

### **QUARTERLY STATEMENT**

AS OF MARCH 31, 2023
OF THE CONDITION AND AFFAIRS OF THE

**Blue Cross Complete of Michigan LLC** 

NAIC Group Code _	00572 (Current Period)	,(Prior Period)	NAIC Company Code _	11557	Employer's ID N	lumber	47-2582248			
Organized under the		Michigan	, Sta	te of Domicil	e or Port of Entry	Mich	nigan			
Country of Domicile				ed States						
Licensed as business	•	dent & Health [ ] ervice Corporation [ ]	Property/Casualty [ Vision Service Corp	]	Hospital, Medical & D Health Maintenance ( Is HMO Federally Qua	Organization [	X]			
Incorporated/Organize		12/18/2014	Commenced Bu	siness		01/01/2003	] NO[X]			
Statutory Home Office		4000 Town Center,		,		uthfield, MI, US 48075				
Main Administrative O	ffi o o	(Street and Nun 200 Stevens Drive	nber)	Dhiladalahi	(City or Town, State, a, PA, US 19113		Code) 5-937-8000			
Main Administrative O	e	(Street and Number)	(C	ity or Town, Stat	te, Country and Zip Code)	(Area Code	e) (Telephone Number)			
Mail Address		own Center, Suite 130			Southfield, MI, L	JS 48075				
Primary Location of Bo		et and Number or P.O. Box)	ens Drive	Philade	(City or Town, State, Count elphia, PA, US 19113		5-937-8000			
Timary Education of Bo	Joka and Necorda	(Street an	d Number)	(City or Towr	n, State, Country and Zip Code)					
Internet Web Site Add	-			rossComple						
Statutory Statement C	ontact	Michael Andrew (Name)	Hendel	-	248-663 (Area Code) (Telephone		ion)			
mher	ndel@MiBlueCros	sComplete.com			248-663-7475	. tallibor) (Exterisi				
	(E-Mail Addre	ess)	000		(FAX Number)					
Mana		T:41 -	OFFICERS	Mana		т:	· 41 -			
Name Michael John Bi	urgovne	Title Treasurer	Poh	Nam ort Edward T	ie ootle, Esquire,		itle retary			
Kathy Combs \	<del></del>	President		TI Euwaiu i	oolie, Esquire ,	<u>3eu</u>	etary			
Eileen Mary Co Cathy Ann Flo			CTORS OR TR			Lynda Ma	arie Rossi			
above, all of the herein de this statement, together wand of the condition and been completed in accordiffer; or, (2) that state re knowledge and belief, res	ting entity being duly escribed assets were with related exhibits, affairs of the said re dance with the NAI rules or regulations spectively. Furtherm	y sworn, each depose and e the absolute property of a schedules and explanation and explanation and exporting entity as of the recommendation of the recommendation of the explore, the scope of this atternation of the explore, the scope of this atternation of the explore.	the said reporting entity, fre ons therein contained, ann- porting period stated above uctions and Accounting Pro- porting not related to account estation by the described o	ee and clear from the	of said reporting entity, ar om any liens or claims there ed to, is a full and true stat come and deductions there rocedures manual except tes and procedures, accordudes the related corresponding	eon, except as he tement of all the efrom for the pe to the extent the ding to the besonding electronic	nerein stated, and that e assets and liabilities eriod ended, and have at: (1) state law may st of their information, c filing with the NAIC,			
regulators in lieu of or in a		sed statement.	s due to electronic filing) o Robert Edward Tootle, I Secretary		d statement. The electroni	thy Combs Ware				
			200,010,1		a la thia an ariginal fili-		Yes [ X ] No [ ]			
Subscribed and sw		this May, 2023			a. Is this an original filing     b. If no:         1. State the amendme         2. Date filed         3. Number of pages a	ent number	.00 [ N ] NO [ ]			

### **ASSETS**

			Current Statement Date	)	4
		1	2	3	
				Net Admitted Assets	December 31 Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	38,994,186		38,994,186	38,056,125
2.	Stocks:				
	2.1 Preferred stocks	i	i	i .	
	2.2 Common stocks	41,811,791		41,811,791	40,598,987
3.	Mortgage loans on real estate:				
	3.1 First liens			0	0
	3.2 Other than first liens			J0	L0
4.	Real estate:				
	4.1 Properties occupied by the company (less			٥	0
	\$ encumbrances)			J	0
	4.2 Properties held for the production of income (less \$encumbrances)			١	0
	4.3 Properties held for sale (less			μυ	0
	•				0
_	\$ encumbrances)			J	0
l	cash equivalents (\$70,592,987 )				
	and short-term investments (\$30,908,375 )	335 765 331		335 765 331	310 617 331
ı	Contract loans (including \$premium notes)	1		0	0
	Derivatives			0	0
	Other invested assets			0	0
	Receivables for securities				0
ı	Securities lending reinvested collateral assets.	1		I .	.0
	Aggregate write-ins for invested assets			0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	416,571,308	0	416,571,308	389 , 272 , 443
13.	Title plants less \$				
	only)			0	0
14.	Investment income due and accrued	567,600		567,600	417 , 848
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of				
	collection	98,324,399		98,324,399	117 , 635 , 801
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$earned				
	but unbilled premiums)			ļ0	0
	15.3 Accrued retrospective premiums (\$				
4.0	contracts subject to redetermination (\$			J	0
16.	Reinsurance:			٥	0
	16.1 Amounts recoverable from reinsurers		i		Δ
	16.3 Other amounts receivable under reinsurance contracts				0
17	Amounts receivable relating to uninsured plans	1	l .		0
	Current federal and foreign income tax recoverable and interest thereon				0
	Net deferred tax asset				909,585
l	Guaranty funds receivable or on deposit	1		0	0
20.	Electronic data processing equipment and software		i	0	0
i	Furniture and equipment, including health care delivery assets	]			
	(\$)	884,643	884,643	ļ0	0
22.	Net adjustment in assets and liabilities due to foreign exchange rates		ļ	0	0
i	Receivables from parent, subsidiaries and affiliates	i	i	0	0
	Health care (\$ $4,056,499$ ) and other amounts receivable			1	3,806,516
25.	Aggregate write-ins for other-than-invested assets	2,192,575	2,192,575	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 12 to 25)	524,914,242	4,455,886	520,458,356	512,042,193
27.	From Separate Accounts, Segregated Accounts and Protected				
	Cell Accounts.			<b> </b> 0	0
28.	Total (Lines 26 and 27)	524,914,242	4,455,886	520,458,356	512,042,193
	DETAILS OF WRITE-INS				
1101.		i e	i	<b>i</b>	0
i					
1103.				-	
l	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
	Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	640.774		0	0
i	Prepaid Expenses	i	i	0	J
	Intangible Asset	1	281,250 1,219,033	0	0
ı	Summary of remaining write-ins for Line 25 from overflow page	1	I	0 0	0
l	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	2,192,575	i .	0	0
∠აყყ.	Totals (Lines 2001 through 2003 plus 2090) (Line 25 above)	2,182,373	2,192,070	<u> </u>	U

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, SAI		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	172,839,616		172,839,616	176 , 760 , 575
2.	Accrued medical incentive pool and bonus amounts			4,328,710	3,462,264
3.	Unpaid claims adjustment expenses			2,532,676	2,671,065
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
6.	Property/casualty unearned premium reserve				0
7.	Aggregate health claim reserves			0	0
8.	Premiums received in advance				0
9.	General expenses due or accrued	2,237,333		2,237,333	2,119,877
10.	1 Current federal and foreign income tax payable and interest thereon (including				
	\$on realized gains (losses))	6,520,910		6,520,910	2,782,782
10.:	Net deferred tax liability				
	Ceded reinsurance premiums payable				
	Amounts withheld or retained for the account of others				
1					
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	9, 132, 163		9, 132, 163	9,232,060
16.	Derivatives				
17.					
18.					0
i				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
i	Aggregate write-ins for other liabilities (including \$				
20.	current)	18 1/18 500	٥	18 448 500	18 456 038
	Total liabilities (Lines 1 to 23)			327,892,522	
ı					
25.	Aggregate write-ins for special surplus funds				0
26.	Common capital stock	XXX	XXX		0
27.	'	XXX	XXX		0
28.	Gross paid in and contributed surplus	XXX	XXX	54,000,001	54,000,001
29.	Surplus notes				
30.	Aggregate write-ins for other-than-special surplus funds				0
31.	Unassigned funds (surplus)				
	Less treasury stock, at cost:				20,000,000
32.	, ,				
	32.1shares common (value included in Line 26				0
	\$)	XXX	XXX		0
	32.2shares preferred (value included in Line 27				
	\$				
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	192 , 565 , 834	177 , 539 , 306
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	520,458,356	512,042,193
	DETAILS OF WRITE-INS				
000		404 005		404 005	440.070
2301.	Stale Dated Checks				410,273
2302.	Insurance Provider Assessment	18,046,665		18,046,665	18,046,665
2303.					0
2398.	Summary of remaining write-ins for Line 23 from overflow page			0	0
2399.	Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	18,448,590	0	18,448,590	18,456,938
2501.		xxx	XXX		n
İ		i	i		
2502.					
2503.		XXX	XXX		0
2598.	Summary of remaining write-ins for Line 25 from overflow page				0
i					
2599.	Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX		
3002.		xxx	xxx		
3003.			i		
	· · · · · · · · · · · · · · · · · · ·			_	
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0

### STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENU		-7(1 -1(0)		
		Current Ye	ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months			980,642	
1	Net premium income (including \$ non-health premium income)	i	l	i	
3.	Change in unearned premium reserves and reserve for rate credits	xxx		0	0
4.	Fee-for-service (net of \$medical expenses)			0	
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues	1	1		
8.	Total revenues (Lines 2 to 7)	XXX	366, 498, 381	327,885,903	1,380,691,401
1 .	al and Medical:		400 007 007	470 404 040	000 405 000
i	Hospital/medical benefits  Other professional services	i	i i		
10.	Outside referrals		1		
12.	Emergency room and out-of-area		1		
13.	Prescription drugs	I	1	I	
14.	Aggregate write-ins for other hospital and medical.	I	ı	1	
15.	Incentive pool, withhold adjustments and bonus amounts		l		
16.	Subtotal (Lines 9 to 15)	0	301,964,086	280 , 227 , 106	1, 151,774,937
Less:					
17.	Net reinsurance recoveries			0	0
18.	Total hospital and medical (Lines 16 minus 17)	0	301,964,086	280 , 227 , 106	1, 151,774,937
19.	Non-health claims (net)			0	0
20.	Claims adjustment expenses, including \$ 5,373,715 cost containment expenses.	ı	9,488,056	8,118,330	35,953,791
21.	General administrative expenses.		41,924,077	41,003,438	162,926,405
22.	Increase in reserves for life and accident and health contracts (including				
	\$ increase in reserves for life only)				
	Total underwriting deductions (Lines 18 through 22)				
	Net underwriting gain or (loss) (Lines 8 minus 23)				
I	Net investment income earned	ı	l	1	
1	Net realized capital gains (losses) less capital gains tax of \$(9,210)	1	4,356,801		,
27. 28.	Net investment gains (losses) (Lines 25 plus 26)	0	4,350,001	75,101	0,029,330
20.	\$			0	0
29.	Aggregate write-ins for other income or expenses	1	0	0	0
i	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)			(1,387,810)	36 , 665 , 824
31	Federal and foreign income taxes incurred	İ	3,728,918	i ' '	7 ,676 ,235
l	Net income (loss) (Lines 30 minus 31)	XXX	13,750,045		28,989,589
	DETAILS OF WRITE-INS	7001	,,	(1,001,010)	
0601.		xxx		0	0
0602.		xxx			
0603.		xxx			
0698.	, , , , , , , , , , , , , , , , , , , ,	xxx	0	0	0
0699.	Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	Administrative Service Revenue.	XXX	24 , 408	15,214	81,923
0702. 0703.		XXX			
i	Summary of remaining write-ins for Line 7 from overflow page	I	l	0	
1	Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	24,408	0	81,923
	Alternative Medical Cost		1,077,556	715,399	5,385,625
i	Consumer Incentives	i	64,658	76,312	296,306
i	PCMH Passthrough Expense	i	779,379	724,391	3,004,423
1498.	Summary of remaining write-ins for Line 14 from overflow page	i	0	0	(52)
1499.	Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	1,921,593	1,516,102	8,686,302
2901.					
2902.					
2903.				<b> </b>	
2998.	Summary of remaining write-ins for Line 29 from overflow page		0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

**STATEMENT OF REVENUE AND EXPENSES (Continued)** 

	STATEMENT OF REVENUE AND EX	PENSES (	Continue	u)
		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	177 , 539 , 306	152,091,212	152,091,212
34.	Net income or (loss) from Line 32	13,750,045	(1,387,810)	28 , 989 , 589
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 \$	957 , 592	0	(1,552,861)
37.	Change in net unrealized foreign exchange capital gain or (loss)		0	0
38.	Change in net deferred income tax	(175,639)	251,496	365,761
39.	Change in nonadmitted assets	494,530	189,810	624,169
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			
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	(2,978,564)
48.	Net change in capital and surplus (Lines 34 to 47)	15,026,528	(946,504)	25 , 448 , 094
49.	Capital and surplus end of reporting period (Line 33 plus 48)	192,565,834	151,144,708	177,539,306
	DETAILS OF WRITE-INS			
4701.	SSAP 3 (2021 year) Correction Of Error		0	(2,978,564)
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	(2,978,564)

### **CASH FLOW**

		1	2	3
		Current Year	Prior Year	Prior Year Ended
		To Date	To Date	December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	385 , 785 , 375	274,900,073	1, 281, 384, 678
2.	Net investment income	4,000,750	59,646	5,205,762
3.	Miscellaneous income	24,408	15,214	81,923
4.	Total (Lines 1 to 3)	389,810,533	274,974,933	1,286,672,363
	Benefit and loss related payments	305,433,881	280,086,192	1, 117, 783, 342
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	
7.	Commissions, expenses paid and aggregate write-ins for deductions	60,922,237	28 ,027 ,675	188,911,49 <sup>-</sup>
	Dividends paid to policyholders		0	(
	Federal and foreign income taxes paid (recovered) net of \$			
	gains (losses)	(18,420)	0	4,900,000
10.	Total (Lines 5 through 9)	366,337,698	308.113.867	1.311.594.833
	Net cash from operations (Line 4 minus Line 10)	23,472,835	(33,138,934)	(24,922,470
	Cash from Investments	20, 112,000	(00,100,001)	(21,022,11)
12	Proceeds from investments sold, matured or repaid:			
12.		3,275,202	0	1,690,045
		0	Λ	1,156,856
	12.3 Mortgage loans		Λ	
		0	٥	
		0	٥	
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		136	(9.84
	• • • • •	2,679,697		(9,04)
	12.7 Miscellaneous proceeds	, ,	136	2.837.05
40		5,937,880	130	2,837,05
13.	Cost of investments acquired (long-term only):	2 000 454	0	20 022 50
	13.1 Bonds	3,999,154	0	39,632,59
	13.2 Stocks		0	42,151,84
		0	0	
		0	0	
	13.5 Other invested assets	0	0	
	13.6 Miscellaneous applications	0	0	04.704.40
	13.7 Total investments acquired (Lines 13.1 to 13.6)	4,254,367	0	81,784,43
14.	Net increase (or decrease) in contract loans and premium notes	0	0	
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	1,683,513	136	(78,947,38
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	
	16.2 Capital and paid in surplus, less treasury stock	0	0	
	16.3 Borrowed funds	0	0	
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	
	16.5 Dividends to stockholders	0	0	
	16.6 Other cash provided (applied)	(8,348)	(4,931)	(327,82
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(8,348)	(4,931)	(327,82
	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)	25 , 148 , 000	(33,143,729)	(104, 197, 67
	Cash, cash equivalents and short-term investments:	, , , , ,	, , , -,	, , , , ,
		310,617,331	414,815,005	414,815,00
	19.2 End of period (Line 18 plus Line 19.1)	335,765,331	381,671,276	310,617,33

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#### STATEMENT AS OF MARCH 31, 2023 OF THE Blue Cross Complete of Michigan LLC

#### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 1	Comprel	hensive	4	5	6	7	8	9	10	11	12	13	14
		(Hospital 8	Medical) 3				Federal Employees							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non- Health
Total Members at end of:														
1. Prior Year	349,588	0	0	0	0	0	0	0	349,588	0	0	0	0	0
2. First Quarter	354,758	0	0	0	0	0	0	0	354,758	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0								0					
6. Current Year Member Months	1,057,043								1,057,043					
Total Member Ambulatory Encounters for Period:														
7. Physician	359,289								359,289					
8. Non-Physician	. 0								0					
9. Total	359,289	0	0	0	0	0	0	0	359,289	0	0	0	0	0
10. Hospital Patient Days Incurred	32,594								32,594					
11. Number of Inpatient Admissions	5,628								5,628					
12. Health Premiums Written (a)	366,473,973								366,473,973					
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	0													
15. Health Premiums Earned	366,473,973								366,473,973					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	305,018,599								305,018,599					
18. Amount Incurred for Provision of Health Care Services	301,964,086								301,964,086					

<sup>(</sup>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	2	3	4	5	6 O 100 D	7 Total
Account (Percent al)	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	lotai
Claims unpaid (Reported)						
		1				
		······				
0199999 Individually listed claims unpaid	0		0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered	20.045.456	20 241 220	GE 707	426 604	227 067	U
0399999 Aggregate accounts not individually listed-covered	39,045,456		65,797	436,604	327,867	60,117,044
0499999 Subtotals	39,045,456		65,797	436,604	327,867	60,117,044
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	112,722,572
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	172,839,616
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	4,328,710

### **UNDERWRITING AND INVESTMENT EXHIBIT**

#### ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

ANALYSIS OF CLAIMS UNPAIL	Clai		Liab	nility		
	Paid Yea		End of Curr		5	6
	1	2	3	4		Estimated Claim
Line of Business	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Reserve and Claim Liability Dec. 31 of Prior Year
Comprehensive (hospital and medical) individual					0	0
Comprehensive (hospital and medical) group					0	0
3. Medicare Supplement					0	0
4. Dental only					0	0
5. Vision only					0	0
6. Federal Employees Health Benefits Plan					0	0
7. Title XVIII - Medicare					0	0
8. Title XIX - Medicaid	111,852,622	197,985,869	33,128,833	139,710,783	144,981,455	176 , 760 , 575
9. Credit A&H					0	0
10. Disability income					0	0
11. Long-term care					0	0
12. Other health					0	0
13. Health subtotal (Lines 1 to 12)	111,852,622	197,985,869	33,128,833	139,710,783	144,981,455	176 , 760 , 575
14. Health care receivables (a)	436,799	4,687,843			436,799	0
15. Other non-health					0	0
16. Medical incentive pools and bonus amounts	304,750	0	3,375,002	953,708	3,679,752	3,462,264
17. Totals (Lines 13-14+15+16)	111,720,573	193,298,026	36,503,835	140,664,491	148,224,408	180,222,839

<sup>(</sup>a) Excludes \$ ...... loans or advances to providers not yet expensed.

#### STATEMENT AS OF MARCH 31, 2023 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

#### **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

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 care receivables due from the Department of Community Health to be reported on the health care and other amounts receivable line on page 2 of the Annual Statement. In NAIC SAP, this receivable is reported on the uncollected premiums and agents' balances in the course of collection line. This reclass does not have any monetary effect on net income, surplus or risk based capital. 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

Net Income	SSAP#	F/S Page	F/S Line#	2023	2022
(1) Blue Cross Complete of Michigan LLC state basis (Page 4, Line 32, Columns 2 & 3)				\$13,750,045	\$28,989,589
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP	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)				\$13,750,045	\$28,989,589
SURPLUS  (5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4)  (6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP				\$192,565,834	\$177,539,306
Maternity case receivables reported as health care receivables	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)				\$192,565,834	\$177,539,306

В. Use of Estimates in the Preparation of the Financial Statements - No significant changes since December 31, 2022.

#### C.

- Accounting Policy
  The Company uses the following accounting policies:

  Short-term investments No significant changes since December 31, 2022.
  Bonds No significant changes since December 31, 2022.
  Common Stocks No significant changes since December 31, 2022.
  Preferred Stock None

- Preferred Stock None
  Mortgage Loans None
  Mortgage Loans None
  Loan-backed securities Loan-backed securities are stated at amortized cost or at values prescribed by the Michigan DIFS with a NAIC designation of 1 or 2 and NAIC designations of
  3 through 6 are reported at the lower of amortized cost or fair value. An invested asset is considered impaired when its fair value declines below cost. Pursuant to Statutory
  Accounting Principles (SSAP) No. 43R, Loan-backed and Structured Securities, a loan-backed security is other-than-temporarily impaired if the present value of future cash flows
  expected to be collected from the security is less than the amortized cost of the security or where the Company intends to sell or does not have the intent and ability to retain the
  investment in the loan-backed security for the time sufficient to recover the security's amortized cost basis.
  Investments in subsidiaries, controlled and affiliated (SCA) entities None
  Investments in joint ventures, partnerships and limited liability companies None
  Derivatives None

- Investments in joint ventures, partnersings and immost access, 2-2. Derivatives None
  Anticipated investment income as a factor in premium deficiency calculation None
  Accrued Medical Expense/Unpaid Claim Adjustment Expense No significant changes since December 31, 2022.
  Fixed asset capitalization policy modifications No significant changes since December 31, 2022.
  Pharmaceutical Rebates No significant changes since December 31, 2022.
- D. Going Concern - None

#### 2. Accounting Changes and Corrections of Errors Material changes in accounting principle and/or correction of errors - None

- 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
   Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill None

#### 4. Discontinued Operations

- nued uperations
  Discontinued Operations Disposed of or Classified as Held for Sale None
  Change in Plan of Sale of Discontinued Operation None
  Nature of Any Significant Continuing Involvement with Discontinued Operations After Disposal None
  Equity Interest Retained in the Discontinued Operation After Disposal None

#### Investments

- Mortgage Loans, including Mezzanine Real Estate Loans None Debt Restructuring -None Reverse Mortgages None Loan-Backed Securities
- - Backed Securities
    Prepayment assumptions None
    Recognized Other-than-Temporary Impairment None
    Present Value of Cash Flows None
    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:
    - \$12,425 (1.) Less than 12 months (2.) 12 months or longer The aggregate related fair value of securities with unrealized losses:
- (1.) Less than 12 months
  - \$2,134,484 (2.) 12 months or longer

- (2.) 12 months or longer \$0

  Dollar Repurchase Agreements and/or Securities Lending Transactions None Repurchase Agreements Transactions Accounted for as Secured Borrowing None Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing None Repurchase Agreements Transactions Accounted for as Secured Borrowing None Repurchase Agreements Transactions Accounted for as a Sale None Reverse Repurchase Agreements Transactions Accounted for as a Sale None Rest Estate None Low-income housing tax credits (LIHTC) None Restricted Assets

  1. Restricted Assets (Including Pledged) No significant changes since December 31, 2022.
  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 Offsetting and Netting of Assets and Liabilities None
  5GI Securities None
  Short Sales None
  Prepayment Penalty and Acceleration Fees None
  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, 2022.
   B. Total amount excluded No significant changes since December 31, 2022.

#### STATEMENT AS OF MARCH 31, 2023 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

#### 8. Derivative Instruments

- e Instruments
  Derivatives under SSAP No. 86 Derivatives None
  Derivatives under SSAP No. 108 Derivative Hedging Variable Annuity Guarantees
  1. Discussion of hedged item / hedging instruments and hedging strategy Non
  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
- 9. Income Taxes No significant changes since December 31, 2022.

- 9. Income Taxes No significant changes since December 31, 2022.

  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 March 31, 2023 No significant changes since December 31, 2022.

  E. Material management or service arrangements No significant changes since December 31, 2022.

  F. Parental guarantees None

  G. Nature of control relationship No significant changes since December 31, 2022.

  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

  Virte-downs for impaired investments in SCA entitites None

  I. Investment in foreign subsidiary calculation None

  I. 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 Entity Loss Tracking None

#### 11. Debt

Capital Notes – None 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 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, 2022.
  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
  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, 2022.
  K. Surplus notes None
  L. Impact of any restatement due to quasi-reorganization None
  Effective dates of all quasi-reorganizations in the prior 10 years is/are None

- Lessee Operating Leases

  1. General description of lessee's leasing arrangements No significant changes since December 31, 2022.

  2. Minimum aggregate rental commitments No significant changes since December 31, 2022.

  3. Sales leaseback transactions None
  Lessor Leases

  1. Operating Leases None

  2. Leverage Leases None
- В

- 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

- Transfers of Receivables reported as Sales None Transfer and Servicing of Financial Assets None 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 changes since December 31, 2022. 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

13. Direct Ferniam Written/Froduced by Managing General Agents/Frina Larry	Administrators None											
A. B., 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 amortize	d cost, or (b) at values	that approximate fair va	alue due to their liquid o	or short-term nature							
Fair Value Measurement at Reporting Date:			Net Asset Value									
Description for each class of asset or liability	Level 1	Level 2	Level 3	(NAV)	<u>Total</u>							
a. Assets at fair value												
Common Stock												
Mutual funds	\$41,811,791	\$0	\$0	\$0	\$41,811,791							
Money market mutual funds	\$0	\$0	\$0	\$0	\$0							
Total Common Stock	\$41,811,791	\$0	\$0	\$0	\$41,811,791							
Total assets at fair value	\$41,811,791	\$0	\$0	\$0	\$41,811,791							
b. Liabilities at fair value												
Derivative liabilities	\$0	\$0	\$0	\$0	\$0							
Total liabilities at fair value	\$0	\$0	\$0	\$0	\$0							

- Fair Value Measurements in (Level 3) of the Fair Value Hierarchy None Transfers in and/or out of Level 3 None Fair value measurements categorized within Level 2 and 3 None agregate fair value of all financial instruments and the level within the fair value hierarchy

									Net Asset Value						
Type of Financial Instrument	Aggregate	e Fair Value	Adm	itted Assets		Level 1		Level 2		Level 3		(NAV)		Tota	Ĺ
Common Stock	\$	41,811,791	\$	41,811,791	\$	41,811,791	\$		0	\$	0	\$	0	\$	0

Not Practicable to Estimate Fair Value – None Investment measured using the NAV practical expedient – None

#### 21. Other Items

- Unusual or Infrequent Items None
  Unusual or Infrequent Items None
  Other Disclosures None
  Other Disclosures None
  Suspires Interruption Insurance Recoveries None
  State Transferable and Non-transferable Tax Credits None
  Subprime-Mortgage-Related Risk Exposure None
  Retained Assets None
  Insurance-Linked Securities (ILS) Contracts None
  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

Events Subsequent Type 1 – Recognized subsequent events – None Type 2 – Nonrecognized subsequent events - No significant changes since December 31, 2022...

#### STATEMENT AS OF MARCH 31, 2023 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

- 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, 2022 were \$182,893,904 for incurred claims and claim adjustment expenses. As of March 31, 2023 \$114,391,638 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$36,503,835 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$31,998,431 during 2023 for the year ended December 31, 2022. 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

- 28. Health Care Receivables
  A. Pharmaceutical Rebate Receivables No significant changes since December 31, 2022.
  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 tra Domicile, as required by the Model Act?	nsactions requiring the filing of Disclosure	of Materia	l Transactio	ns with the St	ate of	Yes	3 [ ]	No	[X] c
1.2	If yes, has the report been filed with the domiciliary						Yes	s [ ]	No	o [ ]
2.1	Has any change been made during the year of this reporting entity?	statement in the charter, by-laws, articles	of incorpo	ration, or de	ed of settlem	ent of the	Yes	s [ ]	No	o [X]
2.2	If yes, date of change:									
3.1	Is the reporting entity a member of an Insurance Howhich is an insurer?						Yes	s [X]	No	o [ ]
	If yes, complete Schedule Y, Parts 1 and 1A.									
3.2	Have there been any substantial changes in the org	ganizational chart since the prior quarter e	nd?				Yes	S [ ]	No	[X] c
3.3	If the response to 3.2 is yes, provide a brief descrip	•								
3.4	Is the reporting entity publicly traded or a member of	of a publicly traded group?					Yes	s [ ]	No	[X]
3.5	If the response to 3.4 is yes, provide the CIK (Cent	ral Index Key) code issued by the SEC for	the entity/	group						
4.1	Has the reporting entity been a party to a merger of	r consolidation during the period covered l	by this stat	ement?			Yes	6 [ ]	No	[X] c
4.2	If yes, provide the name of entity, NAIC Company (ceased to exist as a result of the merger or consolir		state abbr	reviation) for	any entity the	at has				
		1 Name of Entity		2 npany Code	3 State of D					
5.	If the reporting entity is subject to a management a fact, or similar agreement, have there been any sig If yes, attach an explanation.						Yes [ ] No	o [X]	N/	A [ ]
6.1	State as of what date the latest financial examination	on of the reporting entity was made or is b	eing made					12	/31/	2021
6.2	State the as of date that the latest financial examin This date should be the date of the examined balar	ation report became available from either nce sheet and not the date the report was	the state o completed	of domicile or I or released	the reporting	entity.		12	/31/	2016
6.3	State as of what date the latest financial examination the reporting entity. This is the release date or consheet date).	ompletion date of the examination report a	nd not the	date of the	examination (	balance		05	/23/	2018
6.4	By what department or departments? Pennsylvania Insurance Department									
6.5	Have all financial statement adjustments within the statement filed with Departments?						Yes [ ] No	) [ ]	N/	A [X]
6.6 7.1	Have all of the recommendations within the latest fit Has this reporting entity had any Certificates of Aut						Yes [ ] No	[]	N/	A [X]
	If yes, give full information:	during the reporting period?			п аррпсаые)		Yes	S [ ]	No	[X] c
8.1	Is the company a subsidiary of a bank holding com	pany regulated by the Federal Reserve Bo	oard?				Yes	s [ ]	No	o [X]
8.2	If response to 8.1 is yes, please identify the name of	• , ,								
8.3	Is the company affiliated with one or more banks, the	hrifts or securities firms?					Yes	s [ ]	No	[X] c
8.4	If response to 8.3 is yes, please provide below the federal regulatory services agency [i.e. the Federal Deposit Insurance Corporation (FDIC) and the Sec regulator.]	Reserve Board (FRB), the Office of the C	omptroller	of the Curre	ncy (OCC), t	he Federal				
	1	2 Location		3	4	5	6	1		
	Affiliate Name	Location (City, State)		FRB	occ	FDIC	SEC			
9.1	Are the senior officers (principal executive officer, principal executive officer, principal functions) of the reporting entity subject to a						Yes	S [X]	No	o [ ]
	<ul> <li>(a) Honest and ethical conduct, including the ethic</li> <li>(b) Full, fair, accurate, timely and understandable of</li> <li>(c) Compliance with applicable governmental laws</li> <li>(d) The prompt internal reporting of violations to an</li> <li>(e) Accountability for adherence to the code.</li> </ul>	disclosure in the periodic reports required , rules and regulations;	to be filed	by the repor	•	ofessional re	elationships;			
9.11	If the response to 9.1 is No, please explain:									
9.2	Has the code of ethics for senior managers been a	mended?					Yes	s [ ]	No	[X] c
9.21	If the response to 9.2 is Yes, provide information re	` '								
9.3	Have any provisions of the code of ethics been wai						Yes	6 [ ]	No	[X] c
9.31	If the response to 9.3 is Yes, provide the nature of	* ',								
10.1	Does the reporting entity report any amounts due fi	FINANCIA	L				Yes	s [ ]	No	o [X]
10.2	If yes, indicate any amounts receivable from parent	t included in the Page 2 amount:				\$				

#### **GENERAL INTERROGATORIES**

#### **INVESTMENT**

11.1	Were any of the stock for use by another per	s, bonds, or rson? (Exclu	other assets o	of the reporting e under securities	entity loane lending agi	d, placed reements	d under o s.)	ption ag	reement, or oth	nerwise made avai	lable	Yes [ ]	No [X
11.2	If yes, give full and co	•	•										
12.	Amount of real estate	and mortgag	ges held in oth	ner invested asse	ets in Sche	dule BA	:				\$		0
13.	Amount of real estate	and mortgag	ges held in sh	ort-term investm	ents:						\$		0
14.1	Does the reporting e	ntity have an	y investments	in parent, subs	diaries and	d affiliate	s?					Yes [ ]	No [)
14.2	If yes, please comple	ete the follow	ring:										
	14.22 Prei 14.23 Con 14.24 Sho 14.25 Mor 14.26 All (	erred Stock nmon Stock rt-Term Inve tgage Loans Other	stments on Real Esta	te		  	\$ \$ \$	Prior Y Book/A Carryin	1 ear-End djusted g Value000	Bool Carr \$ \$		  	
	(Sul	ototal Lines 1	14.21 to 14.26	i) luded in Lines 14			\$		0	\$		)	
							\$			\$			
15.1	Has the reporting enti	ty entered in	to any hedgin	g transactions re	ported on	Schedule	e DB?					Yes [ ]	No [X
15.2	If yes, has a compreh	ensive descr	iption of the h	edging program	been made	e availab	ole to the	domicilia	ry state?		Y	es [ ] No [ ]	NA [X
16.	16.2 Total book/ad	y's security le e of reinveste justed carryi	ending progra ed collateral a ng value of rei	m, state the amousets reported on the liabil	n Schedule al assets re	e DL, Pa	rts 1 and	2		e:	\$		0
17.	Excluding items in Sc entity's offices, vaults pursuant to a custodia Considerations, F. Ou Handbook?	or safety de al agreement itsourcing of	posit boxes, w with a qualific Critical Functi	vere all stocks, bed bank or trust of ions, Custodial c	onds and o company in or Safekeep	other sec n accorda ping Agre	curities, ov ance with eements o	wned thr Section of the NA	oughout the cu 1, III – Genera NC <i>Financial</i> (	irrent year held al Examination Condition Examine	rs	Yes [X]	No [
17.1	For all agreements the	at comply wit	th the requirer		C Financia	al Conditi	ion Exam	iners Ha	-	lete the following:			
		PNC Instit	Name o utional Asset	1 of Custodian(s) t Management		11	6 Allegh	eny Ctr	2 <mark>Custodian Add</mark> Pittsburgh	ress , PA 15212-5333			
17.2	For all agreements the location and a complete			equirements of t	he NAIC F	inancial	Condition	Examin	ers Handbook	, provide the name	e,		
			1 Name(s)		Locat	2 tion(s)				3 xplanation(s)			
17.3	Have there been any	changes, inc	luding name o	changes, in the o	custodian(s	s) identifi	ed in 17.1	l during	the current qua	arter?		Yes [ ]	No [X
17.4	If yes, give full and co	mplete infor	mation relating	g thereto:									
		1 Old Cust	todian	2 New Cus		Da	3 ate of Cha	ange		4 Reason			
17.5	Investment managem authority to make inverse reporting entity, note a	estment decisas such. ["	sions on beha that have acce	If of the reporting	entity. Fo	r assets	that are r	managed ecurities	d internally by				
	Michael Burgoyne, western Asset Manaq PNC Capital Adviso	vho makes re	or Individual	is to BOD	I U U			2 Affiliat					
7.509	7 For those firms/indivi	duals listed i	n the table for	Question 17.5,	do any firm	ns/individ	luals unat	filiated v				Yes [X]	No [
	8 For firms/individuals does the total assets For those firms or indi	under mana	gement aggre	gate to more tha	an 50% of t	the repor	ting entity	y's inves	ted assets?		ation for the	Yes [ ]	No [X
	1 Central Regist Depository Nu	ration	Nam	2 e of Firm or ndividual		Leg	3 al Entity ifier (LEI)			4 istered With	Inves	5 tment Managem eement (IMA) Fil	
	CRD 110441151829		Company	et Management Advisors, LLC	549300 549300		JXU1CN46 3QCY3U49		SECSEC		NO		
	Have all the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing required in the filing re	uirements of	the <i>Purposes</i>	and Procedures	: Manual of	f the NAI	IC Investr	ment Ana	 alysis Office be	en followed?		Yes [X	] No [
19.	PL security is b. Issuer or oblig	n necessary not available por is current as an actual	to permit a fue.  on all contracted expectation of	Il credit analysis eted interest and f ultimate payme	of the sector principal part of all cor	urity doe ayments ntracted	es not exis s. interest a	st or an f	NAIC CRP cred	dit rating for an FE		Yes [ ]	No [X
20.	By self-designating Pl	_GI securitie	s, the reportin	g entity is certify	ing the follo	owing ele	ements of	f each se	elf-designated	PLGI security:			

#### **GENERAL INTERROGATORIES**

- 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.
- 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] 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.

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

### **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH

Operating Percentages:					
1.1 A&H loss percent				83.9	%
1.2 A&H cost containment percent				1.5	%
1.3 A&H expense percent excluding cost containment expenses.	<u> </u>			11.4	%
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 domic the reporting entity?	le of	Yes	[]	No [	X ]

### **SCHEDULE S - CEDED REINSURANCE**

			Showing All New Reinsurance Treatie	s - Current Year to	Date				
1	2	3	4	5	6 Type of Reinsurance	7	8	9 Certified	10 Effective Date
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Reinsurer Rating (1 through 6)	of Certified Reinsurer Rating
Company Code	ID Number	Date	Name of Reinsuler	Jurisdiction	Ceded	Ceded	Type of Reinsurer	(1 through 6)	Reinsurer Rating
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### **SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

		O		1011
Current Year to Date -	Allocated by	States and Te	erritories	

			1 .	Current Y	ear to Date -	Allocated by						
			1	2	3	4	5 D	6 Federal Employees	7 Life & Annuity	8	9	10
	States, Etc.		Active Status (a)	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Health Benefits Program	Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	.AL	N								0	
	Alaska		N								0	
3.	Arizona	.AZ	N								0	
4.	Arkansas	.AR	N								0	
5.	California	.CA	N								0	
6.	Colorado	CO	N								0	
7.		CT	N					ļ			0	
1		.DE	N								0	
i .		.DC	N								0	
1	Florida		N					<del> </del>			0	
i	Georgia		N					<del> </del>			0	
1	Hawaii	HI ID	NN.									
1	IdahoIllinois		N									
i	Indiana		N					†				
i		IA	N					<b>†</b>				
1	Kansas		N					<u> </u>				
		. KY	N				1	1		†	n	·····
i	Louisiana		N								0	
1	Maine		N								n	
	Maryland		N					I			n	
1	Massachusetts		N								0	
	Michigan		L			366,473,973					366,473,973	
1	Minnesota		N			, , , , ,					0	
25.	Mississippi	MS	N								0	
26.	Missouri	.MO	N								0	
27.	Montana	.MT	N								0	
28.	Nebraska	NE	N								0	
1	Nevada		N								0	
	New Hampshire		N					ļ			0	
	New Jersey		N					ļ			0	
1	New Mexico		N								0	
	New York		N								0	
i	North Carolina		N					<del> </del>			0	
i	North Dakota		N					<del> </del>			0	
		.OH	N					<del> </del>			0	
1	Oklahoma		NN.									
i	Oregon	OR	NN.									
i	Pennsylvania Rhode Island	.PA	N.					· · · · · · · · · · · · · · · · · · ·			0	
i	South Carolina		N					<b>†</b>			1	
1	South Dakota		N					<u> </u>				
1	Tennessee		N								0	
1	Texas		N								0	
ı	Utah		N		i						n	
i	Vermont		N								0	
	Virginia		N								0	
1	Washington		N					ļ			0	
49.	West Virginia	WV	N								0	
50.	Wisconsin	WI	N					ļ		ļ	0	
	Wyoming		N								0	ļ
1	American Samoa		N								0	
	Guam		N								0	
	Puerto Rico		N		i		I			ļ	<b></b> 0	ļ
	U.S. Virgin Islands		N					<del> </del>		<b> </b>	ļ0	ļ
1	Northern Mariana Islands		N							<b> </b>	0	ļ
	Canada		I			^		ļ			0	
	Aggregate other alienSubtotal		XXX	0	0	0	0	0	0	0	0	
1	Reporting entity contributions Employee Benefit Plans	for				300,473,973			U		500,473,973	0
61	Total (Direct Business)		XXX	0	0	366,473,973	0	0	0	0	366,473,973	0
01.	DETAILS OF WRITE-INS		۸۸۸	U	U	000,410,310		1	0		000,410,810	1
58001	DETAILS OF WRITE-INS		XXX									
	·		XXX								I	
	·		XXX					I			I	
1	Summary of remaining write-in	ns for	1	0	0	0	0	0	0	0	0	0
	Totals (Lines 58001 through 5 plus 58998) (Line 58 above)		ı	0	0	0	0	0	0	0	0	
(a) Act	tive Status Counts											

(a) Active Status Counts

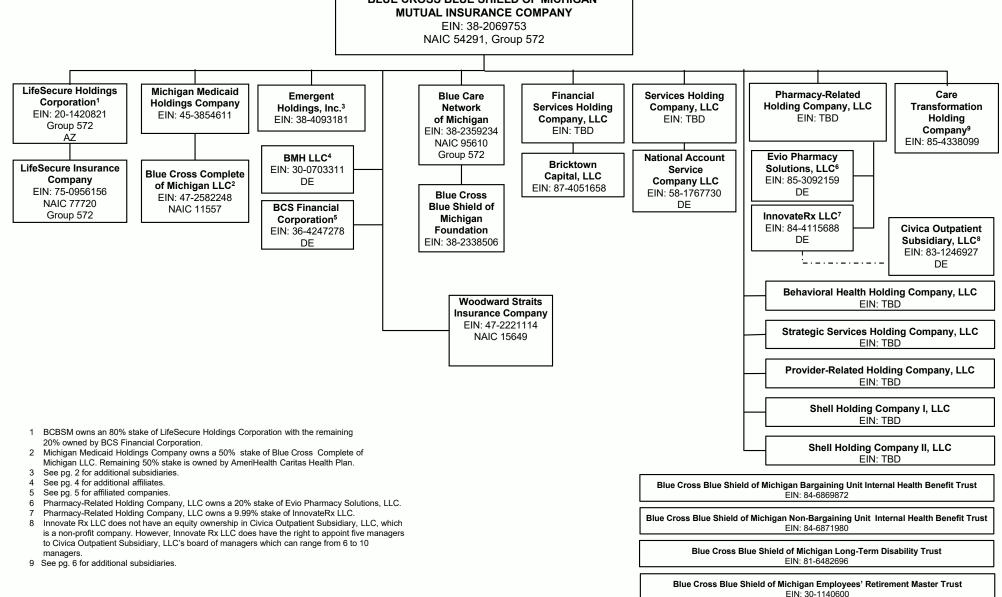


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#### STATEMENT AS OF MARCH 31, 2023OF THE Blue Cross Complete of Michigan LLC SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY **GROUP**

PART 1 - ORGANIZATION CHART

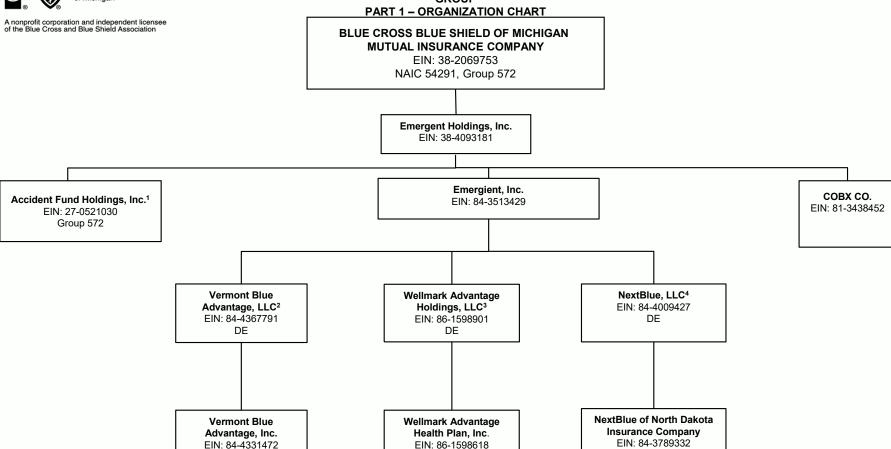
#### **BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY**



Blue Cross Blue Shield of Michigan 401 (K) MASTER TRUST EIN: 38-2069753-096



STATEMENT AS OF MARCH 31, 2023OF THE Blue Cross Complete of Michigan LLC SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY **GROUP** 



NAIC 16793

IΑ

NAIC: 17001

ND

NAIC 16739

<sup>1</sup> See page 3 for additional subsidiaries and affiliates.

<sup>2</sup> Emergient, Inc. owns a 51% stake in Vermont Blue Advantage LLC

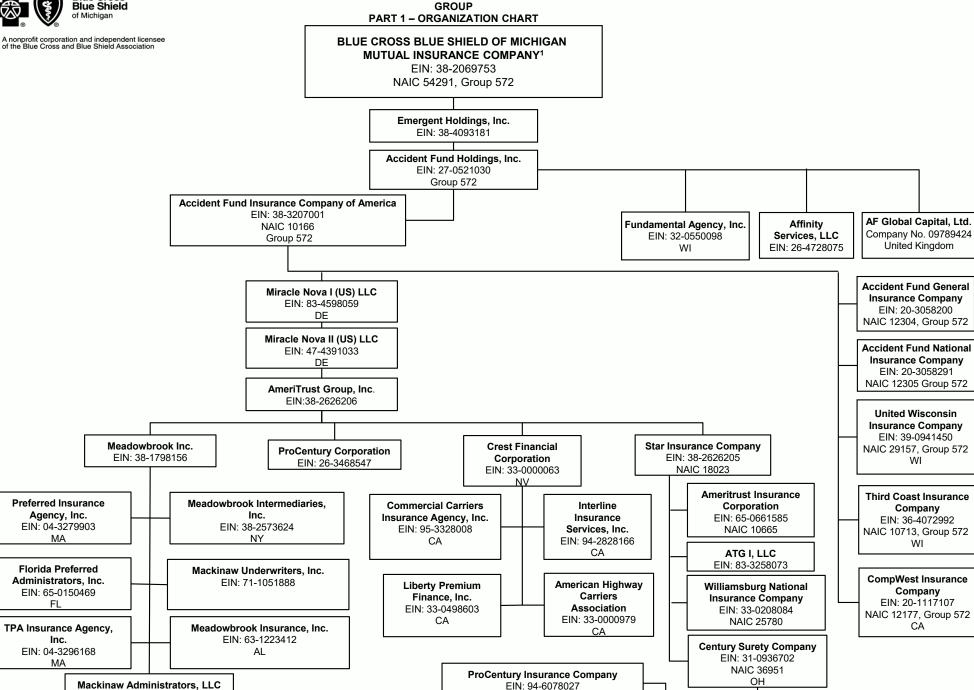
Emergient, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC
 Emergient, Inc. owns a 51% stake in NextBlue, LLC.



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EIN: 38-3243249

#### STATEMENT AS OF MARCH 31, 2023OF THE Blue Cross Complete of Michigan LLC SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY

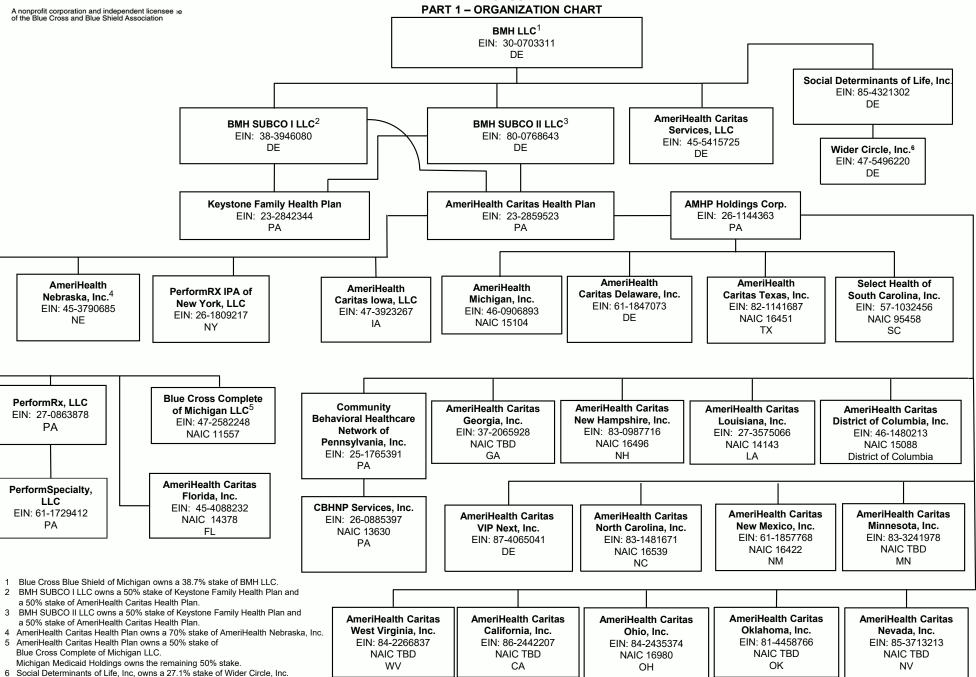


All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan

NAIC 21903

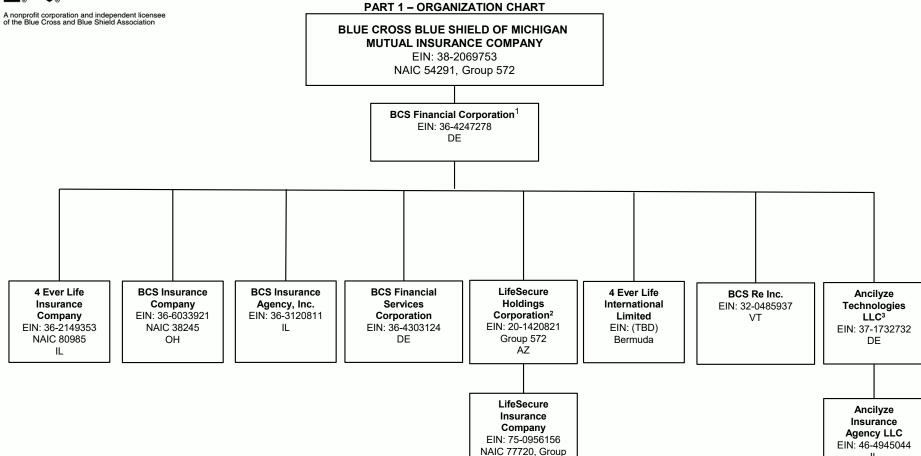


### STATEMENT AS OF MARCH 31, 2023OF THE Blue Cross Complete of Michigan LLC SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP





#### STATEMENT AS OF MARCH 31, 2023OF THE Blue Cross Complete of Michigan LLC SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY **GROUP**



- 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.

572

IL



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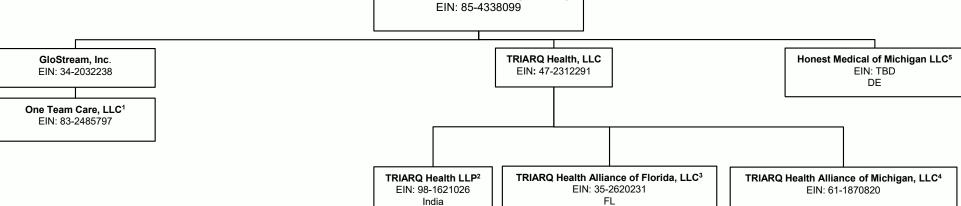
### STATEMENT AS OF MARCH 31, 2023OF THE Blue Cross Complete of Michigan LLC SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATION CHART

### BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY

EIN: 38-2069753 NAIC 54291, Group 572

Care Transformation Holding Company



GloStream Inc. 401(k) Plan & Trust EIN: 34-2032238

- 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 Care Transformation Holding Company owns a 19.9% stake in Honest Medical of Michigan LLC

### 16

	2	3	4	5	6	7	8	l q	10	11	12	13	14	15	16
'	2	3	4	5	0	Name of	8	9	10	11	Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship	1	Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Company	Number	RSSD	CIK	International)	or Affiliates	Location		(Name of Entity/Person)		Percentage	Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	NOOD	OIIC	international)	Blue Cross Blue Shield of	Location	Littley	(Name of Entity/Ferson)	iniliderice, Other)	rercentage	Littly(les)/1 elson(s)	(163/140)	
	BC/BS of Michigan Mutual						Michigan Mutual Insurance								
00572	Insurance Co.	54291	38-2069753				Company	MI	RE	State of Michigan	Legal			.lNO	0
							' '						Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
00570	BC/BS of Michigan Mutual						Behavioral Health Holding		20	Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000					. Company, LLC	MI	DS	Company	Ownership	100.0	CompanyBlue Cross Blue	. NO	0
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Strategic Services Holding			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000					Company. LLC.	MI	DS	Company	Ownership	100 0	Company	NO	0
00072	1110010100 001						Joonparty , EEO			Company			Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Pharmacy-Related Holding			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000					Company, LLC	MI	DS	Company	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	DC/DC of Michigan Mutual						Provider-Related Holding			Blue Cross Blue Shield of			Shield of Michigan Mutual Insurance		
00572	BC/BS of Michigan Mutual Insurance Co	00000					Company, LLC	l MI	DS	Michigan Mutual Insurance Company	Ownership	100 0	Company	NO	0
0037 2	Insurance co			1			Tooliipariy , LLo		Do	Company	. Ownersinp	100.0	Blue Cross Blue	INO	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000					Shell Holding Company I, LLC	MI	DS	Company	Ownership	100.0	Company	NO	0
													Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
00570	BC/BS of Michigan Mutual Insurance Co.	00000					01-11-11-11-1		D0	Michigan Mutual Insurance	Own a sala i a	400.0	Mutual Insurance	NO	0
00572	Insurance co	00000					Shell Holding Company II, LLC	MI	DS	Company	Ownership	100.0	CompanyBlue Cross Blue	INU	
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000	38-4093181				Emergent Holdings, Inc	MI	DS	Company.	Ownership	100.0	Company	YES	0
													Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						l <u>-</u>						Mutual Insurance		
00572	Insurance Co	00000	27 - 0521030				Accident Fund Holdings, Inc	MI	NIA	Emergent Holdings, Inc	Ownership	100.0	Company	. NO	0
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co.	00000	AA -00000000				AF Global Capital, Ltd	GBR	NIA	Accident Fund Holdings, Inc	Ownership	100 0	Company	NO	n
30012	111001 01100 00		7.1.1 00000000	-			The Grobal Supritur, Etu.			noordone rand nordings, ino	. o		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						Accident Fund Insurance Company						Mutual Insurance		
00572	Insurance Co	10166	38-3207001				of America	MI		Accident Fund Holdings, Inc	Ownership	100.0	Company	NO	0

									1 40			- 10		4-	- 10
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Craun		NAIC	ID	Federal		Publicly	Names of	Damiailian	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Group Code	Group Name	Company Code	Number	RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Influence. Other)		Entity(ies)/Person(s)		*
Code	Group Name	Code	Number	ROOD	OIIC	international)	Of Affiliates	Location	Littly	(Name of Entity/Ferson)	initidence, Other)	rercentage	Blue Cross Blue	(163/140)	
													Shield of Michigan		
	BC/BS of Michigan Mutual									Accident Fund Insurance			Mutual Insurance		
00572	Insurance Co.	00000	83-4598059				Miracle Nova I (US) LLC	DE	NIA	Company of America	Ownership	100.0	Company	NO	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572	Insurance Co.	00000	47 - 4391033				Miracle Nova II (US) LLC	DE	NIA	Miracle Nova I (US) LLC	Ownership	100 0	Company	NO	0
0007 2	mourance ou.	00000	147 -400 1000				1 1 (00) 220	DL			0 wild i 3111 p	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	38-2626206				AmeriTrust Group, Inc	MI	NIA	Miracle Nova II (US) LLC	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572		00000	26-3468547				ProCentury Corporation	MI	NIA	AmeriTrust Group, Inc	Ownership.	100 0	Company	NO	0
0007 2	mourance ou.	00000	20-0400047				l			Ameritiast Group, me	0 will 0 3111 p	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	38 - 1798156				Meadowbrook Inc	MI	NIA	AmeriTrust Group, Inc	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual						Droformed Incurence Agency						Shield of Michigan Mutual Insurance		
00572		00000	04-3279903				Preferred Insurance Agency,	MA	NIA	Meadowbrook, Inc	Ownership.	100.0	Company	NO	0
00372	msurance co	00000	04-02/0000				. 1116	Jvi/\		I I I I I I I I I I I I I I I I I I I	Owner sirrp	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						Florida Preferred						Mutual Insurance		
00572	Insurance Co	00000	65-0150469				Administrators, Inc	FL	NIA	Meadowbrook, Inc	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572	Insurance Co.	00000	04-3296168				TPA Insurance Agency, Inc	MA	NIA	Meadowbrook. Inc.	Ownership	100_0	Company	NO	0
00072	modranoo oo	00000	04 0200100	-			The mountained rigority; mo			inicado in brook , inic.	0 #1101 5111 p		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						Meadowbrook Intermediaries,						Mutual Insurance		
00572	Insurance Co	00000	38 - 2573624				Inc	NY	NIA	Meadowbrook, Inc	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572	Insurance Co.	00000	71-1051888				Mackinaw Underwriters, Inc	MI	NIA	Meadowbrook, Inc.	Ownership	100 0	Company	NO	n
000, 2	111001 01100 00	00000		-			mackinar olidoraritoro, illo			moddonor ook, mo.	0 #1101 0111 P	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	63-1223412				Meadowbrook Insurance, Inc	AL	NIA	Meadowbrook, Inc	Ownership	100.0	Company	N0	0

									1 40		1 40	10			10
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	, ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide		Required?	*
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Blue Cross Blue	(Yes/No)	*
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572		00000	38-3243249				Mackinaw Administrators, LLC	M I	NIA	Meadowbrook, Inc.	Ownership.	100.0	Company	NO	0
							,			,	,		Blue Cross Blue		
													Shield of Michigan		
00570	BC/BS of Michigan Mutual									l		400.0	Mutual Insurance		
00572	Insurance Co	00000	33-0000063				Crest Financial Corporation	NV	NIA	AmeriTrust Group, Inc	Ownership	100.0	Company	N0	0
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Commerical Carriers Insurance						Mutual Insurance		
00572	Insurance Co	00000	95-3328008				Agency, Inc	CA	NIA	Crest Financial Corporation	Ownership	100.0	Company	NO	0
000, 2		00000	002000				1.1961.67 ;			or out i manorar corporation	p		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	33-0498603				Liberty Premium Finance, Inc	CA	NIA	Crest Financial Corporation	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	BC/BS of Michigan Mutual						Interline Insurance Services.						Shield of Michigan Mutual Insurance		
00572		00000	94-2828166				Inc	CA	NIA	Crest Financial Corporation	Ownershin	100.0	Company	NO NO	0
00072	mourance do	00000	34-2020100				1110			orest i manerar corporation	0 #11G1 3111 p	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						American Highway Carriers						Mutual Insurance		
00572	Insurance Co	00000	33-0000979				Association	CA	NIA	Crest Financial Corporation	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	DO/DO of Mishisson Method												Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co	18023	38-2626205				Star Insurance Company	MI	I A	AmeriTrust Group, Inc	Ownership	100.0	Mutual Insurance Company	NO	0
00372	Insurance co	10023	30-2020200				Star Hisurance Company	J	I A	I ameritust Group, mc	l owner strip	100.0	Blue Cross Blue	INU	
													Shield of Michigan		
	BC/BS of Michigan Mutual						Ameritrust Insurance						Mutual Insurance		
00572	Insurance Co	10665	65-0661585				Corporation	MI	IA	Star Insurance Company	Ownership	100.0	Company	N0	0
													Blue Cross Blue		
	20/20 6 11/1/1												Shield of Michigan		
	BC/BS of Michigan Mutual	00000	00 0050070				170 1 110	MI	NII A	04	0	100.0	Mutual Insurance	NO	0
00572	Insurance Co	00000	83-3258073				ATG I, LLC	JM I	NIA	Star Insurance Company	Ownership	100.0	CompanyBlue Cross Blue	NU	
													Shield of Michigan		
	BC/BS of Michigan Mutual						Williamsburg National Insurance						Mutual Insurance		
00572	Insurance Co.	25780	33-0208084				Company	MI	I A	Star Insurance Company	Ownership.	100.0	Company	NO	0
							' '						Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual		l							<u>.</u>			Mutual Insurance		
00572	Insurance Co	36951	31-0936702				Century Surety Company	OH		Star Insurance Company	Ownership	100.0	Company	N0	0

Name of Security   Company   Code   Company   Code   Company   Code   Company   Code   Company   Code   C		-						_						1		
Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Process   Proc	1	2	3	4	5	6	Name of	8	9	10	11	Type of Control	13	14	15	16
Group   Group   Code																
Code   Group Name	Group			, ID	Federal				Domiciliary		Directly Controlled by	Management, Attornev-in-Fact.				
Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   Script   S		Group Name				CIK						Influence, Other)		Entity(ies)/Person(s)		*
BC/85 of Nichigan Nutual   00572   Insurance Co.   21903   94-6078027   Profestury Insurance Company   M.   I.A.   Century Surety Company   Owership   100.0   Ower														Blue Cross Blue		
Insurance Co.     21933   94-6078027		BC/BS of Michigan Mutual												Mutual Insurance		
Stills of Michigan Mutual   Stills Cross Bite   Shinted of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills of Michigan Mutual   Stills			21903	94-6078027				ProCentury Insurance Company	MI	IA	Century Surety Company	Ownership	100.0	Company	NO	0
BC/BS of Michigan Mutual   Insurance Company   Miles																
Insurance Co.		BC/BS of Michigan Mutual														
BC/85 of Michigan Mutual   Insurance Co.	00572	Insurance Co.	00000	26-4728075				Affinity Services, LLC	M I	NIA	Accident Fund Holdings. Inc	Ownership.	100.0	Company	NO	0
Company														Blue Cross Blue		
DoS72		DC/DC of Michigan Mutual						Fundamental Assess								
BC/BS of Michigan Mutual   Insurance   Company   Miles   Accident Fund Insurance   Company of America   Ownership   Mutual Insurance   Company of America   Ownership   Mutual Insurance   Company of America   Ownership   Mutual Insurance   Company of America   Ownership   Mutual Insurance   Company of America   Ownership   Mutual Insurance   Company of America   Ownership   Mutual Insurance   Company of America   Ownership   Mutual Insurance   Ownership   Owner	00572	Insurance Co	00000	32-0550098					l wı	NΙΔ	Accident Fund Holdings Inc	Ownershin	100 0		NO	0
SC/85 of Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Insurance   Company   Michigan Mutual   Michigan Mu	00072	111001 01100	00000	00000000							Theoretic Falla Horarige, Hie	0 11101 0111 p		Blue Cross Blue		
DoS72		D0/D0 ( M: 1: M ( )												Shield of Michigan		
BC/BS of Michigan Mutual 12304. 20-3058200. Company. MI I.A. Company of America. Ownership. 100.0 Michigan Mutual 12305. 20-3058200. Company. NO Blue Cross Blue Shield of Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual 12305. Insurance Co. Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Blue Cross Blue Shield of Michigan Mutual Insurance Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Company. No Comp		BC/BS of Michigan Mutual	20157	30-09/1/50					l wı	1 Δ	Company of America	Ownershin	100 0		NO	0
BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mut	00012	Trisur dried to	20101	. 100-0041400	-			Company			Company of America	ο ωπιστοπτρ	100.0			
District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Company   District Co														Shield of Michigan		
BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mutual Insurance Company.  BC/BS of Michigan Mut			12204	20 2050200					MI	1.4		Ownership	100.0		NO	0
BC/BS of Michigan Mutual Insurance Company of America Ownership 100.0572	00372	Trisurance co	12304	. 20-3030200				. Company		A	Company of America	Townership	100.0	Blue Cross Blue	. NU	
Dost														Shield of Michigan		
BC/BS of Michigan Mutual Insurance Company.			40005	00 0050004									400.0		l No	
BC/BS of Michigan Mutual Insurance Co.	005/2	Insurance Co	12305	20-3058291				Insurance Company	MI		Company of America	Ownership	100.0	Rive Cross Rive	N0	0
BC/BS of Michigan Mutual Insurance Co.																
BC/BS of Michigan Mutual Insurance Co. Insurance Company. CA. IA. Company of America. Ownership. 100.0  BC/BS of Michigan Mutual Insurance Co. Insurance Company. CA. IA. Company of America. Ownership. 100.0  BC/BS of Michigan Mutual Insurance Co. Ownership. 20-1117107. Insurance Company. Insurance Company. Insurance Company. Ownership. 20-1117107. Insurance Company. Insur											Accident Fund Insurance			Mutual Insurance		
BC/BS of Michigan Mutual Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insurance Co. Insur	005/2	Insurance Co	10/13	. 36-40/2992	-			Third Coast Insurance Company	WI		Company of America	Ownership	100.0	Company	. N0	0
BC/BS of Michigan Mutual Insurance Co																
BC/BS of Michigan Mutual O0572. Insurance Co.  BC/BS of Michigan Mutual O0572. Insurance Co.  BC/BS of Michigan Mutual O0572. Insurance Co.  BIue Cross Blue Shield of Michigan Mutual Insurance Company.  Ownership.  Blue Cross Blue Shield of Michigan Mutual Insurance Company.  VES Blue Cross Blue Shield of Michigan Mutual Insurance Company.  VES Blue Cross Blue Shield of Michigan Mutual Insurance Company.  LifeSecure Holdings Corporation.  LifeSecure Insurance Company.  MI IA. Corporation.  Ownership.  Ownership.  100.0 Company.  NO														Mutual Insurance		
BC/BS of Michigan Mutual Insurance Co	00572	Insurance Co	12177	20-1117107				CompWest Insurance Company	CA	I A	Company of America	Ownership	100.0		N0	0
BC/BS of Michigan Mutual Insurance Co											Blue Cross Blue Shield of					
00572 Insurance Co		BC/BS of Michigan Mutual												Mutual Insurance		
BC/BS of Michigan Mutual    DifeSecure Holdings   Shield of Michigan   LifeSecure Holdings   Mutual Insurance	00572	Insurance Co	00000	. 20 - 1420821				LifeSecure Holdings Corporation	AZ	DS		Ownership	80.0	Company	YES	7
BC/BS of Michigan Mutual  00572 Insurance Co. 77720 75-0956156 LifeSecure Insurance Company MI IA. Corporation Ownership 100.0 Company NO														Blue Cross Blue		
00572 Insurance Co. 77720 75-0956156 LifeSecure Insurance Company MI IA Corporation Ownership 100.0 Company NO		BC/BS of Michigan Mutual									LifeSecure Holdings					
	00572	Insurance Co	77720	75-0956156				LifeSecure Insurance Company	MI	IA		Ownership	100.0	Company	NO	7
Blue Cross Blue												,		Blue Cross Blue		
Blue Cross Blue Shield of Shield of Michigan Mutual Insurance Michigan Mutual Insurance Mutual Insurance		BC/BS of Michigan Mutual												Shield of Michigan		
00572		Insurance Co	95610	38-2359234				Blue Care Network of Michigan	MI			Ownership	100.0	Company	NO NO	0

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	·	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of		Relationship to Reporting Entity		Type of Control (Ownership, Board, Management, Attorney-in-Fact.	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required?	*
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	NIA	Blue Care Network of Michigan.	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company Blue Cross Blue	NO	0
00572	BC/BS of Michigan Mutual Insurance Co	00000	45-3854611				Michigan Medicaid Holdings Company	MI		Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership		Shield of Michigan Mutual Insurance CompanyBCBSM and	YES	0
00572	BC/BS of Michigan Mutual Insurance Co	11557	47 - 2582248				Blue Cross Complete of Michigan LLC	МІ	I A	Michigan Medicaid Holdings Company	Ownership	50.0	Independence Health Group, Inc Blue Cross Blue	NO	5
00572	BC/BS of Michigan Mutual Insurance Co	00000	85-4338099				Care Transformation Holding	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co	00000					Honest Medical of Michigan LLC	DE	NIA	Care Transformation Holding Company	Ownership	19.9	Blue Cross Blue Shield of Michigan Mutual Insurance Company Blue Cross Blue	NO	0
00572	BC/BS of Michigan Mutual Insurance Co	00000	47 - 2312291				TRIARQ Health, LLC	MI	NIA	Care Transformation Holding	Ownership		Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	0
00572	BC/BS of Michigan Mutual Insurance Co	00000	98-1621026				TRIARQ Health, LLP	IND	NIA	TRIARQ Health, LLC	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	14
00572	BC/BS of Michigan Mutual Insurance Co	00000	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	Ownership	90.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	15
00572	BC/BS of Michigan Mutual Insurance Co	00000	61-1870820				TRIARQ Health Alliance of Michigan, LLC	MI	NIA	TRIARQ Health, LLC	Ownership	68.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	N0	16
00572	BC/BS of Michigan Mutual Insurance Co	00000	34-2032238				GloStream, Inc	MI	NIA	Care Transformation Holding	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	0
	BC/BS of Michigan Mutual Insurance Co	00000	83-2485797				One Team Care, LLC	MI	NIA	GloStream, Inc	Ownership		Shield of Michigan Mutual Insurance Company	NO	17

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3	4	3	O	Name of Securities Exchange if	Ü		Relationship		Type of Control (Ownership, Board,	If Control is		Is an SCA	10
Group		NAIC Company	, ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						GloStream Inc. 401(K) Plan &			Care Transformation Holding			Mutual Insurance		
00572	Insurance Co.	00000	34-2032238				Trust	MI	OTH	Company	Management		Company	N0	0
										Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Woodward Straits Insurance			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	15649	47 - 2221114				Company	MI	DS	Company	Ownership	100.0	Company	N0	0
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	81-3438452				COBX Co	MI	NIA	Emergent Holdings, Inc	Ownership	100 .0	CompanyBlue Cross Blue	NO	0
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	84-3513429				Emergient, Inc	MI	NIA	Emergent Holdings, Inc	Ownership	100.0	CompanyBlue Cross Blue	N0	0
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	84-4009427				NextBlue, LLC	DE	NIA	Emergient, Inc	Ownership	51.0	CompanyBlue Cross Blue	N0	9
													Shield of Michigan		
	BC/BS of Michigan Mutual						NextBlue of North Dakota						Mutual Insurance		
00572	Insurance Co	16739	84-3789332				Insurance Company	ND	IA	NextBlue, LLC	Ownership	100.0	CompanyBlue Cross Blue	N0	9
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	84-4367791				Vermont Blue Advantage, LLC	DE	NIA	Emergient, Inc	Ownership	51.0	CompanyBlue Cross Blue	N0	9
													Shield of Michigan		
	BC/BS of Michigan Mutual	40700										400.0	Mutual Insurance		
00572	Insurance Co	16/93	84-4331472				Vermont Blue Advantage, Inc	VT	IA	Vermont Blue Advantage, LLC	Ownership	100.0	CompanyBlue Cross Blue	N0	9
													Shield of Michigan		
	BC/BS of Michigan Mutual						Wellmark Advantage Holdings,					54.0	Mutual Insurance		
00572	Insurance Co	00000	86 - 1598901				LLC	DE	NIA	Emergient, Inc	Ownership	51.0	CompanyBlue Cross Blue	N0	9
													Shield of Michigan		
00570	BC/BS of Michigan Mutual	47004	00 4500046				Wellmark Advantage Health Plan,	l		Wellmark Advantage Holdings,			Mutual Insurance	NO.	
00572	Insurance Co.	1/001	86-1598618	-			Inc.	I A	IA	Inc	Ownership	100.0	CompanyBlue Cross Blue	N0	9
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual							l	20	Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000					Services Holding Company, LLC	M I	DS	Company	Ownership	100.0	Company		0

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
0		NAIC	l ID	Fadanal		Exchange if Publicly	Names of	Di-iii	Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)	(Yes/No)	*
Code	Group Name	Code	Number	NOOD	CIR	international)	Of Affiliates	Location	Littly	(Name of Littly/Ferson)	illiluerice, Other)	Fercentage	Blue Cross Blue	(165/110)	
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co.	00000	58-1767730				NASCO Corporation	DE	NIA	Services Holding Company, LLC	Ownership	100.0	Company	YES	0
													Blue Cross Blue		
	DO/DO of Mishing Makes									Discourse Deleted Held's			Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co	00000	84-4115688				InnovateRX LLC	DE	NIA	Pharmacy-Related Holding	Ownership	10.0	Mutual Insurance Company	NO.	0
00372	Trisurance co.	00000	04-4113000				I IIIIOVateki LLG	₽⊑	N I A	Company, LLC	Townership	10.0	Blue Cross Blue	NU	
													Shield of Michigan		
	BC/BS of Michigan Mutual						Civica Outpatient Subsidiary,						Mutual Insurance		
00572	Insurance Co	00000	83-1246927				LLC	DE	NIA	InnovateRX LLC	Management		Company	NO	0
													Blue Cross Blue		
													Shield of Michigan		
00570	BC/BS of Michigan Mutual		05 0000450				E . 5	5-		Pharmacy-Related Holding			Mutual Insurance		
00572	Insurance Co	00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	Company, LLC	Ownership	20.0	Company	N0	0
										Blue Cross Blue Shield of			Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Financial Services Holding			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co.	00000					Company, LLC	MI	DS		Ownership	100 0	Company	NO	0
00072	Thou allow so	00000					Company, 220			Company	. o #1101 0111 p		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual									Financial Services Holding			Mutual Insurance		
00572	Insurance Co	00000	87 - 4051658				Bricktown Capital, LLC	MI	NIA	Company, LLC	Ownership	100.0	Company	NO	0
							Division of the Children			Division Division of			Blue Cross Blue		
	BC/BS of Michigan Mutual						Blue Cross Blue Shield of Michigan Bargaining Unit			Blue Cross Blue Shield of Michigan Mutual Insurance			Shield of Michigan Mutual Insurance		
00572	Insurance Co	00000	84-6869872				Internal Health Benefit Trust	l MI	0TH	Company	Management		Company	NO	10
00072	Trisurance co	00000	. 04-0003072				Internal hearth benefit must			Company	. manayement		Blue Cross Blue		10
							Blue Cross Blue Shield of			Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Non-Bargaining Unit			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000	84-6871980				Internal Health Benefit Trust	MI	OTH	Company	Managerment		Company	NO	10
													Blue Cross Blue		
1	DC/DC of Michigan Mutual		1				Blue Cross Blue Shield of			Blue Cross Blue Shield of			Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co	00000	81-6482696				Michigan Long-Term Disability Trust	l MI	0TH	Michigan Mutual Insurance Company	Management		Mutual Insurance Company	NO NO	11
00072	, mourance 60	00000	01-0402090				111051		חוע	Culliparty	. iwanayellent		Blue Cross Blue	INU	
							Blue Cross Blue Shield of			Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual						Michigan Employees' Retirement			Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000	30-1140600				Master Trust	MI	OTH	Company	Management		Company	NO	12
													Blue Cross Blue		
1	DO 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1							Blue Cross Blue Shield of			Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000					Blue Cross Blue Shield of	14.1	OTIL	Michigan Mutual Insurance	Managamerat		Mutual Insurance	NO	
00572	Insurance Co	00000					Michigan 401(K) Master Trust	MI	0TH	CompanyBlue Cross Blue Shield of	. Management		CompanyBCBSM and		0
	Independence Health Group. Inc									Michigan Mutual Insurance			Independence		
00000			30-0703311				BMH LLC.	DE	NIA		Ownership.	38.7	Health Group, Inc.	NO	0
30000	,	00000	100 0100011				1	ا	4	1 ~ ~ /		1	1.10a. til oloup, 1110	۱۰۰۰	

1	2	3	Ι 4	5	6	7	8	9	10	11	12	13	14	15	16
	-	NAIC			o l	Name of Securities Exchange if Publicly	Names of	ŭ	Relationship		Type of Control (Ownership, Board, Management,	If Control is Ownership		Is an SCA	
Group	Onesia Neme	Company	/ ID	Federal	Oll	Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required?	*
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	influence, Other)	Percentage	BCBSM and	(Yes/No)	
00000	Independence Health Group. Inc / BCBSM	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	100.0	Independence Health Group, Inc. BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	23-2859523				.AmeriHealth Caritas Health Plan.	PA	NIA	BMH SUBCO I LLC & BMH SUBCO	Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	3
00000	Independence Health Group. Inc / BCBSM	11557	47 - 2582248				Blue Cross Complete of Michigan LLC	MI	I A	AmeriHealth Caritas Health Plan	Ownership		Independence Health Group, Inc BCBSM and	NO	5
00000	Independence Health Group. Inc / BCBSM	14378	45-4088232				AmeriHealth Caritas Florida,	FL	A	AmeriHealth Caritas Health Plan	Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	00000	47 - 3923267				AmeriHealth Caritas Iowa, LLC	I A	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
	Independence Health Group. Inc									AmeriHealth Caritas Health			Independence Health Group, Inc.and Good Life		
00000	/ BCBSM	00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	Plan	.Ownership		Partners, Inc BCBSM and	NO	4
00000		00000	. 26 - 1809217				Perform RX IPA of New York, LLC.	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000		00000	27 - 0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	Independence Health Group, Inc. BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	3
00000	Independence Health Group. Inc / BCBSM	00000	. 26 - 1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	.Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	14143	. 27 - 3575066				AmeriHealth Caritas Louisiana,	LA		AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc.	NO	2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	, ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Independence Health Group. Inc / BCBSM	95458	57 - 1032456	-			Select Health of South Carolina, Inc	SC	A	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	00000	. 25 - 1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA		AMHP Holdings Corp Community Behavioral	.Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	13630	. 26-0885397				CBHNP Services, Inc	PA	IA	Healthcare Network of Pennsylvania, Inc	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSMIndependence Health Group. Inc	15088	. 46 - 1482013				AmeriHealth District of Columbia, Inc	DC	A	AMHP Holdings Corp	.Ownership	100.0	Independence Health Group, Inc BCBSM and Independence	NO	2
00000	/ BCBSMIndependence Health Group. Inc	15104	. 46-0906893				AmeriHealth Michigan, Inc AmeriHealth Caritas New	MI	A	AMHP Holdings Corp	Ownership	100.0	Health Group, Inc BCBSM and Independence	NO	2
00000	/ BCBSMIndependence Health Group. Inc		. 83-0987716				Hampshire, Inc	NH		AMHP Holdings Corp	Ownership		Health Group, Inc BCBSM and Independence	NO	2
00000	/ BCBSMIndependence Health Group. Inc		. 84-2435374 82-1141687				AmeriHealth Caritas Ohio, Inc	OH		AMHP Holdings Corp	Ownership		Health Group, Inc BCBSM and Independence	NO	2
00000	Independence Health Group. Inc		83-1481671				AmeriHealth Caritas Texas, Inc  AmeriHealth Caritas North Carolina. Inc	TX		AMHP Holdings Corp	Ownership		Health Group, Inc BCBSM and Independence Health Group, Inc	NO.	2
00000	Independence Health Group. Inc / BCBSM		61-1857768				AmeriHealth Caritas New Mexico,	NM		AMHP Holdings Corp	Ownership		BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	61-1847073	-			AmeriHealth Caritas Delaware,	DE	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	. 83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	NIA	AMHP Holdings Corp	.Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000		00000	86-2442207	-			AmeriHealth Caritas California, Inc	CA	NIA	AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000		00000	. 81-4458766				AmeriHealth Caritas Oklahoma, Inc	0 <b>K</b>	NIA	AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc	NO	2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	, ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location		Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000	Independence Health Group. Inc / BCBSM	17293	87 - 4065041				AmeriHealth Caritas VIP Next,	DE	I A	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc. BCBSM and	NO	2
00000		00000	. 84-2266837				AmeriHealth Caritas West Virginia, Inc	WV	NIA	AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000		00000	37 - 2065928				AmeriHealth Caritas Georgia	GA	NIA	AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc. BCBSM and	NO	2
00000		00000	. 85-4321302				Social Determinants of Life, Inc	DE	NIA	BMH LLC	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM	00000	47 - 5496220				Wider Circle Inc	DE	NIA	Social Determinants of Life, Inc	Ownership		Independence Health Group, Inc Blue Cross Blue	NO	13
	BC/BS of Michigan Mutual Insurance Co	00000	. 36-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	Ownership	13.7	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue Shield of Michigan	NO	0
00000		80985	. 36-2149353				4 Ever Life Insurance Company	IL	A	BCS Financial Corporation	Ownership		Mutual Insurance CompanyBlue Cross Blue	NO	6
00000		38245	. 36-6033921				BCS Insurance Company	0H	l A	BCS Financial Corporation	Ownership	100.0	Shield of Michigan Mutual Insurance Company Blue Cross Blue	NO	6
00000		00000	. 36-3120811				BCS Insurance Agency, Inc	I L	NIA	BCS Financial Corporation	Ownership		Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	6
00000		00000	. 36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	Ownership	100.0	Shield of Michigan Mutual Insurance Company Blue Cross Blue	NO	6
	BC/BS of Michigan Mutual Insurance Co	00000	. 20-1420821				LifeSecure Holdings Corporation.	AZ	DS	BCS Financial Corporation	Ownership	20.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	YES	7
00000		00000	. AA -0000000				4 Ever Life International	BMU	NIA	BCS Financial Corporation	Ownership		Shield of Michigan Mutual Insurance Company	N0	6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	_		-			Name of		-			Type of Control				
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID.	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
													Blue Cross Blue		
													Shield of Michigan Mutual Insurance		
00000		00000	32-0485937				BCS Re Inc.	VT	NIA	BCS Financial Corporation	Ownership.	100.0	Company	NO	6
00000		00000	32-0403931	-			DOS NO THE	v	N I A	DOS I Mancial Corporation	. Owner sirrp	1100.0	Blue Cross Blue	INU	0
													Shield of Michigan		
													Mutual Insurance		
00000		00000	37 - 1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	Ownership	50.0	Company	NO	8
"""			01 11 02 1 02							200 i manorar corporation			CompanyBlue Cross Blue		
													Shield of Michigan		
													Mutual Insurance		
00000		00000	46-4945044				Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	Ownership	100.0	Company	NO	8
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Ast	erisk	Explanation
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#### 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
2.	AUGUST FILING  Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	N/A
Expla	nation:	
Bar C	ode:	
۱.		

#### **OVERFLOW PAGE FOR WRITE-INS**

MQ002 Additional Aggregate Lines for Page 02 Line 25.

"ASSETS				
	1	2	3	4
			Net Admitted	December 31
		Nonadmitted	Assets	Prior Year Net
	Assets	Assets	(Cols. 1 - 2)	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	2	3	4
	Current Year	Current Year	Prior Year	Prior Year Ended
	To Date	To Date	To Date	December 31
	Uncovered	Total	Total	Total
1404. Short Procedure Unit		0	0	(52)
1497. Summary of remaining write-ins for Line 14 from Page 04	0	0	0	(52)

#### **SCHEDULE A – VERIFICATION**

Real Estate		
	1	2
		Prior Year Ended
	Year To Date	December 31
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
Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		
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
10. Deduct total nonadmitted amounts		<u></u> 0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

# **SCHEDULE B - VERIFICATION**

	Mortgage Loans		
		1	2
			Prior Year Ended
		Year To Date	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		() [
3.	Capitalized deferred interest and other.  Accrual of discount.  Unrealized valuation increase (decrease).  Total gain (loss) on disposals.  Deduct amounts received on disposals.		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 Total foreign exchange change in book value/recorded investment excluding accrued interest		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		
	1	2
		Prior Year Ended
	Year To Date	December 31
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		
3. Capitalized deferred interest and other		0
2.2 Additional investment made after acquisition  3. Capitalized deferred interest and other		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals.		0
7. Deduct amounts received on disposals		0
Deduct amortization of premium and depreciation		0
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)	L0	0
12. Deduct total nonadmitted amounts.		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		(1)
2.	Cost of bonds and stocks acquired	4,254,368	81,784,438
3.	Accrual of discount	470 500	99,930
4.	Unrealized valuation increase (decrease)	958,328	(1,552,862)
5.	Total gain (loss) on disposals	41 717	1 170 883 1
6.	Deduct consideration for bonds and stocks disposed of	3,275,202	2,846,899
7.	Deduct consideration for bonds and stocks disposed of.  Deduct amortization of premium.	<u> </u> 879	377
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)	80,805,977	78,655,112
12.	Deduct total nonadmitted amounts	<u>0</u>	0
13.	Statement value at end of current period (Line 11 minus Line 12)	80,805,977	78,655,112

# **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

	1 Book/Adjusted	2	3	4 Non-Trading	5 Book/Adjusted	6 Book/Adjusted	7 Book/Adjusted	8 Book/Adjusted
	Carrying Value Beginning of	Acquisitions During	Dispositions During	Activity During	Carrying Value End of	Carrying Value End of	Carrying Value End of	Carrying Value December 31
NAIC Designation	Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS								
1. NAIC 1 (a)	121,788,243	175 , 257 , 294	171,763,951	767 ,269	126,048,855	0	0	121,788,243
2. NAIC 2 (a)	8,120,153	238 , 404		402,410	8,318,732	0	0	8,120,153
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	129,908,396	175,495,698	172,206,186	1,169,679	134,367,587	0	0	129,908,396
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
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	129,908,396	175,495,698	172,206,186	1,169,679	134,367,587	0	0	129,908,396

NAIC 3 \$ ; NAIC 4 \$ .....; NAIC 6 \$ ......;

# **SCHEDULE DA - PART 1**

Short-Term Investments

	1	2	3	4	5
					Paid for Accrued
	Book/Adjusted			Interest Collected	Interest
	Carrying Value	Par Value	Actual Cost	Year To Date	Year To Date
770999999 Totals	30 908 375	XXX	30 464 983	12 171	

# **SCHEDULE DA - VERIFICATION**

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
Book/adjusted carrying value, December 31 of prior year	59,005,171	25,303,163
Cost of short-term investments acquired		171,997,071
3. Accrual of discount	617,906	763,330
Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals	2,137	(3,060)
Deduct consideration received on disposals	28,716,839	139,055,333
7. Deduct amortization of premium.		0
Total foreign exchange change in book/adjusted carrying value		0
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)	30,908,375	59,005,171
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	30,908,375	59,005,171

# 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
Book/adjusted carrying value, December 31 of prior year		59,966,755
Cost of cash equivalents acquired		
Accrual of discount		536,208
Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.		914
Deduct consideration received on disposals	208,295,932	1,940,365,267
7. Deduct amortization of premium		0
Total foreign exchange change in book/adjusted carrying value		0
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)		35,554,860
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	70,592,987	35,554,860

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**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter												
1	2	3	4	5	6	7	8	9	10			
CUSIP					Number of	Actual		Paid for Accrued	NAIC Designation, NAIC Designation Modifier and SVO Administrative			
Identification	Description	Foreign	Date Acquired	Name of Vendor	Shares of Stock	Cost	Par Value	Interest and Dividends	Symbol			
Bonds - U.S. Govern			00/47/0000	Louis p	NVV	400.074	005 440	050				
36179V-4U-1 36179W-QB-7	G2 MA7135 - RMBS		03/17/2023 03/10/2023	BNP Paribas		193,971 76,967	225 , 118 .85 , 459	250 142	1.A			
83162C-S7-9	U.S. SMALL BUSINESS ADMINISTRATION - ABS		03/16/2023	GOLDMAN, SACHS & CO.	XXX	120,000	120,000	142	1.A			
912810-TJ-7	UNITED STATES TREASURY		03/01/2023	Various	XXX	167,168	200,000	199	1.A			
912810-TN-8	UNITED STATES TREASURY		02/09/2023	GOLDMAN, SACHS & CO.	XXX	89,008	90,000		1.A			
91282C-GB-1	UNITED STATES TREASURY		01/26/2023	BANC/AMÉRICA SECS	XXX	265,596	260,000		1.A FE			
91282C-GH-8 91282C-GK-1	UNITED STATES TREASURY		02/09/2023	CHASE SECURITIES INC	XXXXXX	522,795 178,308	530,000	512 89	1.A FE 1.A FE			
91282C-GM-7	UNITED STATES TREASURY		03/16/2023	BANC/AMERICA SECS.	XXX	6,963	7,000	22	1.A FE			
91282C-GQ-8	UNITED STATES TREASURY.		02/23/2023	WELLS FARGO SECURITIES LLC.	XXX	268,989	270,000		1.A FE			
91282C-GS-4	UNITED STATES TREASURY		03/29/2023	GOLDMAN, SACHS & CO.	XXX	169,990	170,000		1.A			
	Bonds - U.S. Governments					2,059,755	2,137,483	1,967	XXX			
	al Revenue and Special Assessment and all Non-Guara	anteed Obligations of		uthorities of Governments and Their Political Subdivisions								
3132DN-B2-8	FH SD0957 - RMBS		01/01/2023	Credit Suisse First Boston	XXX	87,509	94,934	102	1.A			
3132DV-LF-0 3133KP-AL-2	FH SD7526 - RMBS FH RA7211 - RMBS		03/10/2023	MORGAN STANLEY CO	XXX	124,833	144,263	140 115	1.A			
3136B3-HQ-6	FNR 2018-74 AB - CMO/RMBS.		03/06/2023	MIZUHO SECURITIES USA INC.	··· ··································	32.742	94,426	21	1.A			
3140FX-WG-3	FN BF0646 - RMBS		03/29/2023	BETZOLD BERG & NUSSBAUM INC.	XXX	166,958	198,390	400	1.A			
3140QR -RN -5	FN CB5892 - RMBS		03/20/2023	BAIRD, ROBERT W., & COMPANY IN.	XXX		99,884		1.A			
0909999999 - E	Bonds - U.S. Special Revenue and Special Assessment	t and all Non-Guarante	eed Obligations	of Agencies and Authorities of Governments and Their Political S	Subdivisions	599,496	667,426	1,052	XXX			
	nd Miscellaneous (Unaffiliated)				·							
00914A - AU - 6	AIR LEASE CORP.		01/09/2023	Citigroup Global Markets, Inc.	XXX	14,830	15,000		2.B FE			
04316J-AD-1 06051G-KG-3	ARTHUR J. GALLAGHER & CO		02/27/2023	BANCYAMERICA SECS	XXXXXX	9,982 9,982 		305	2.B FE 1.F FE			
06051G-KM-0	BANK OF AMERICA CORP	†····	03/06/2023	TORONTO DOMINION SECS USA INC		172,235	180,000	2.640	1.F FE			
14041N-FZ-9	COMET 2022-1 A - ABS	†····	03/06/2023	Various.	XXX	149,360	155.000	146	1.A FE			
38141G-XM-1	GOLDMAN SACHS GROUP INC		03/08/2023	GOLDMAN, SACHS & CO.	XXX	171,302	195,000		1.F FE			
458140 - CF - 5	INTEL CORP		02/07/2023	CHASE SECURITIES INC.	XXX	9,997	10,000		1.F FE			
458140-CG-3	INTEL CORP		02/07/2023	CHASE SECURITIES INC		9,972	10,000		1.F FE			
49177J-AJ-1 55336V-AG-5	MPLX_LP		03/08/2023	Various	XXX XXX	19,956	20,000	1.866	1.E FE 2.B FE			
55903V-BG-7	WARNERMEDIA HOLDINGS INC.		03/16/2023	CHASE SECURITIES INC	XXX	15.000	15,000	,000	2.C FE			
595112-BZ-5	MICRON TECHNOLOGY INC		02/28/2023	Bank of America Securities	XXX	29,317	30,000	54	2.C FE			
61946T-AB-1	MSAIC 213 B - ABS		01/01/2023	GOLDMAN, SACHS & CO.	XXX	33		(33)	1.G FE			
64016N-AE-7	NBLY 231 A2 - ABS.		01/27/2023	MARINE MIDLAND BANK.		98,000	100,000		2.C FE			
68389X-CN-3 744320-BL-5	ORACLE CORP		02/02/2023	Citigroup Global Markets, Inc	XXX XXX	9,968			2.B FE 2.B FE			
74432Q-AK-1	PRUDENTIAL FINANCIAL INC		02/22/2023	RAYMOND JAMES & ASSOCIATES	XXX	20,320	20,000	547	1.G FE			
828807 - CV - 7	SIMON PROPERTY GROUP LP		03/22/2023	UBS SECURITIES LLC	XXX	43,333	45,000	101	1.G FE			
89236T-KN-4	TOYOTA MOTOR CREDIT CORP		01/17/2023	Stifel Nicolaus & Co	XXX	85,136	85,000	79	1.E FE			
89238F-AD-5	TAOT 2022-B A3 - ABS	ļ	03/06/2023	MITSUBISHI UFJ SECS.(USA) INC. BANCORP INVEST SER		24,080	25,000	47	1.A FE			
91159H-HX-1	US BANCORP.		03/22/2023	RANCORE INVEST SEK	XXX	128,825	134,000	482	1.E FE			
	Bonds - Industrial and Miscellaneous (Unaffiliated)					1,339,903	1,394,000	6,772	XXX			
	Bonds - Subtotals - Bonds - Part 3					3,999,154	4,198,909	9,791	XXX			
	Bonds - Subtotals - Bonds Mutual Funds - Designations Not Assigned by the SVO				L	3,999,154	4,198,909	9,791	XXX			
	PIMCO:SHORT-TERM INST		03/02/2023	IPNC CAPITAL MKTS.	26.939.704	255.213	XXX					
	Common Stocks - Mutual Funds - Designations Not Ass	signed by the SVO	0010212020	-  I NO VALITAL MICTO	20,000.704	255,213	XXX	0	XXX			
	Common Stocks - Subtotals - Common Stocks - Part 3	ngrica by the OVO				255,213	XXX	0	XXX			
	Common Stocks - Subtotals - Common Stocks - Part 3					255,213	XXX	0	XXX			
	Common Stocks - Subtotals - Common Stocks  Common Stocks - Subtotals - Preferred and Common S	itocks				255,213	XXX	0	XXX			
6009999999 Total						4.254.367	XXX	9.791	XXX			
_ JUJUUU TOLAI						7,207,001	ww	3,731	MAA			

# **SCHEDULE D - PART 4**

	Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter																			
					Sho	w All Long-T	erm Bonds a	nd Stock Sol	d, Redeemed				urrent Quart							
1	2	3 4	5	6	7	8	9	10			Book/Adjusted Ca	,		16	17	18	19	20	21	22
		F o r							11 Unrealized	12	13 Current Year's Other Than	14 Total Change	15 Total Foreign	Book/ Adjusted	Foreian			Bond Interest/Stock	Stated	NAIC Designation, NAIC Desig. Modifier and
CUSIP Identi-		i g Disposal		Number of Shares of				Prior Year Book/Adjusted	Valuation Increase/	Current Year's (Amortization)/	Temporary	in B./A.C.V.	Exchange Change in	,	Exchange Gain (Loss) on	Realized Gain (Loss) on	Total Gain (Loss) on	Dividends Received	Contractual Maturity	SVO Administrative
fication	Description	n Date	Name of Purchaser	Stock	Consideration	Par Value	Actual Cost	Carrying Value	(Decrease)	Accretion	Recognized	(11+12-13)	B./A.C.V.	Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
	S. Governments																			
36179U-EC-2		03/01/2023	Paydown	XXX	4,194	4,194	4,245	4,245		(51)		(51)		4,194			0	33	10/20/2048	1.A
36179U-WB-4		03/01/2023	Paydown	XXX	4,680	4,680	4,634	4,634		46		46	ļ	4,680			ļ0	36	07/20/2049	1.A
	G2 MA7368 - RMBS	03/01/2023	Paydown	XXX	11,524	11,524	10 , 174	10 , 174		1,350		1,350		11,524			ļ0	58	05/20/2051	1.A
36179W-NE-4		03/01/2023	Paydown	XXX	12,487	12,487	10,715	10,720		1,767		1,767		12,487			ļ0	52	09/20/2051	1.A
36179W-R4-2.		03/01/2023	Paydown	XXXXXX	7,799	7,799	7,049 4,705	7,049						7,799			ļ	46	11/20/2051	1.A
36179W-ZE-1, 36179X-BU-9.	. G2 MA7941 - RMBS	03/01/2023	Paydown		4,697	2.014	1.914	1.914		99		(8)		4,697 2,014			ļ		03/20/2052	1.A
36179X-DH-6		03/01/2023	Pavdown	XXX		523	529	529		99		(6)					†		08/20/2052	1.A
36179X-FG-6.		03/01/2023	Paydown.	XXX	2,151	2,151	2,012	2,014		1137		137		2,151			1	1/	09/20/2052	1.A
	UNITED STATES TREASURY	03/29/2023	PNC CAPITAL MKTS.	XXX	1,040,028	1,110,000	997 .005	999,607		2.832		2.832		1,002,439				8,325	05/15/2029	1.A
	UNITED STATES TREASURY	01/19/2023	PNC CAPITAL MKTS	XXX	30,948	30,000	29,951	29,952		0		10		29,952		996	996		10/31/2029	1.A
91282C-GB-1		03/29/2023	PNC CAPITAL MKTS	XXX	263,810	260,000	265,596			(116)		(116)		265,480		(1,670)	(1,670)		12/31/2029	1.A FE
91282C-GH-8.		03/24/2023	PNC CAPITAL MKTS	XXX	176,487	180,000	177,553			40		40		177 ,593		(1,106)	(1,106)		01/31/2028	1.A FE
91282C-GQ-8	UNITED STATES TREASURY	03/30/2023	PNC CAPITAL MKTS	XXX	81,746	80,000	79,700			3		3		79,704		2,043	2,043	268	02/28/2030	1.A FE
91282C-GS-4	UNITED STATES TREASURY	03/30/2023	PNC CAPITAL MKTS	XXX	170,013	170,000	169,990					0		169,990		24	24		03/31/2030	1.A
01099999	99 - Bonds - U.S. Governme	nts			1,813,101	1,880,069	1,765,772	1,075,543	0	6,844	0	6,844	0	1,775,226	0	37,875	37,875	12,297	XXX	XXX
Bonds - U.S	<ol><li>Special Revenue and Spec</li></ol>	ial Assessment	and all Non-Guaranteed C	Obligations of A	Agencies and Au	thorities of Gove	rnments and Th	eir Political Subd	livisions											
	FH SC0233 - RMBS	03/01/2023	Paydown	XXX	4,200	4,200	3,685	3,688		513		513		4,200			0		02/01/2042	1.A
3132DN-B2-8		03/06/2023	Various	XXX		94,934	87 , 509			257		257		87 ,766		(1,509)	(1,509)		04/01/2052	1.A
	FH SD1302 - RMBS	03/01/2023	Paydown	XXX	2,585	2,585	2,572	2,572		12		12		2,585			0	23	07/01/2052	1.A
	FH SD7509 - RMBS	03/01/2023	Paydown	XXX	5,204	5,204	4,506	4,506		698		698		5,204			ļ0	26	11/01/2049	1.A
3133A1-DD-1		03/01/2023	Paydown	XXX	7,185	7 , 185	6,212	6,211		974		974		7 , 185			ļ0	39	01/01/2050	1.A
3133KP-AL-2		03/01/2023	Paydown	ХХХ	1,725	1,725	1,643			83		83		1,725			ļ	10	04/01/2052	1.A
3133KY-TM-1.	FH RB5056 - RMBS	03/01/2023	Paydown	XXX	2,467	2,467	2,243	2,243		224		224		2,467			†Ω	14	06/01/2040	1.A
3140N2-5X-5 3140N4-UD-7	FN BW9861 - RMBS	03/01/2023	Paydown	XXX	4,431 771	4,431 771	4,420	4,420		18		18		4,431 771			‡	4/	09/01/2052	1.A
3140XC-PA-0.		03/01/2023	Paydown.	XXX	742	742		684		10 58		58					ļ		07/01/2052	1.A
3140XH-MW-4		03/01/2023	Pavdown	XXX		11.128	10.521	10,525		602		602		11.128			1	18	06/01/2052	1.A
3140XJ-BJ-1		03/01/2023	Paydown	XXX	14,585	14.585	13,149	13.148		1.437		1.437		14.585			1	83	06/01/2049	1.A
3140XJ-FH-1		03/01/2023	Paydown	XXX	3.083	3.083	2,535	2,538		545				3,083			0	10	08/01/2042	1 A
3140XJ-P4-9		03/01/2023	Paydown	XXX	14,282	14,282	13,235	13,230		1,051		1,051		14,282			0	83	04/01/2050	1.A
31418D-SJ-2	FN MA4120 - RMBS	03/01/2023	Paydown	XXX	24,098	24,098	20,073	20,071		4,028		4,028		24,098			0	97	09/01/2050	1.A
31418D-WR-9	FN MA4255 - RMBS	03/01/2023	Paydown	XXX	19,773	19,773	15,815	15,818		3,955		3,955		19,773			0	65	02/01/2051	1.A
31418D-YB-2	FN MA4305 - RMBS	03/01/2023	Paydown	XXX	1,014	1,014	826	826		188		188		1,014			0	3	04/01/2051	1.A
	FN MA4519 - RMBS	03/01/2023	Paydown	XXX	1,079	1,079	839	840		239		239		1,079			0	3	01/01/2042	1.A
	FN MA4587 - RMBS	03/01/2023	Paydown	XXX	2,177	2,177	1,834	1,836		342		342		2,177			0	9	04/01/2042	1.A
09099999	99 - Bonds - U.S. Special Re																			
		of Agencies and	Authorities of Governmen	ts and Their	200 700	045 400	400 055	400.040		45.004		45.004		200 200	_	(4.500)	/4 500		VVV	VVV
	Political Subdivisions				206,786	215,463	193,055	103,910	0	15,234	0	15,234	0	208,296	U	(1,509)	(1,509)	1,194	XXX	XXX
	ustrial and Miscellaneous (Ur		Davidawa	VVV	0.535	0.535	0.004	0.440	1	450		450		0.535		1	_ ^	^-	04/47/0004	4 4 55
05608V - AA - 4. 05609K - AA - 7.	. BX 2021-MFM1 A - CMBS	02/15/2023	PaydownPNC CAPITAL MKTS	XXX		9,575	9,294	9,418		158		158				/4 E44)	0		01/17/2034	1.A FE
	BX 2021-XL2 A - CMBS BANK OF AMERICA CORP	03/28/2023	. PNC CAPITAL MKTS	XXXXXX												(1,511)	(1,511)		03/05/2024	1.A FE1.D FE
34534L - AB - 3.		03/05/2023	Paydown	XXX							·····	366					3,434	9,763	03/05/2024	1.D FE
380149-AC-8		03/15/2023	Paydown	XXX	29,318	29,318	28,077	28,202	ļ	1,116	ļ	1,116	ļ	29,318			1	25	04/16/2026	1.A FE
38141G-X7-2		03/10/2023	Call @ 100.00	XXX	280,000	280,000	274 . 487	275.626		1,255		1,255		276,882		3.118	3.118	942	03/08/2024	2.A FE
43811J-AC-1		03/00/2023	Paydown	XXX	30,877	30,877	29,644	29,761		1,116		1,116		30,877		, 110	0	17	08/15/2025	1.A FE
44933L - AC - 7		03/15/2023	Paydown.	XXX	16,405	16,405		15,810				595		16,405			I 0	10	09/15/2025	1.A FE
466365-AD-5		02/25/2023	Paydown	XXX	600	600	512	512		88		88		600			0	5	02/26/2052	2.B FE
55400E-AA-7.		03/20/2023	Paydown	XXX	12,110	12,110	10,804	10,816		1,294	ļ	1,294	ļ	12,110	ļ		ļ0	35	10/20/2037	1.A FE
61946T - AB - 1		03/20/2023	Paydown	XXX	8,483	8,483	6,475	6,474		2,009		2,009		8,483			L	32	06/20/2052	1.G FE
63942L - AA - O.		03/15/2023	Paydown	XXX	8,329	8,329	6,997	7,017		1,312		1,312		8,329			0	13	07/15/2069	1.A FE
65480B-AC-1		03/15/2023	Paydown	XXX	9,291	9,291	8,835	8,906		385	ļ	385	ļ	9,291			<b></b> 0	ļ <i>J</i>	10/15/2025	1.A FE
67422A - AA - 4.		03/27/2023	Paydown	XXX	113,473	113,473	111,593	111,619		1,854		1,854		113,473			ļ0	66,580	01/15/2033	1.F FE
830867 - AA - 5.		01/20/2023	Call @ 100.00	XXX	2,496	2,496	2,432	2,436		<u>1</u>		ļ1		2,437		59	59	28	10/20/2025	2.B FE
88315L - AE - 8		C03/20/2023	Paydown	XXX	7,186 4,800	7,186	6,419	6,430			····		····	7,186			‡	32	08/21/2045	1.F FE
		C03/20/2023 C03/20/2023	Paydown	XXX	4,800	4,800	3,943	3,956		844		844		4,800 4,200			†	13	02/20/2046	2.B FE
	TANT 2020-D A3 - ARS	03/15/2023	Paydown Paydown		20 560	20 560	20 068	20 114	·····	155	ļ	155	ļ	20 560		<b>†</b>	† <sup>0</sup>	12	01/15/2025	1 A FF

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#### STATEMENT AS OF MARCH 31, 2023 OF THE Blue Cross Complete of Michigan LLC

# **SCHEDULE D - PART 4**

Chau All Lang Tarm E	Janda and Stock Sald Dadaar	ned or Otherwice Dieneced	of During the Current Quarter

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter																					
1	2	3	4	5	6	7	8	9	10		Change in E	Book/Adjusted Ca	arrying Value		16	17	18	19	20	21	22
		F								11	12	13	14	15							NAIC
		0																			Designation,
		r										Current Year's			Book/				Bond		NAIC Desig.
		e								Unrealized		Other Than		Total Foreign		Foreign			Interest/Stock	Stated	Modifier and
CUSIP		i			Number of				Prior Year	Valuation	Current Year's		in	Exchange	Carrying Value		Realized Gain	Total Gain	Dividends	Contractual	SVO
Identi-	<b>.</b>		isposal		Shares of		5		Book/Adjusted	Increase/	(Amortization)/		B./A.C.V.	Change in	at at	(Loss) on	(Loss) on	(Loss) on	Received	Maturity	Administrative
fication	Description		Date	Name of Purchaser	Stock	Consideration			Carrying Value	(Decrease)	Accretion	Recognized			Disposal Date	Disposal	Disposal	Disposal	During Year	Date	Symbol
98138H-AJ-0.				PNC CAPITAL MKTS	XXX	8,921	10,000	8,630	8,649		21		21		8,670		251	251	168	04/01/2032	2.B FE
	99 - Bonds - Industrial and			naffiliated)		1,255,315	1,260,598	1,231,276		0	16,154		16,154		1,249,964	0	5,351	5,351		XXX	XXX
	97 - Bonds - Subtotals - Bo		ırt 4			3,275,202	3,356,130	3,190,103	2,413,262	0	38,232		38,232		0,-00,.00	0	41,717	41,717		XXX	XXX
	99 - Bonds - Subtotals - Bo					3,275,202	3,356,130	3,190,103	2,413,262	0	38,232	0	38,232	0	3,233,486	0	41,717	41,717	93,050	XXX	XXX
	ocks - Mutual Funds - Desi			ned by the SVO	1			1			1			1	1	I	1				ı
			/02/2023				XXX						0					0	87,638	XXX	
	99 - Common Stocks - Muti				he SVO	0	XXX	0	0	0	0	0	0	0	0	0	0	0	87,638	XXX	XXX
	97 - Common Stocks - Sub					0	XXX	0	0	0	0	0	0	0	0	0	0	0	87,638	XXX	XXX
	99 - Common Stocks - Sub					0	XXX	0	0	0	0	0	0	0	0	0	0	0	87,638	XXX	XXX
59999999	99 - Common Stocks - Sub	totals - F	Preferred a	and Common Stocks		0	XXX	0	0	0	0	0	0	0	0	0	0	0	87,638	XXX	XXX
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60099999	99 Totals					3,275,202	XXX	3,190,103	2,413,262	0	38,232	0	38,232	0	3,233,486	0	41,717	41,717	180,688	XXX	XXX

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 DB - Part E

NONE

Schedule DL - Part 1

Schedule DL - Part 2

NONE

# SCHEDULE E - PART 1 - CASH

Month End Depository Balances										
1	2	3	4	5		Book Balance at End of Each Month During Current Quarter				
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7 Second Month	8	*		
Open Depositories	Oodc	microsi	Quartor	Date		Occord Month	TTIII G IVIOTIUT			
PNC Bank Business Checking with Interest			147 , 058		2,684,594 (4,899 (4,280,036) (20,477) 186,523,145		1,125,130 185,753 (5,456,195) (174,024)	XXX XXX XXX XXX		
PNC BANK BNP Paribas New York Branch 04/04/2023 BNP Paribas New York Branch 04/05/2023 Toronto-Dominion Bank - New York Branch 04/03/2023		4 .550 4 .818 4 .794 4 .824	300,007	6,648 22,738 46,244	2,079,726	119 ,882 ,896 2 ,079 ,729 2 ,089 ,486	2,089,969	XXX XXX XXX		
Svenska Handels AB Publ - New York Branch 04/06/20Credit Agricole Corporate And Investment				56,049		' '		XXX		
Bank, New. Sumitomo Mitsui Trust Bank – New York Branch 04/18. Norinchukin Bank – New York Branch		4.842		16,010			2,495,000	XXX		
04/21/2023. SANTANDER BANK. Key Bank Money Fund.		4.874	855,248 19,372	3,402	78 , 185 , 153 20 , 027 , 026	78,454,517 20,033,831	2,510,000 78,759,200 20,039,979	XXX XXX XXX		
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX	1,322,540	167,244	17,024,930 302,408,960	9,950,011 235,025,940	234,263,969	XXX		
		7000	1,022,010	107,211	002,100,000	200,020,010	201,200,000	7000		
	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u></u>	<u> </u>	<u> </u>		
0399999 Total Cash on Deposit 0499999 Cash in Company's Office 0599999 Total	XXX XXX XXX	XXX XXX XXX	1,322,540 XXX 1,322,540	167,244 XXX 167,244	302,408,960	235,025,940	234,263,969	XXX XXX XXX		

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments	Owned End of	F Curront Quartor

Show Investments Owned End of Current Quarter										
1	2	3	4	5	6	7	8	9		
			Date	Rate of	Maturity	Book/Adjusted	Amount of Interest	Amount Received		
CUSIP	Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year		
Bonds - U.S. Governments - Issuer Obligations										
XXX	JUNITED STATES TREASURY		03/27/2023		04/25/2023	12.485.562		5,740		
XXX	UNITED STATES TREASURY		03/08/2023		04/04/2023	7.032.297		21,621		
XXX	UNITED STATES TREASURY		03/31/2023		06/29/2023	2,679,697				
0019999999 - Bon	nds - U.S. Governments - Issuer Obligations		.,			22.197.556	0	27,361		
	nds - U.S. Governments - Subtotals - U.S. Government Bonds					22.197.556	0	27.361		
	al Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies a	nd Authorities of	Governments and The	ir Political Subdivisions - Issu	uer Obligations	,,		,,,,,		
XXX	Denmark		03/03/2023		04/03/2023	2.499.358		9,314		
XXX	FEDERAL HOME LOAN BANKS.		03/07/2023		04/03/2023	1,189,695		3,801		
XXX	FEDERAL HOME LOAN BANKS		03/16/2023		04/18/2023	2,419,589		5,081		
XXX	FEDERAL HOME LOAN BANKS		03/27/2023		04/26/2023	338,902		219		
XXX	FEDERAL HOME LOAN BANKS.		03/27/2023		04/28/2023	10,854,973		5,622		
0819999999 - Bon	nds – U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligatio	ns of Agencies and	d Authorities of Gove	ernments and Their Political Sub	odivisions -	· · ·		,		
	er Obligations	· ·				17,302,517	0	24,037		
0909999999 - Bon	nds - U.S. Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligatio	ns of Agencies and	d Authorities of Gove	ernments and Their Political Sub	odivisions -					
Subto	otals – Special Revenue and Special Assessment Obligations and all Non-Guaranteed of Agencies of	and Autȟorities o	f Governments and The	eir Political Subdivisions		17,302,517	0	24,037		
Bonds - Industrial	and Miscellaneous (Unaffiliated) - Issuer Obligations				•	·	·			
XXX	Banco Santander, S.A.		01/12/2023		04/06/2023	2,523,334				
XXX	BofA Securities, Inc.		03/22/2023		04/21/2023	2,488,208		3,056		
XXX	Caterpillar Financial Services Corporati		03/16/2023		04/06/2023	2,493,337		5,323		
XXX	Cummins Inc.		03/03/2023		04/11/2023	2,511,703		8.573		
XXX	DBS Bank Ltd.		03/16/2023		04/03/2023	2,494,328		5,378		
XXX	Koch Industries, Inc		03/21/2023		04/24/2023	2,487,237		3,713		
XXX	MUFG Bank - New York Branch		03/23/2023		04/24/2023	2,497,254		3,031		
XXX	Novartis Finance Corporation		03/23/2023		04/18/2023	2,489,345		2,994		
XXX	PACCAR Financial Corp.		03/16/2023		04/14/2023	2,490,585		5,434		
XXX	Walmart Inc.		03/16/2023		04/17/2023	2,489,622		5,378		
	nds – Industrial and Miscellaneous (Unaffiliated) – Issuer Obligations					24,964,953	0	69,200		
	nds – Industrial and Miscellaneous (Unaffiliated) – Subtotals – Industrial and Miscellaneous (	Unaffiliated)				24,964,953	0	69,200		
	nds – Total Bonds – Subtotals – Issuer Obligations					64,465,026	0	120,598		
2509999999 - Bon	nds - Total Bonds - Subtotals - Bonds					64,465,026	0	120,598		
Exempt Money Market	t Mutual Funds - as Identified by SVO				•	•	•			
09248U-70-0	BLKRK_LQ:FEDFUND_INSTL		03/31/2023	4.710	XXX	2,072,068	0			
8209999999 - Exe	empt Money Market Mutual Funds - as Identified by SVO		<u>'</u>			2,072,068	0	48,807		
All Other Money Mai					-	, , , , , , , , , , , , , , , , , , , ,				
00142W-84-3	INVESCO PREM GV M INST	SD	03/01/2023	4.710	LXXX.	1,000,000		10,028		
992115-73-3	MONEY MARKET OBLIGATIONS TRUST - FEDERAT.		03/28/2023		ХХХ	4.113				
992292-18-5	FEDERATED HERMES GOVERNMENT ACI - INCOME.		03/31/2023		ХХХ	3,051,780	4,650	15		
8309999999 - All	Other Money Market Mutual Funds					4,055,893	4,702	10,043		
8609999999 Tot	tal Cash Equivalents					70,592,987	4,702	179,448		
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