
00000		00000	46-4945044				Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	OWNERSHIP	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	8

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

Asterisk	Explanation
	00000

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

Bar Code:

1. 1155720213650000 3

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 25.
*ASSETS

	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
2504. Deposits	51,518	51,518	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	51,518	51,518	0	0

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

	1 Current Year To Date Uncovered	2 Current Year To Date Total	3 Prior Year To Date Total	4 Prior Year Ended December 31 Total
1404. PCMH Passthrough Expense		2,797,829	0	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	2,797,829	0	0

SCHEDULE A – VERIFICATION

Real Estate

NONE

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

SCHEDULE B – VERIFICATION

Mortgage Loans

NONE

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

NONE

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

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	8,607,999	18,268,632
2. Cost of bonds and stocks acquired		11,810,000
3. Accrual of discount		1,434
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		1,892
6. Deduct consideration for bonds and stocks disposed of	6,812,999	21,473,312
7. Deduct amortization of premium		647
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	1,795,000	8,607,999
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	1,795,000	8,607,999

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	172,612,462	89,400,531	210,756,957	17,591	182,075,607	172,612,462	51,273,627	193,308,192
2. NAIC 2 (a)	0				1,060,000	0	0	1,060,000
3. NAIC 3 (a)	0				0	0	0	0
4. NAIC 4 (a)	0				0	0	0	0
5. NAIC 5 (a)	0				0	0	0	0
6. NAIC 6 (a)	0				0	0	0	0
7. Total Bonds	172,612,462	89,400,531	210,756,957	17,591	183,135,607	172,612,462	51,273,627	194,368,192
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	172,612,462	89,400,531	210,756,957	17,591	183,135,607	172,612,462	51,273,627	194,368,192

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 $ 49,478,537 ; NAIC 2 $; NAIC 3 $; NAIC 4 $; NAIC 5 $; NAIC 6 $

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	49,478,537	XXX	49,462,307		

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	70,063,799	36,136,546
2. Cost of short-term investments acquired	85,693,530	131,294,074
3. Accrual of discount	71,237	493,815
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	1,397	43,033
6. Deduct consideration received on disposals	106,350,771	97,865,879
7. Deduct amortization of premium	655	37,789
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	49,478,537	70,063,799
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	49,478,537	70,063,799

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	149,990,703	5,807,537
2. Cost of cash equivalents acquired	1,436,856,176	766,042,523
3. Accrual of discount	37,963	42,373
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	1,836	1,563
6. Deduct consideration received on disposals	1,551,548,590	621,903,293
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	35,338,088	149,990,703
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	35,338,088	149,990,703

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

Schedule D - Part 3

NONE

Schedule D - Part 4

NONE

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

Schedule DB - Part E

NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
PNC Bank 249 5th Ave. Pittsburgh, PA 15222						0	10,474,334	XXX
Wells Fargo PO Box 63020, San Francisco, CA 94163							187,507	XXX
PNC BANK		0.030	2,499		348,507	117,349,732	217,351,000	XXX
BNP Paribas New York Branch 10/15/2021		0.176	1,055	681	1,785,000	1,785,000	1,785,000	XXX
Bank of Nova Scotia, Houston Branch 11/05/2021		0.171	1,522	714	2,630,000	2,630,000	2,630,000	XXX
Norinchukin Bank NY Branch 11/22/2021		0.135		1,726	2,920,229	2,920,166	2,920,105	XXX
Skandinaviska Enskilda Banken AB (publ) 12/03/2021		0.110		973	2,675,000	2,675,000	2,675,000	XXX
Nordea Bank Abp, New York Branch 12/03/2021		0.100		967	2,900,000	2,900,000	2,900,000	XXX
SANTANDER BANK			14,017			52,301,752	52,306,051	XXX
Key Bank Money Fund			1,332			20,002,861	20,003,031	XXX
0199998 Deposits in ..... depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX			15,485,070	13,705,000		XXX
0199999 Total Open Depositories	XXX	XXX	20,425	5,060	28,743,806	216,269,511	313,232,028	XXX
0399999 Total Cash on Deposit	XXX	XXX	20,425	5,060	28,743,806	216,269,511	313,232,028	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	20,425	5,060	28,743,806	216,269,511	313,232,028	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
All Other Money Market Mutual Funds								
00142W-84-3	INVESCO PREM GV M INST	SD	09/01/2021	0.010	XXX	1,000,000		77
992115-73-3	MONEY MARKET OBLIGATIONS TRUST - FEDERAT		09/23/2021		XXX	34,338,088	76	
8699999 - All Other Money Market Mutual Funds						35,338,088	76	77
9999999 Total Cash Equivalents						35,338,088	76	77