



QUARTERLY STATEMENT

AS OF JUNE 30, 2023
OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC

NAIC Group Code	00572	00572	NAIC Company Code	11557	Employer's ID Number	47-2582248
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []	Hospital, Medical & Dental Service or Indemnity []		
	Dental Service Corporation []		Vision Service Corporation []	Health Maintenance Organization [X]		
	Other []			Is HMO Federally Qualified? Yes [] No [X]		
Incorporated/Organized	12/18/2014		Commenced Business	01/01/2003		
Statutory Home Office	4000 Town Center, Suite 1300			Southfield, MI, US 48075		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	200 Stevens Drive		Philadelphia, PA, US 19113	215-937-8000		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	4000 Town Center, Suite 1300			Southfield, MI, US 48075		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	200 Stevens Drive		Philadelphia, PA, US 19113	215-937-8000		
	(Street and Number)		(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)		
Internet Web Site Address	MiBlueCrossComplete.com					
Statutory Statement Contact	Michael Andrew Hendel			248-663-7329		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	mhendel@MiBlueCrossComplete.com			248-663-7475		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
Kathy Combs Warner	President		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Eileen Mary Coggins	Rebecca Jane Engelman	Tricia Ann Keith	Lynda Marie Rossi
Cathy Ann Flowers			

State ofPennsylvania.....

County ofPhiladelphia.....

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

Michael John Burgoyne Treasurer	Robert Edward Tootle, Esquire Secretary	Kathy Combs Warner President
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a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Subscribed and sworn to before me this

day of August, 2023

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	43,030,307		43,030,307	38,056,125
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	43,460,822		43,460,822	40,598,987
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$250,696,404), cash equivalents (\$8,063,212) and short-term investments (\$84,805,271)	343,564,887		343,564,887	310,617,331
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	430,056,016	0	430,056,016	389,272,443
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	621,515		621,515	417,848
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	85,406,146		85,406,146	117,635,801
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	930,717		930,717	0
18.2 Net deferred tax asset	1,025,064		1,025,064	909,585
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)	814,258	814,258	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$3,325,303) and other amounts receivable	4,867,308	1,542,005	3,325,303	3,806,516
25. Aggregate write-ins for other-than-invested assets	1,473,574	1,473,574	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	525,194,598	3,829,837	521,364,761	512,042,193
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	525,194,598	3,829,837	521,364,761	512,042,193
DETAILS OF WRITE-INS				
1101.			0	0
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	127,217	127,217	0	0
2502. Intangible Asset	187,500	187,500	0	0
2503. Leasehold Improvement	1,107,339	1,107,339	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	51,518	51,518	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,473,574	1,473,574	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	188,685,345		188,685,345	176,760,575
2. Accrued medical incentive pool and bonus amounts	2,279,391		2,279,391	3,462,264
3. Unpaid claims adjustment expenses	2,734,687		2,734,687	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	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	2,301,292		2,301,292	2,119,877
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	2,782,782
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others	105,334,395		105,334,395	119,017,326
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	12,112,880		12,112,880	9,232,060
16. Derivatives.....			0	0
17. Payable for securities	457,638		457,638	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	17,804,589	0	17,804,589	18,456,938
24. Total liabilities (Lines 1 to 23).....	331,710,217	0	331,710,217	334,502,887
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX		0
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	54,000,001	54,000,001
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	135,654,543	123,539,305
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	189,654,544	177,539,306
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	521,364,761	512,042,193
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	548,856		548,856	410,273
2302. Insurance Provider Assessment.....	17,255,733		17,255,733	18,046,665
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	17,804,589	0	17,804,589	18,456,938
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	2,139,475	1,988,631	4,057,544
2. Net premium income (including \$ non-health premium income).....	XXX	746,095,064	670,070,402	1,380,609,478
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	44,938	43,420	81,923
8. Total revenues (Lines 2 to 7)	XXX	746,140,002	670,113,822	1,380,691,401
Hospital and Medical:				
9. Hospital/medical benefits		351,969,807	329,436,333	682,405,092
10. Other professional services		38,545,406	27,917,227	55,535,937
11. Outside referrals		3,053,584	3,995,491	7,598,989
12. Emergency room and out-of-area		42,502,295	34,696,099	69,532,186
13. Prescription drugs		198,274,569	153,300,610	323,086,414
14. Aggregate write-ins for other hospital and medical.....	0	3,932,119	3,212,532	8,686,302
15. Incentive pool, withhold adjustments and bonus amounts.....		912,076	3,393,823	4,930,017
16. Subtotal (Lines 9 to 15)	0	639,189,856	555,952,115	1,151,774,937
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	639,189,856	555,952,115	1,151,774,937
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 11,017,808 cost containment expenses.....		19,751,016	17,602,267	35,953,791
21. General administrative expenses.....		84,721,340	83,974,301	162,926,405
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	0	743,662,212	657,528,683	1,350,655,133
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	2,477,790	12,585,139	30,036,268
25. Net investment income earned		9,255,414	758,338	5,712,338
26. Net realized capital gains (losses) less capital gains tax of \$ (12,100)		45,572	(2,818)	917,218
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,300,986	755,520	6,629,556
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	11,778,776	13,340,659	36,665,824
31. Federal and foreign income taxes incurred	XXX	2,674,401	2,987,142	7,676,235
32. Net income (loss) (Lines 30 minus 31)	XXX	9,104,375	10,353,517	28,989,589
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701. Administrative Service Revenue.....	XXX	44,938	43,420	81,923
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	44,938	43,420	81,923
1401. Durable Medical Equipment.....			0	0
1402. Alternative Medical Cost.....		2,258,042	1,603,450	5,385,625
1403. Consumer Incentives.....		96,275	135,586	296,306
1498. Summary of remaining write-ins for Line 14 from overflow page	0	1,577,802	1,473,496	3,004,371
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	3,932,119	3,212,532	8,686,302
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	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	9,104,375	10,353,517	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 \$	2,289,934	0	(1,552,861)
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	(399,650)	34,658	365,761
39. Change in nonadmitted assets	1,120,579	749,043	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		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	(2,978,564)	(2,978,564)
48. Net change in capital and surplus (Lines 34 to 47)	12,115,238	8,158,654	25,448,094
49. Capital and surplus end of reporting period (Line 33 plus 48)	189,654,544	160,249,866	177,539,306
DETAILS OF WRITE-INS			
4701. SSAP 3 (2021 year) Correction Of Error.....		(2,978,564)	(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	(2,978,564)	(2,978,564)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	778,324,719	625,524,114	1,281,384,678
2. Net investment income	8,703,375	750,898	5,205,762
3. Miscellaneous income	44,938	43,420	81,923
4. Total (Lines 1 to 3)	787,073,032	626,318,432	1,286,672,363
5. Benefit and loss related payments	628,605,907	551,469,782	1,117,783,342
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	114,575,751	97,496,658	188,911,491
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	6,375,800	1,800,000	4,900,000
10. Total (Lines 5 through 9)	749,557,458	650,766,440	1,311,594,833
11. Net cash from operations (Line 4 minus Line 10)	37,515,574	(24,448,008)	(24,922,470)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	5,165,279	0	1,690,045
12.2 Stocks	0	0	1,156,856
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(25,826)	(2,818)	(9,846)
12.7 Miscellaneous proceeds	457,638	2,797,871	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	5,597,091	2,795,053	2,837,055
13. Cost of investments acquired (long-term only):			
13.1 Bonds	9,731,790	0	39,632,590
13.2 Stocks	571,902	0	42,151,848
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,303,692	0	81,784,438
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(4,706,601)	2,795,053	(78,947,383)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	138,583	(52,425)	(327,821)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	138,583	(52,425)	(327,821)
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)	32,947,556	(21,705,380)	(104,197,674)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	310,617,331	414,815,005	414,815,005
19.2 End of period (Line 18 plus Line 19.1)	343,564,887	393,109,625	310,617,331

STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees 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	362,702	.0	.0	.0	.0	.0	.0	.0	362,702	.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													
6. Current Year Member Months	2,139,475								2,139,475					
Total Member Ambulatory Encounters for Period:														
7. Physician	897,444								897,444					
8. Non-Physician	0								0					
9. Total	897,444	0	0	0	0	0	0	0	897,444	0	0	0	0	0
10. Hospital Patient Days Incurred	66,305								66,305					
11. Number of Inpatient Admissions	11,139								11,139					
12. Health Premiums Written (a).....	746,095,064								746,095,064					
13. Life Premiums Direct.....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned	746,095,064								746,095,064					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	628,447,959								628,447,959					
18. Amount Incurred for Provision of Health Care Services	639,189,856								639,189,856					

(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)

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UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) individual .....					.0	.0
2. 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	128,791,747	502,428,571	17,168,542	171,516,803	145,960,289	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).....	128,791,747	502,428,571	17,168,542	171,516,803	145,960,289	176,760,575
14. Health care receivables (a)	436,799	4,430,509			436,799	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts	2,094,949		181,433	2,097,958	2,276,382	3,462,264
17. Totals (Lines 13-14+15+16)	130,449,897	497,998,062	17,349,975	173,614,761	147,799,872	180,222,839

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

STATEMENT AS OF JUNE 30, 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

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

The Michigan DIFS recognizes only statutory accounting practices prescribed or permitted by the State of Michigan for determining and reporting the financial condition and results of operations of an insurance company, and for determining its solvency under the Michigan Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Michigan. The State has adopted certain prescribed or permitted accounting practices that differ from those found in NAIC SAP. Specifically, the State requires maternity 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).....				\$9,104,375	\$28,989,589
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
Net effect of Passthrough revenue and medical expense reclass to G&A expenses	00	4	2,14,21	\$0	\$0
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP				\$0	\$0
(4) NAIC SAP (1-2-3=4)				<u>\$9,104,375</u>	<u>\$28,989,589</u>
SURPLUS					
(5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4)				\$189,654,544	\$177,539,306
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
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)				<u>\$189,654,544</u>	<u>\$177,539,306</u>

- B. 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
 - 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 Statement of 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
 - 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

3. Business Combinations and Goodwill

- A. Statutory Purchase Method - None
- B. Statutory Merger
- Name and brief description of the combined entities - None
 - Method of accounting - None
 - Shares of stock issued in the transaction - None
 - Details of results of operations - None
 - Adjustments recorded directly to surplus - None
- C. Assumption Reinsurance - None
- D. Impairment Loss recognized on Business Combinations and Goodwill - None
- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill - None

4. Discontinued Operations

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

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - None
- B. Debt Restructuring -None
- C. Reverse Mortgages - None
- D. Loan-Backed Securities
- 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:
 - The aggregate amount of unrealized losses:

(1.) Less than 12 months	\$81,644
(2.) 12 months or longer	\$0
 - The aggregate related fair value of securities with unrealized losses:

(1.) Less than 12 months	\$5,906,534
(2.) 12 months or longer	\$0

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
- H. Repurchase Agreements Transactions Accounted for as a Sale - None
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
- J. Real Estate - None
- K. Low-income housing tax credits (LIHTC) - None
- L. Restricted Assets
- Restricted Assets (Including Pledged) – No significant changes since December 31, 2022.
 - Detail of Assets Pledged as Collateral Not Captured in Other Categories - None
 - Detail of Other Restricted Assets - None
 - Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements - None
- M. Working Capital Finance Investments - None
- N. Offsetting and Netting of Assets and Liabilities - None
- O. SGI Securities - None
- P. Short Sales - None
- Q. Prepayment Penalty and Acceleration Fees - None
- R. Reporting Entity's Share of Cash Pool by Asset Type - None

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

- A. Due and accrued income is excluded from surplus on the following bases - No significant changes since December 31, 2022.
- B. Total amount excluded - No significant changes since December 31, 2022.

STATEMENT AS OF JUNE 30, 2023 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

8. Derivative Instruments

- A. Derivatives under SSAP No. 86 - *Derivatives* - None
- B. Derivatives under SSAP No. 108 - *Derivative Hedging Variable Annuity Guarantees*

1. Discussion of hedged item / hedging instruments and hedging strategy - None

2. Recognition of gains/losses and deferred assets and liabilities - None

3. Hedging Strategies Identified as No Longer Highly Effective - None

4. Hedging Strategies Terminated - None

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 June 30, 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
- J. Write-downs for impaired investments in SCA entities – None
- K. Investment in foreign subsidiary calculation – None
- L. Investment in a downstream noninsurance holding company – None
- M. All SCA Investments

1. Balance Sheet Value (Admitted and Nonadmitted) All SCAs – None

2. NAIC filing response information – None
- N. Investment in Insurance SCAs – None
- O. SCA and SSAP No. 48 Entity Loss Tracking – None

11. Debt

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

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

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

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

- A. Common Capital stock outstanding - None
- B. Preferred stock – None
- C. Dividend restrictions – No significant changes since December 31, 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
- I. Changes in balances of special surplus funds from the prior year – None
- J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses - No significant changes since December 31, 2022.
- K. Surplus notes – None
- L. Impact of any restatement due to quasi-reorganization – None
- M. Effective dates of all quasi-reorganizations in the prior 10 years is/are – None

14. Liabilities, Contingencies and Assessments

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

15. Leases

- A. Lessee Operating Leases

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

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

3. Sales leaseback transactions – None
- B. Lessor Leases

1. Operating Leases – None

2. Leverage Leases - None

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

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

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

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

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

- A. ASO Plans - No significant 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

20. Fair Value Measurements

- A. B., Fair value measurement at reporting date

1. Certain assets and liabilities of the Company are measured and reported: (a) at amortized cost, or (b) at values that approximate fair value due to their liquid or short-term nature.

Fair Value Measurement at Reporting Date:

Description for each class of asset or liability

a. Assets at fair value

Common Stock

Mutual funds

Money market mutual funds

Total Common Stock

Total assets at fair value

b. Liabilities at fair value

Derivative liabilities

Total liabilities at fair value

Net Asset Value				
<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>(NAV)</u>	<u>Total</u>
\$43,460,822	\$0	\$0	\$0	\$43,460,822
\$0	\$0	\$0	\$0	\$0
\$43,460,822	\$0	\$0	\$0	\$43,460,822
\$43,460,822	\$0	\$0	\$0	\$43,460,822
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0

2. Fair Value Measurements in (Level 3) of the Fair Value Hierarchy – None
3. Transfers in and/or out of Level 3 – None
4. Fair value measurements categorized within Level 2 and 3 – None

C. The aggregate fair value of all financial instruments and the level within the fair value hierarchy

Type of Financial Instrument

Common Stock

Net Asset Value						
<u>Aggregate Fair Value</u>	<u>Admitted Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>(NAV)</u>	<u>Total</u>
\$ 43,460,822	\$ 43,460,822	\$ 43,460,822	\$ 0	\$ 0	\$ 0	\$ 0

- D. Not Practicable to Estimate Fair Value – None
- E. Investment measured using the NAV practical expedient – None

21. Other Items

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

22. Events Subsequent

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

STATEMENT AS OF JUNE 30, 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 June 30, 2023 \$133,120,962 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$17,349,975 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$32,422,967 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

27. Structured Settlements – 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 transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes ☐ No ☒
- 1.2 If yes, has the report been filed with the domiciliary state? Yes ☐ No ☐
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes ☐ No ☒
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes ☒ No ☐
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes ☐ No ☒
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes ☐ No ☒
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes ☐ No ☒
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes ☐ No ☒ NA ☐
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2021
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2021
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/21/2023
- 6.4 By what department or departments?
Pennsylvania Insurance Department
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes ☐ No ☐ NA ☒
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes ☐ No ☐ NA ☒
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes ☐ No ☒
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes ☐ No ☒
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes ☐ No ☒
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes ☒ No ☐
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes ☐ No ☒
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes ☐ No ☒
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ☐ No ☒
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

GENERAL INTERROGATORIES

INVESTMENT

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

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

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

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

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

14.2 If yes, please complete the following:

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

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

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2\$0
16.3 Total payable for securities lending reported on the liability page\$0

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

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

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

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

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

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

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

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

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

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

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

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
CRD 110441.....	Western Asset Management Company.....	549300C5A561UXUICN46.....	SEC.....	NO.....
151829.....	PNC Capital Advisors, LLC.....	549300WVB7V480CY3U49.....	SEC.....	NO.....

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

18.2 If no, list exceptions:

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

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

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

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

- a. The security was purchased prior to January 1, 2018.

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.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?.....

Yes [] No [X]

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?.....

Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

87.1 %

1.2 A&H cost containment percent

1.5 %

1.3 A&H expense percent excluding cost containment expenses

11.4 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

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 ☒

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 ☒

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☒

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, Etc.		1 Active Status (a)	Direct Business Only								
			2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	N								.0	
15. Indiana	IN	N								.0	
16. Iowa	IA	N								.0	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	L		746,095,064					746,095,064		
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	.XXX		.0	746,095,064	.0	.0	.0	.0	746,095,064	.0	
60. Reporting entity contributions for Employee Benefit Plans	.XXX								.0		
61. Total (Direct Business)	XXX		0	746,095,064	0	0	0	0	746,095,064	0	
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	.0

(a) Active Status Counts

1. L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG1

2. R – Registered – Non-domiciled RRGs0

3. E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0
4. Q – Qualified – Qualified or accredited reinsurer0

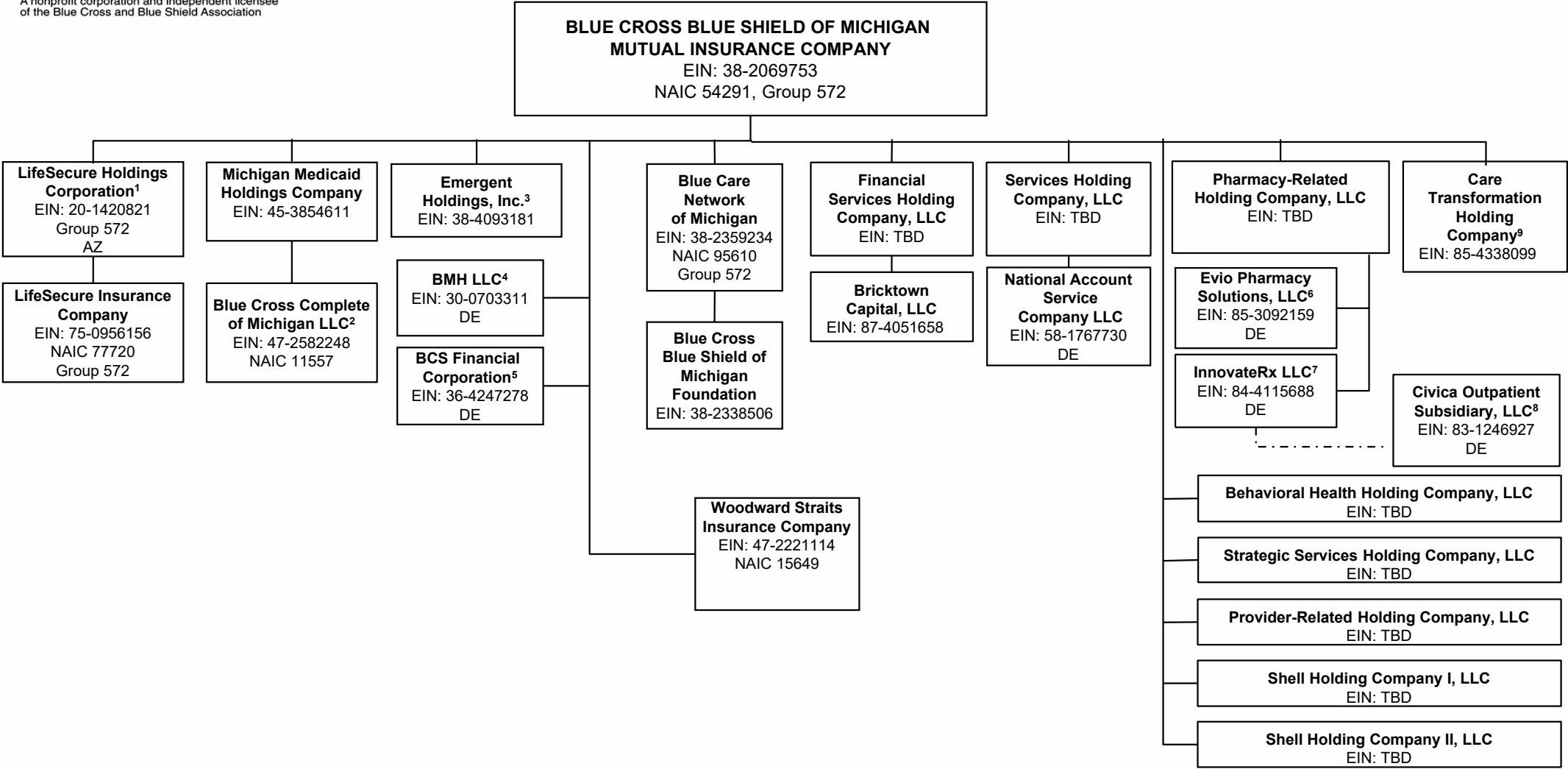
5. N – None of the above – Not allowed to write business in the state56



A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association

STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATION CHART



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

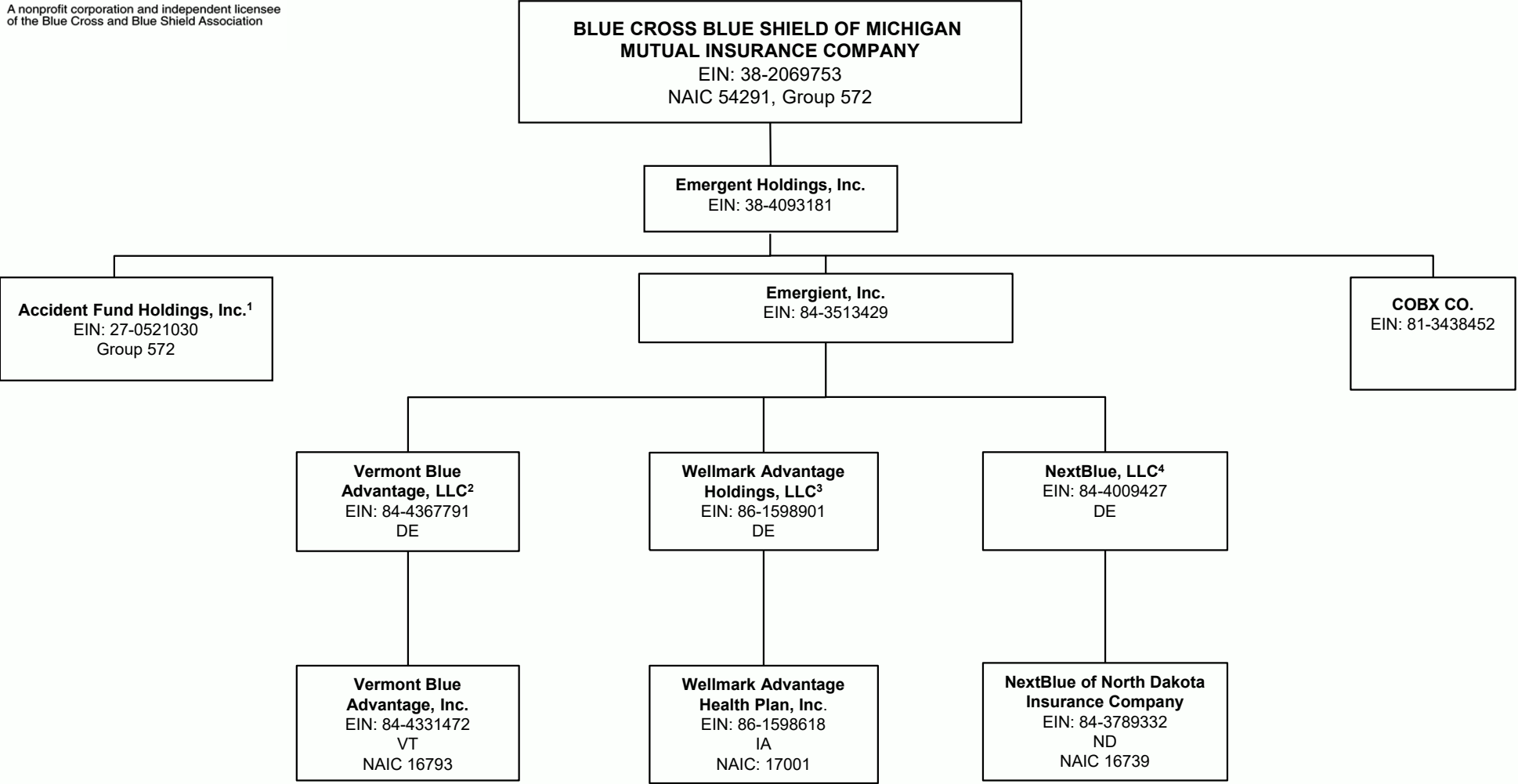
All entities that do not reflect a particular state name or abbreviation are domiciled in Michigan.



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STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

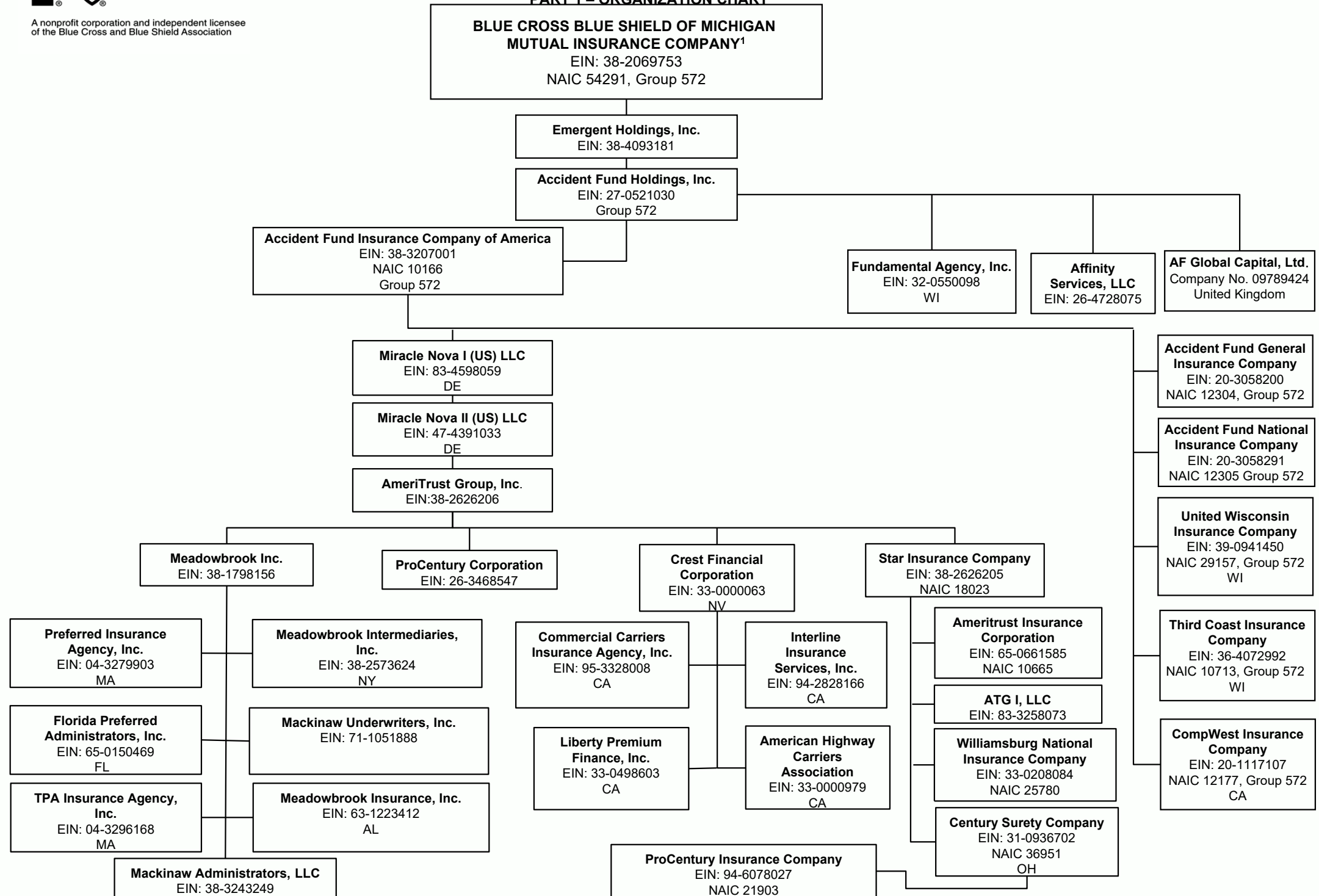
PART 1 – ORGANIZATION CHART



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

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

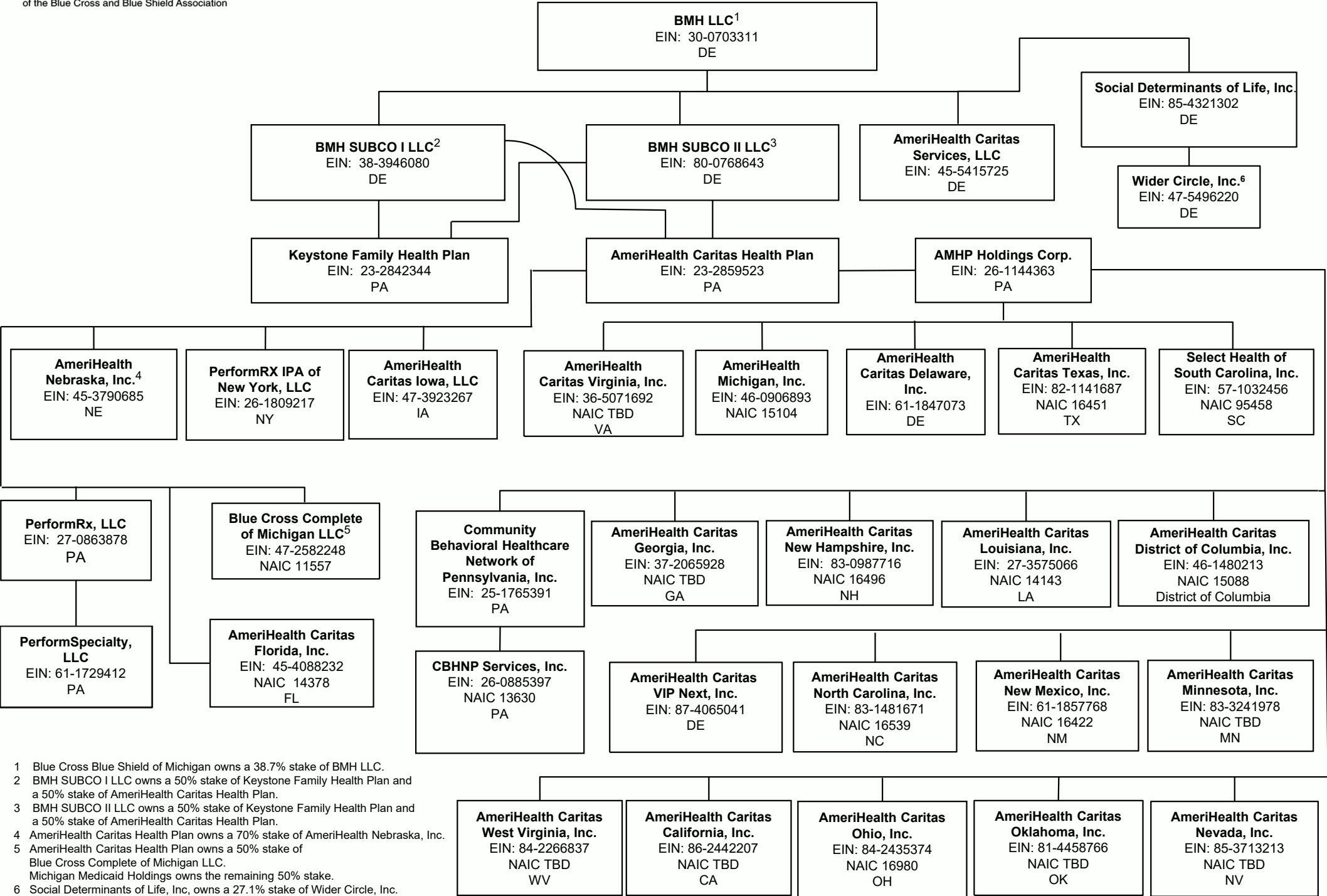
GROUP
PART 1 – ORGANIZATION CHART



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

STATEMENT AS OF JUNE 30, 2023OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATION CHART



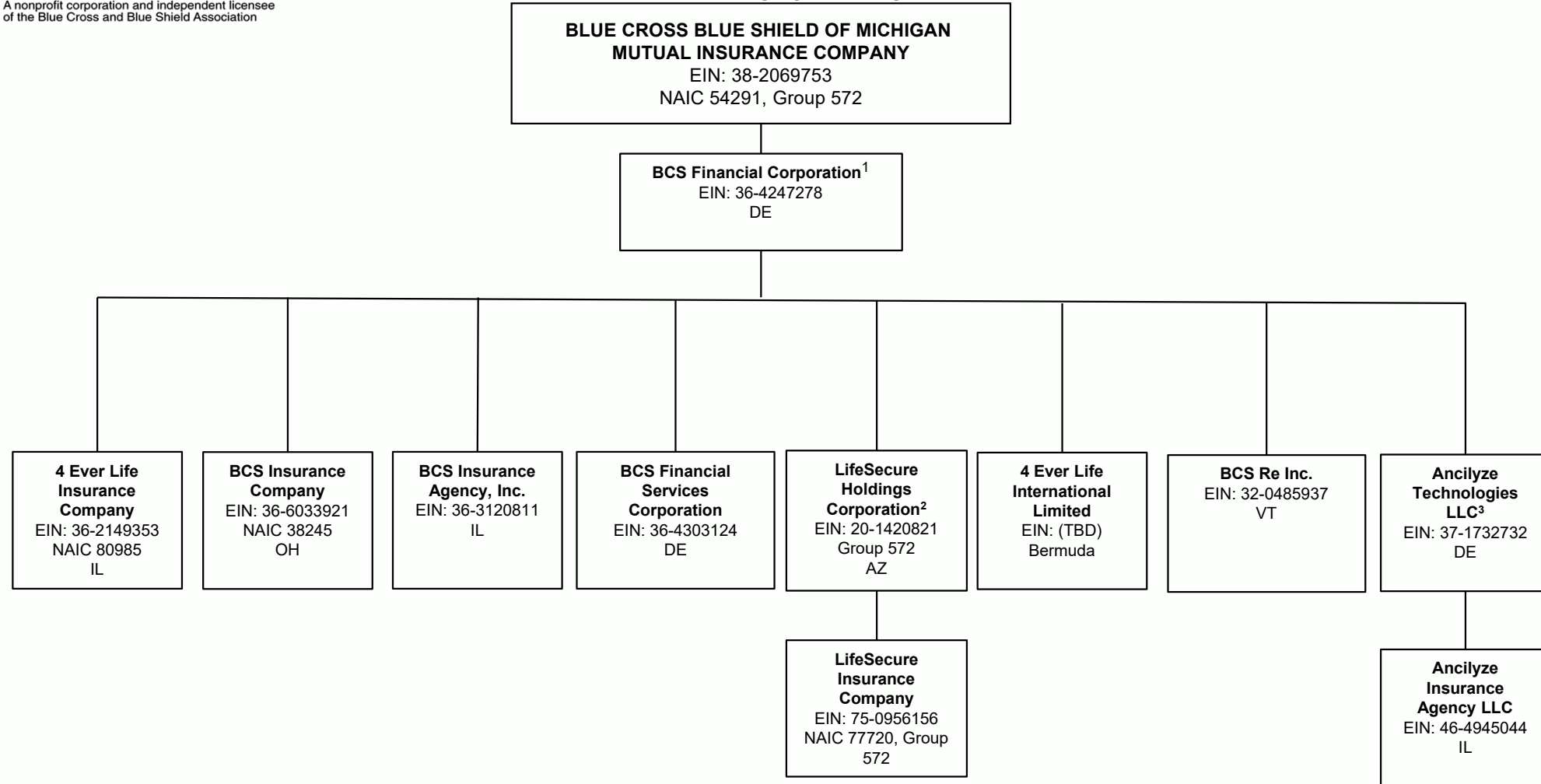
1 Blue Cross Blue Shield of Michigan owns a 38.7% stake of BMH LLC.
2 BMH SUBCO I LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.
3 BMH SUBCO II LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.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



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STATEMENT AS OF JUNE 30, 2023OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY
GROUP

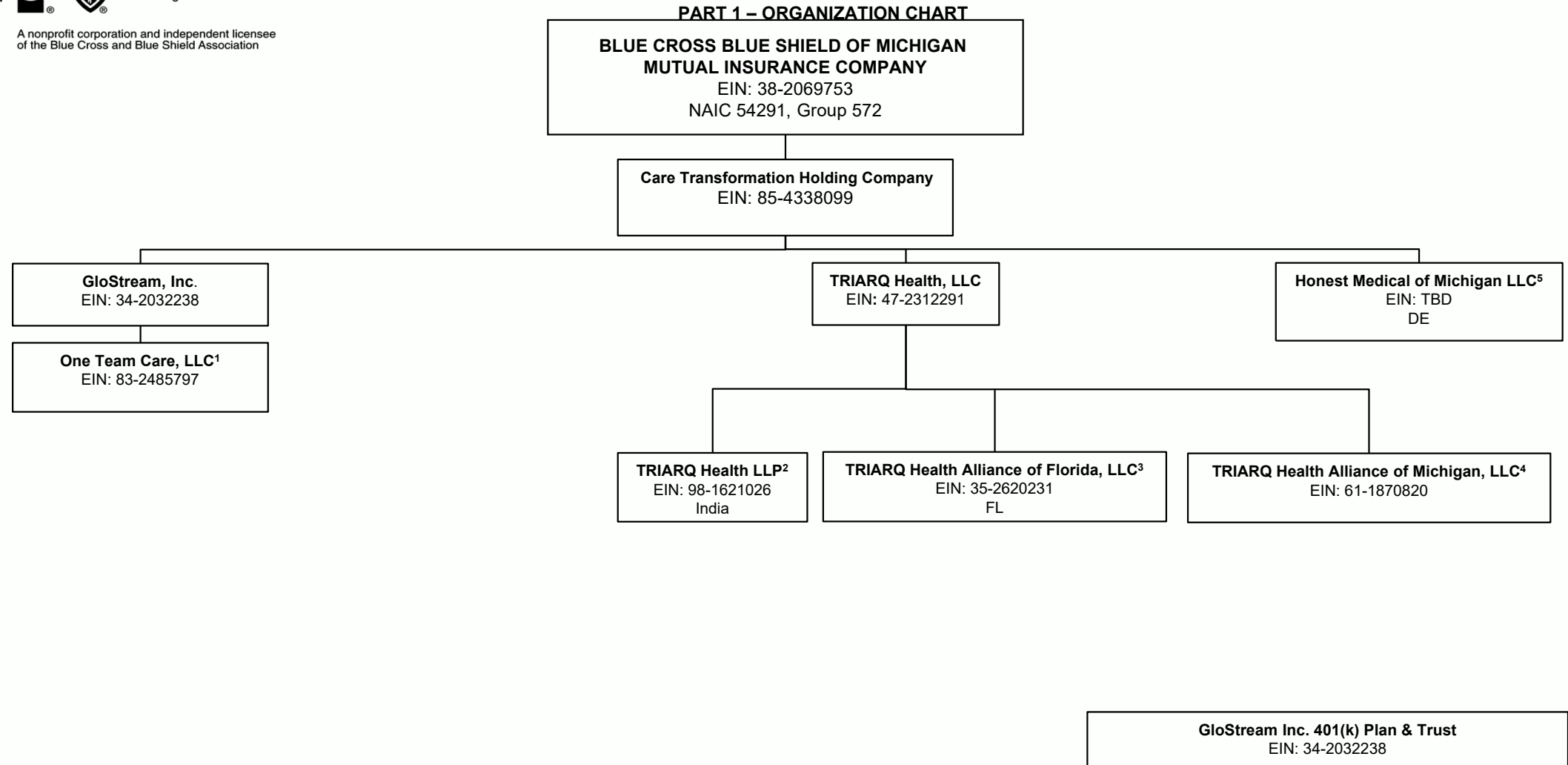
PART 1 – ORGANIZATION CHART



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

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

STATEMENT AS OF JUNE 30, 2023OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP



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

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

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)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	MI	RE	State of Michigan.....	Legal.....	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Behavioral Health Holding Company, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Strategic Services Holding Company, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Pharmacy-Related Holding Company, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Provider-Related Holding Company, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Shell Holding Company I, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Shell Holding Company II, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-4093181				Emergent Holdings, Inc.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	27-0521030				Accident Fund Holdings, Inc.....	MI	NIA	Emergent Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	AA-0000000				AF Global Capital, Ltd.....	GBR	NIA	Accident Fund Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	10166	38-3207001				Accident Fund Insurance Company of America.....	MI	IA	Accident Fund Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0

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

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)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	83-4598059				Miracle Nova I (US) LLC.....	DE	NIA	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	47-4391033				Miracle Nova II (US) LLC.....	DE	NIA	Miracle Nova I (US) LLC.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-2626206				AmeriTrust Group, Inc.....	MI	NIA	Miracle Nova II (US) LLC.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	26-3468547				ProCentury Corporation.....	MI	NIA	AmeriTrust Group, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-1798156				Meadowbrook Inc.....	MI	NIA	AmeriTrust Group, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	04-3279903				Preferred Insurance Agency, Inc.....	MA	NIA	Meadowbrook, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	65-0150469				Florida Preferred Administrators, Inc.....	FL	NIA	Meadowbrook, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	04-3296168				TPA Insurance Agency, Inc.....	MA	NIA	Meadowbrook, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-2573624				Meadowbrook Intermediaries, Inc.....	NY	NIA	Meadowbrook, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	71-1051888				Mackinaw Underwriters, Inc.....	MI	NIA	Meadowbrook, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	63-1223412				Meadowbrook Insurance, Inc.....	AL	NIA	Meadowbrook, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0

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

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)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	38-3243249				Mackinaw Administrators, LLC.....	MI.....	NIA.....	Meadowbrook, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	33-0000063				Crest Financial Corporation.....	NV.....	NIA.....	AmeriTrust Group, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	95-3328008				Commerical Carriers Insurance Agency, Inc.....	CA.....	NIA.....	Crest Financial Corporation.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	33-0498603				Liberty Premium Finance, Inc.....	CA.....	NIA.....	Crest Financial Corporation.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	94-2828166				Interline Insurance Services, Inc.....	CA.....	NIA.....	Crest Financial Corporation.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	33-0000979				American Highway Carriers Association.....	CA.....	NIA.....	Crest Financial Corporation.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	18023	38-2626205				Star Insurance Company.....	MI.....	IA.....	AmeriTrust Group, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	10665	65-0661585				Ameritrust Insurance Corporation.....	MI.....	IA.....	Star Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	83-3258073				ATG I, LLC.....	MI.....	NIA.....	Star Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	25780	33-0208084				Williamsburg National Insurance Company.....	MI.....	IA.....	Star Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0
00572	BC/BS of Michigan Mutual Insurance Co.....	36951	31-0936702				Century Surety Company.....	OH.....	IA.....	Star Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO.....	0

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

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)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	21903	94-6078027				ProCentury Insurance Company.....	MI	IA	Century Surety Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	26-4728075				Affinity Services, LLC.....	MI	NIA	Accident Fund Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	32-0550098				Fundamental Agency, Inc.....	WI	NIA	Accident Fund Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	29157	39-0941450				United Wisconsin Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	12304	20-3058200				Accident Fund General Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	12305	20-3058291				Accident Fund National Insurance Company.....	MI	IA	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	10713	36-4072992				Third Coast Insurance Company.....	WI	IA	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	12177	20-1117107				CompWest Insurance Company.....	CA	IA	Accident Fund Insurance Company of America.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	20-1420821				LifeSecure Holdings Corporation.....	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	80.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	.7
00572	BC/BS of Michigan Mutual Insurance Co.....	77720	75-0956156				LifeSecure Insurance Company.....	MI	IA	LifeSecure Holdings Corporation.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.7
00572	BC/BS of Michigan Mutual Insurance Co.....	95610	38-2359234				Blue Care Network of Michigan.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0

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

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)	*
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	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	Michigan Medicaid Holdings Company	Ownership	50.0	BCBSM and Independence Health Group, Inc.	NO	5
00572	BC/BS of Michigan Mutual Insurance Co.	00000	85-4338099				Care Transformation Holding Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	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	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	47-2312291				TRIARQ Health, LLC	MI	NIA	Care Transformation Holding Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	98-1621026				TRIARQ Health, LLP	IND	NIA	TRIARQ Health, LLC	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	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	Blue Cross Blue Shield of Michigan Mutual Insurance Company	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	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	16
00572	BC/BS of Michigan Mutual Insurance Co.	00000	34-2032238				GloStream, Inc.	MI	NIA	Care Transformation Holding Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-2485797				One Team Care, LLC	MI	NIA	GloStream, Inc.	Ownership	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	17

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

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)	*
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust.....	MI	OTH	Care Transformation Holding Company.....	Management.....	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	15649	47-2221114				Woodward Straits Insurance Company.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	81-3438452				COBX Co.....	MI	NIA	Emergent Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-3513429				Emergent, Inc.....	MI	NIA	Emergent Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4009427				NextBlue, LLC.....	DE	NIA	Emergent, Inc.....	Ownership.....	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	16739	84-3789332				NextBlue of North Dakota Insurance Company.....	ND	IA	NextBlue, LLC.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4367791				Vermont Blue Advantage, LLC.....	DE	NIA	Emergent, Inc.....	Ownership.....	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	16793	84-4331472				Vermont Blue Advantage, Inc.....	VT	IA	Vermont Blue Advantage, LLC.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	86-1598901				Wellmark Advantage Holdings, LLC.....	DE	NIA	Emergent, Inc.....	Ownership.....	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	17001	86-1598618				Wellmark Advantage Health Plan, Inc.....	IA	IA	Wellmark Advantage Holdings, Inc.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	9
00572	BC/BS of Michigan Mutual Insurance Co.....	00000					Services Holding Company, LLC.....	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0

STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC

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

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)	*
00572	BC/BS of Michigan Mutual Insurance Co.	00000	58-1767730				NASCO Corporation	DE	NIA	Services Holding Company, LLC	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-4115688				InnovateRX LLC	DE	NIA	Pharmacy-Related Holding Company, LLC	Ownership	10.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	1
00572	BC/BS of Michigan Mutual Insurance Co.	00000	83-1246927				Civica Outpatient Subsidiary, LLC	DE	NIA	InnovateRX LLC	Management	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	Pharmacy-Related Holding Company, LLC	Ownership	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	18
00572	BC/BS of Michigan Mutual Insurance Co.	00000					Financial Services Holding Company, LLC	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	87-4051658				Bricktown Capital, LLC	MI	NIA	Financial Services Holding Company, LLC	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-6869872				Blue Cross Blue Shield of Michigan Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
00572	BC/BS of Michigan Mutual Insurance Co.	00000	84-6871980				Blue Cross Blue Shield of Michigan Non-Bargaining Unit Internal Health Benefit Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Managerment	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	10
00572	BC/BS of Michigan Mutual Insurance Co.	00000	81-6482696				Blue Cross Blue Shield of Michigan Long-Term Disability Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	11
00572	BC/BS of Michigan Mutual Insurance Co.	00000	30-1140600				Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	12
00572	BC/BS of Michigan Mutual Insurance Co.	00000					Blue Cross Blue Shield of Michigan 401(K) Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Management	0.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00000	Independence Health Group, Inc / BCBSM	00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.7	Blue Cross Blue Shield of Michigan Mutual Insurance Company, BCBSM and Independence Health Group, Inc.	NO	0

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00000	Independence Health Group, Inc / BCBSM	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	3
00000	Independence Health Group, Inc / BCBSM	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	50.0	BCBSM and Independence Health Group, Inc	NO	5
00000	Independence Health Group, Inc / BCBSM	14378	45-4088232				AmeriHealth Caritas Florida, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	45-3790685				AmeriHealth Nebraska, Inc	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	70.0	BCBSM and Independence Health Group, Inc and Good Life Partners, Inc	NO	4
00000	Independence Health Group, Inc / BCBSM	00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	3
00000	Independence Health Group, Inc / BCBSM	00000	26-1144363				AMHP Holdings Corp	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc	LA	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2

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

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00000	Independence Health Group, Inc / BCBSM	95458	57-1032456				Select Health of South Carolina, Inc	SC	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	13630	26-0885397				CBHNP Services, Inc	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	15104	46-0906893				AmeriHealth Michigan, Inc	MI	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16980	84-2435374				AmeriHealth Caritas Ohio, Inc	OH	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc	NM	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	61-1847073				AmeriHealth Caritas Delaware, Inc	DE	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	86-2442207				AmeriHealth Caritas California, Inc	CA	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc	OK	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-3713213				AmeriHealth Caritas Nevada, Inc	NV	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2

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

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	17293	87-4065041				AmeriHealth Caritas VIP Next, Inc	DE	IA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	84-2266837				AmeriHealth Caritas West Virginia, Inc	WV	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	36-5071692				AmeriHealth Caritas Virginia, Inc	VA	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	37-2065928				AmeriHealth Caritas Georgia	GA	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	85-4321302				Social Determinants of Life, Inc	DE	NIA	BMH LLC	Ownership	100.0	BCBSM and Independence Health Group, Inc	NO	2
00000	Independence Health Group, Inc / BCBSM	00000	47-5496220				Wider Circle Inc	DE	NIA	Social Determinants of Life, Inc	Ownership	27.1	BCBSM and Independence Health Group, Inc	NO	13
00572	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	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00000		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00000		00000	36-3120811				BCS Insurance Agency, Inc	IL	NIA	BCS Financial Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00000		00000	36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6
00572	BC/BS of Michigan Mutual Insurance Co	00000	20-1420821				LifeSecure Holdings Corporation	AZ	DS	BCS Financial Corporation	Ownership	20.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	YES	7
00000		00000	AA-0000000				4 Ever Life International Limited	BMU	NIA	BCS Financial Corporation	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	6

16.10

[illegible]

Asterisk	Explanation
00000.....	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

Explanation:

Bar Code:

1.



11557202336500002

OVERFLOW PAGE FOR WRITE-INS

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

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

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

	1 Current Year To Date Uncovered	2 Current Year To Date Total	3 Prior Year To Date Total	4 Prior Year Ended December 31 Total
1404. PCMH Passthrough Expense.....		1,577,802	1,473,496	3,004,423
1405. Short Procedure Unit.....			0	(52)
1497. Summary of remaining write-ins for Line 14 from Page 04	0	1,577,802	1,473,496	3,004,371

SCHEDULE A – VERIFICATION

Real Estate

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

SCHEDULE B – VERIFICATION

Mortgage Loans

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

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	78,655,112	(1)
2. Cost of bonds and stocks acquired	10,303,691	81,784,438
3. Accrual of discount	350,523	99,930
4. Unrealized valuation increase (decrease)	2,293,219	(1,552,862)
5. Total gain (loss) on disposals	56,013	1,170,883
6. Deduct consideration for bonds and stocks disposed of	5,165,278	2,846,899
7. Deduct amortization of premium	2,151	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)	86,491,129	78,655,112
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	86,491,129	78,655,112

STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	126,048,855	197,287,889	201,220,952	1,658,279	126,048,855	123,774,071	0	121,788,243
2. NAIC 2 (a).....	8,318,732	515,461	297,434	(333,919)	8,318,732	8,202,840	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	134,367,587	197,803,350	201,518,386	1,324,360	134,367,587	131,976,911	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	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	134,367,587	197,803,350	201,518,386	1,324,360	134,367,587	131,976,911	0	129,908,396

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$87,903,004 ; NAIC 2 \$1,043,599 ;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1
Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999 Totals	84,805,271	XXX	83,894,583	17,647	

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	59,005,171	25,303,163
2. Cost of short-term investments acquired	80,324,193	171,997,071
3. Accrual of discount	1,490,608	763,330
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals	2,138	(3,060)
6. Deduct consideration received on disposals	56,016,839	139,055,333
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	84,805,271	59,005,171
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	84,805,271	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
1. Book/adjusted carrying value, December 31 of prior year.....	35,554,860	59,966,755
2. Cost of cash equivalents acquired	740,399,188	1,915,416,250
3. Accrual of discount	651,774	536,208
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....	(479)	914
6. Deduct consideration received on disposals	768,542,131	1,940,365,267
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	8,063,212	35,554,860
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	8,063,212	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

STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC

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 Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Governments									
36179X-FH-4	G2 MA8268 - RMBS		05/30/2023	Citigroup Global Markets, Inc.	XXX	94,061	97,142	231	1 A
912810-TQ-1	UNITED STATES TREASURY		05/12/2023	Citigroup Global Markets, Inc.	XXX	10,028	10,000	95	1 A
912828-3V-0	UNITED STATES TREASURY		06/30/2023	BARCLAYS CAPITAL INC FIXED INC	XXX	225,618	235,000	2,483	1 A
912828-4M-9	UNITED STATES TREASURY		05/31/2023	Various	XXX	259,006	265,000	381	1 A
91282C-BS-9	UNITED STATES TREASURY		05/19/2023	Citigroup Global Markets, Inc.	XXX	631,678	710,000	1,261	1 A
91282C-FN-6	UNITED STATES TREASURY		06/30/2023	DEUTSCHE MORGAN GRENFELL INC	XXX	227,026	230,000	2,511	1 A
91282C-GT-2	UNITED STATES TREASURY		04/18/2023	Bank of America Securities	XXX	9,977	10,000	20	1 A FE
91282C-HC-8	UNITED STATES TREASURY		05/22/2023	Bank of America Securities	XXX	9,716	10,000	8	1 A
91282C-HC-8	UNITED STATES TREASURY		05/30/2023	Bank of America Securities	XXX	29,204	30,000	47	1 A
91282C-HE-4	UNITED STATES TREASURY		05/24/2023	GOLDMAN, SACHS & CO.	XXX	348,038	350,000		1 A FE
0109999999 - Bonds - U.S. Governments						1,844,352	1,947,142	7,037	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
3132D9-K2-9	FH SC0313 - RMBS		05/12/2023	WELLS FARGO SECURITIES LLC	XXX	81,974	95,146	63	1 A
3132DM-2N-4	FH SD0781 - RMBS		03/30/2023	Citigroup Global Markets, Inc.	XXX	230,303	256,873	257	1 A
3132DP-UH-9	FH SD2384 - RMBS		05/30/2023	HILLTOP SECURITIES INC	XXX	99,534	96,749	524	1 A
3132DP-VB-1	FH SD2410 - RMBS		04/10/2023	Mitsubishi UFJ Securities USA, Inc.	XXX	101,916	99,765	200	1 A
3133BA-GK-1	FH QE1102 - RMBS		06/02/2023	CHASE SECURITIES INC	XXX	80,252	94,154	78	1 A
3133BQ-RW-8	FH QF3201 - RMBS		04/05/2023	BONY MELLON/BMO CAP MKTS	XXX	97,278	98,276	147	1 A
3133KN-6U-2	FH RA7183 - RMBS		04/13/2023	BAIRD, ROBERT W., & COMPANY IN	XXX	89,143	92,241	102	1 A
3133KY-UH-0	FH RB5084 - RMBS		05/11/2023	GOLDMAN, SACHS & CO.	XXX	63,606	75,693	38	1 A
3140LJ-3U-8	FN BS8010 - CMBS/RMBS		03/24/2023	MIZUHO SECURITIES USA INC	XXX	305,414	300,000	647	1 A
3140LY-4N-0	FN BT9828 - RMBS		03/28/2023	BONY MELLON/BMO CAP MKTS	XXX	76,063	88,784	74	1 A
3140OM-Z5-6	FN CB2563 - RMBS		05/31/2023	CHASE SECURITIES INC	XXX	78,203	91,266	61	1 A
3140XD-DH-6	FN FM9103 - RMBS		05/31/2023	CHASE SECURITIES INC	XXX	74,963	87,560	5	1 A
3140XK-MC-1	FN FS3954 - RMBS		04/07/2023	BANC/AMERICA SECS	XXX	92,458	98,622	115	1 A
0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						1,471,106	1,575,128	2,311	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
02343J-AA-8	AMCOR FLEXIBLES NORTH AMERICA INC.		05/24/2023	Various	XXX	87,529	90,000	90	2 B FE
02582J-JV-3	AMXCA 2022-3 A - ABS		05/23/2023	TORONTO DOMINION SECS USA INC.	XXX	176,034	180,000	188	1 A FE
03789X-AF-5	DIN 231 A2 - RMBS		03/29/2023	GUGGENHEIM	XXX	100,000	100,000		2 B FE
14041N-FZ-9	COMET 2022-1 A - ABS		06/22/2023	BANC/AMERICA SECS	XXX	43,154	45,000	39	1 A FE
172967-NX-5	CITIGROUP INC.		05/16/2023	WELLS FARGO SECURITIES LLC	XXX	257,494	255,000	1,947	1 G FE
193938-AB-3	CASL 23A A2 - ABS		05/09/2023	BANC/AMERICA SECS	XXX	109,978	110,000		1 A FE
254683-CW-3	DCENT 2022-3 A - ABS		06/05/2023	Various	XXX	200,601	205,000	485	1 A FE
26441C-BV-6	DUKE ENERGY CORP.		05/22/2023	WELLS FARGO SECURITIES LLC	XXX	169,828	170,000	3,919	2 B FE
30231G-BH-4	EXXON MOBIL CORP.		06/15/2023	BARCLAYS CAPITAL INC	XXX	125,766	130,000	983	1 C FE
30327H-AB-1	FNA VII LLC - ABS		04/11/2023	Cantor Fitzgerald	XXX	100,000	100,000		1 F FE
33830J-AA-3	GUY'S 2017-1 A2 - RMBS		05/09/2023	MIZUHO SECURITIES USA INC	XXX	67,356	68,950	141	2 C FE
34528Q-HV-9	FORD F 231 A1 - ABS		05/09/2023	BANC/AMERICA SECS	XXX	109,999	110,000		1 A FE
595112-CB-7	MICRON TECHNOLOGY INC.		04/05/2023	WELLS FARGO SECURITIES LLC	XXX	4,975	5,000		2 C FE
64952W-DW-0	NEW YORK LIFE GLOBAL FUNDING		06/05/2023	TORONTO DOMINION SECS USA INC.	XXX	319,493	355,000	1,190	1 A FE
693475-BQ-7	PNC FINANCIAL SERVICES GROUP INC.		06/07/2023	MORGAN STANLEY CO.	XXX	10,000	10,000		1 G FE
693475-BR-5	PNC FINANCIAL SERVICES GROUP INC.		06/07/2023	MORGAN STANLEY CO.	XXX	40,000	40,000		1 G FE
718547-AB-8	PHILLIPS 66 CO		05/16/2023	WELLS FARGO SECURITIES LLC	XXX	172,048	180,000	1,874	1 G FE
828807-CV-7	SIMON PROPERTY GROUP LP		04/03/2023	BANCORP INVEST SER	XXX	87,164	90,000	297	1 G FE
86212X-AF-7	STR 231 A1 - ABS		05/22/2023	PERSHING LLC	XXX	99,985	100,000		1 A FE
89788M-AN-2	TRUIST FINANCIAL CORP.		06/05/2023	SUNTRUST ROBINSON HUMPHREY INC	XXX	20,000	20,000		1 G FE
91159H-JW-3	US BANCORP		06/07/2023	BANCORP INVEST SER	XXX	20,000	20,000		1 F FE
91159H-JN-1	US BANCORP		06/07/2023	BANCORP INVEST SER	XXX	10,000	10,000		1 F FE
969457-CH-1	WILLIAMS COMPANIES INC.		05/31/2023	GOLDMAN, SACHS & CO.	XXX	85,774	85,000	1,148	2 B FE
1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,417,178	2,478,950	12,301	XXX
2509999997 - Bonds - Subtotals - Bonds - Part 3						5,732,636	6,001,220	21,649	XXX
2509999999 - Bonds - Subtotals - Bonds						5,732,636	6,001,220	21,649	XXX
Common Stocks - Mutual Funds - Designations Not Assigned by the SVO									
693390-60-1	PIMCO SHORT-TERM INST		06/02/2023	PNC CAPITAL MKTS	33,403.643	316,689	XXX		
5329999999 - Common Stocks - Mutual Funds - Designations Not Assigned by the SVO						316,689	XXX	0	XXX

STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

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STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

CUSIP Identification	Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Desig. Modifier and SVO Administrative Symbol
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.							
Bonds - U.S. Governments																					
36179U-EC-2	G2 MA5531 - RMBS		06/01/2023	Paydown	XXX	3,687	3,687	3,731	3,731		(45)		(45)		3,687			.0	.79	10/20/2048	1 A
36179U-WB-4	G2 MA6042 - RMBS		06/01/2023	Paydown	XXX	5,492	5,492	5,438	5,438		.55		.55		5,492			.0	.119	07/20/2049	1 A
36179V-4U-1	G2 MA7135 - RMBS		06/01/2023	Paydown	XXX	5,481	5,481	4,723		.758		.758		5,481			.0	.18	01/20/2051	1 A	
36179W-FH-6	G2 MA7368 - RMBS		06/01/2023	Paydown	XXX	14,542	14,542	12,838	12,838		1,704		1,704		14,542			.0	.186	05/20/2051	1 A
36179W-NE-4	G2 MA7589 - RMBS		06/01/2023	Paydown	XXX	15,985	15,985	13,717	13,723		2,262		2,262		15,985			.0	.166	09/20/2051	1 A
36179W-QB-7	G2 MA7650 - RMBS		06/01/2023	Paydown	XXX	2,256	2,256	2,031		.224		.224		2,256			.0	.12	10/20/2051	1 A	
36179W-R4-2	G2 MA7707 - RMBS		06/01/2023	Paydown	XXX	10,695	10,695	9,665	9,666		1,028		1,028		10,695			.0	.162	11/20/2051	1 A
36179W-ZE-1	G2 MA7941 - RMBS		06/01/2023	Paydown	XXX	5,204	5,204	5,213	5,213		(9)		(9)		5,204			.0	.112	03/20/2052	1 A
36179X-BU-9	G2 MA8151 - RMBS		06/01/2023	Paydown	XXX	3,588	3,588	3,410	3,412		.177		.177		3,588			.0	.67	07/20/2052	1 A
36179X-DH-6	G2 MA8204 - RMBS		06/01/2023	Paydown	XXX	4,455	4,455	4,508	4,507		(52)		(52)		4,455			.0	.123	08/20/2052	1 A
36179X-FG-6	G2 MA8267 - RMBS		06/01/2023	Paydown	XXX	3,834	3,834	3,588	3,590		.244		.244		3,834			.0	.67	09/20/2052	1 A
91282C-FU-0	UNITED STATES TREASURY		05/31/2023	PNC CAPITAL MKTS	XXX	162,338	160,000	159,581	159,594		.28		.28		159,623		2,716	2,716	3,586	10/31/2027	1 A FE
91282C-GH-8	UNITED STATES TREASURY		06/02/2023	PNC CAPITAL MKTS	XXX	237,947	240,000	236,738		.153		.153		236,890		1,057	1,057	2,348	01/31/2028	1 A FE	
91282C-GW-7	UNITED STATES TREASURY		06/07/2023	PNC CAPITAL MKTS	XXX	7,034	7,000	6,963		.0		.0		6,963		.71	.71	.46	02/15/2033	1 A FE	
91282C-GQ-8	UNITED STATES TREASURY		04/07/2023	PNC CAPITAL MKTS	XXX	82,659	80,000	79,700		.4		.4		79,705		2,955	2,955	365	02/28/2030	1 A FE	
91282C-HC-8	UNITED STATES TREASURY		05/30/2023	PNC CAPITAL MKTS	XXX	38,939	40,000	38,919		.1		.1		38,919		.20	.20	.62	05/15/2033	1 A FE	
91282C-HE-4	UNITED STATES TREASURY		06/14/2023	PNC CAPITAL MKTS	XXX	227,409	230,000	228,711		.5		.5		228,716		(1,307)	(1,307)	.173	05/31/2028	1 A FE	
0109999999 - Bonds - U.S. Governments						831,545	832,218	819,473	221,712	0	6,537	0	6,537	0	826,034	0	5,511	5,511	7,692	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3132D9-HJ-6	FH SC0233 - RMBS		06/01/2023	Paydown	XXX	8,402	8,402	7,371	7,376		1,025		1,025		8,402			.0	.110	02/01/2042	1 A
3132DM-ZN-4	FH SD0781 - RMBS		06/01/2023	Paydown	XXX	3,659	3,659	3,280		.378		.378		3,659			.0	.14	11/01/2051	1 A	
3132DN-NT-6	FH SD1302 - RMBS		06/01/2023	Paydown	XXX	4,481	4,481	4,460	4,460		.21		.21		4,481			.0	.94	07/01/2052	1 A
3132DP-UH-9	FH SD2384 - RMBS		06/01/2023	Paydown	XXX	928	928	955		(27)		(27)		928			.0	.0	02/01/2053	1 A	
3132DP-VB-1	FH SD2410 - RMBS		06/01/2023	Paydown	XXX	1,259	1,259	1,286		(27)		(27)		1,259			.0	.8	02/01/2053	1 A	
3132DV-KW-4	FH SD7509 - RMBS		06/01/2023	Paydown	XXX	5,843	5,843	5,060	5,059		.784		.784		5,843			.0	.73	11/01/2049	1 A
3132DV-LF-0	FH SD7526 - RMBS		06/01/2023	Paydown	XXX	3,268	3,268	2,828		.440		.440		3,268			.0	.14	10/01/2050	1 A	
3133A1-DD-1	FH QA6400 - RMBS		06/01/2023	Paydown	XXX	18,503	18,503	15,997	15,994		2,509		2,509		18,503			.0	.201	01/01/2050	1 A
3133BQ-RW-8	FH QF3201 - RMBS		06/01/2023	Paydown	XXX	256	256	253		.3		.3		256			.0	.1	11/01/2052	1 A	
3133KN-6U-2	FH RA7183 - RMBS		06/01/2023	Paydown	XXX	629	629	608		.21		.21		629			.0	.2	04/01/2052	1 A	
3133KP-AL-2	FH RA7211 - RMBS		06/01/2023	Paydown	XXX	1,944	1,944	1,851		.93		.93		1,944			.0	.24	04/01/2052	1 A	
3133KY-TM-1	FH RB5056 - RMBS		06/01/2023	Paydown	XXX	3,979	3,979	3,618	3,618		.361		.361		3,979			.0	.65	06/01/2040	1 A
3136B3-HQ-6	FNR 2018-74 AB - CMO/RMBS		06/01/2023	Paydown	XXX	1,082	1,082	997		.85		.85		1,082			.0	.6	10/25/2048	1 A	
3140FX-WG-3	FN BF0646 - RMBS		06/01/2023	Paydown	XXX	3,361	3,361	2,828		.532		.532		3,361			.0	.15	06/01/2062	1 A	
3140LY-4N-0	FN BT9828 - RMBS		06/01/2023	Paydown	XXX	332	332	285		.48		.48		332			.0	.1	09/01/2051	1 A	
3140N2-5X-5	FN BW9861 - RMBS		06/01/2023	Paydown	XXX	959	959	956	956		.2		.2		959			.0	.20	09/01/2052	1 A
3140N4-UD-7	FN BX0579 - RMBS		06/01/2023	Paydown	XXX	843	843	823	823		.20		.20		843			.0	.18	11/01/2052	1 A
3140QR-RN-5	FN CB5892 - RMBS		06/01/2023	Paydown	XXX	2,450	2,450	2,393		.57		.57		2,450			.0	.16	03/01/2053	1 A	
3140XC-PA-0	FN FM8516 - RMBS		06/01/2023	Paydown	XXX	2,556	2,556	2,357	2,357		.200		.200		2,556			.0	.43	07/01/2051	1 A
3140XH-MW-4	FN FS2172 - RMBS		06/01/2023	Paydown	XXX	3,523	3,523	3,331		.191		.191		3,523			.0	.73	06/01/2052	1 A	
3140XJ-BJ-1	FN FS2740 - RMBS		06/01/2023	Paydown	XXX	16,760	16,760	15,110	15,109		1,651		1,651		16,760			.0	.246	06/01/2049	1 A
3140XJ-FH-1	FN FS2867 - RMBS		06/01/2023	Paydown	XXX	3,561	3,561	2,928	2,931		.630		.630		3,561			.0	.30	08/01/2042	1 A
3140XJ-P4-9	FN FS3142 - RMBS		06/01/2023	Paydown	XXX	11,789	11,789	10,925	10,921		.868		.868		11,789			.0	.198	04/01/2050	1 A
3140XK-MC-1	FN FS3954 - RMBS		06/01/2023	Paydown	XXX	1,556	1,556	1,458		.97		.97		1,556			.0	.8	08/01/2052	1 A	
31418D-SJ-2	FN MA4120 - RMBS		06/01/2023	Paydown	XXX	30,417	30,417	25,336	25,333		5,084		5,084		30,417			.0	.319	09/01/2050	1 A
31418D-WR-9	FN MA4255 - RMBS		06/01/2023	Paydown	XXX	23,998	23,998	19,194	19,198		4,800		4,800		23,998			.0	.201	02/01/2051	1 A
31418D-YB-2	FN MA4305 - RMBS		06/01/2023	Paydown	XXX	1,373	1,373	1,119		.255		.255		1,373			.0	.11	04/01/2051	1 A	
31418E-AV-2	FN MA4519 - RMBS		06/01/2023	Paydown	XXX	1,086	1,086	845	846		.240		.240		1,086			.0	.7	01/01/2042	1 A
31418E-CZ-1	FN MA4587 - RMBS		06/01/2023	Paydown	XXX	2,810	2,810	2,366	2,369		.441		.441		2,810			.0	.29	04/01/2042	1 A
0909999999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						161,606	161,606	140,818	121,802	0	20,782	0	20,782	0	161,606	0	0	0	1,848	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
002824-BH-2	ABBOTT LABORATORIES		05/18/2023	PNC CAPITAL MKTS	XXX	9,906	10,000	9,415	9,417		.5		.5		9,422		.485	.485	.230	11/30/2046	1 E FE
05606D-AS-7	BX 2022-PSB A - CMBS		06/15/2023	Paydown	XXX	9,595	9,595	9,437	9,449		.145		.145		9,595			.0	.263	08/15/2039	1 A FE
13645R-BF-0	CANADIAN PACIFIC RAILWAY CO.	C	05/30/2023	PNC CAPITAL MKTS	XXX	52,700	60,000	48,292	48,466		.423		.423		48,889		3,811	3,811	.726	12/02/2031	2 B FE
13645R-BG-8	CANADIAN PACIFIC RAILWAY CO.	C	05/12/2023	PNC CAPITAL MKTS	XXX	8,357	10,000	7,061	7,077		.33		.33		7,109		1,247	1,247	.136	12/02/2041	2 B FE
172967-MR-9	CITIGROUP INC.		05/15/2023	Call @ 100.00	XXX	260,000	260,000	254,059	254,761		1,404		1,404		256,165		3,835	3,835	2,181	05/15/2024	1 F FE
193051-AA-7	COLD 2020-ICE5 A - CMBS		05/23/2023	PNC CAPITAL MKTS	XXX	96,364	98,299	95,442													

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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

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2023 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE E - PART 1 - CASH

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SCHEDULE E - PART 2 - CASH EQUIVALENTS

E14