

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2023 OF THE CONDITION AND AFFAIRS OF THE

Blue Cross Complete of Michigan LLC (Name)

	00572 ,00572 ent Period) ,(Prior Perior		pany Code11557	Employer's ID Number	47-2582248
Organized under the Laws o	fM	, ichigan	, State of Domicile	e or Port of Entry	Michigan
Country of Domicile			United States		
Licensed as business type:	Life, Accident & Health [Dental Service Corporatio Other []	n [] Vision S	y/Casualty [] Service Corporation [] O, Federally Qualified? Yo	· ·	,
Incorporated/Organized	12/18/201	4	Commenced Business	01/01/2	2003
Statutory Home Office		Center, Suite 1300 et and Number)	,	Southfield, MI, US (City or Town, State, Country a	
Main Administrative Office			200 Stevens D (Street and Numb		
	elphia, PA, US 19113 /n, State, Country and Zip Code)			215-937-8000 (Area Code) (Telephone Number)	
Mail Address	4000 Town Center, S (Street and Number or P		,	Southfield, MI, US 4807 (City or Town, State, Country and Zig	
Primary Location of Books a	`		200 \$	Stevens Drive	,
,	_		(Stre	et and Number)	
	elphia, PA, US 19113 /n, State, Country and Zip Code)		(An	215-937-8000 ea Code) (Telephone Number) (Extension	on)
Internet Web Site Address			MiBlueCrossComplete		,
Statutory Statement Contact	Michael A	Andrew Hendel	•	248-663-7329	
		(Name)	,	(Area Code) (Telephone Number) 248-663-7475 (Fax Number)	(Extension)
Name Michael John Burgoyr Kathy Combs Warne		Title reasurer resident	Robert Edward To	e potle, Esquire, ,	Title Secretary
Eileen Mary Coggins Cathy Ann Flowers		DIRECTORS Jane Engelman	OR TRUSTEES Tricia Ann	Keith Lyı	nda Marie Rossi
	PennsylvaniaPhiladelphia	SS			
above, all of the herein describe that this statement, together will liabilities and of the condition an and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	d assets were the absolute print related exhibits, schedules d affairs of the said reporting cordance with the NAIC Annuals or regulations require differely. Furthermore, the scope of copy (except for formatting di	roperty of the said repo and explanations there entity as of the reportin I Statement Instructions ences in reporting not re this attestation by the	rting entity, free and clear frein contained, annexed or rag period stated above, and as and Accounting Practices a elated to accounting practice described officers also inclu-	said reporting entity, and that on om any liens or claims thereon, exercised to, is a full and true state of its income and deductions there and Procedures manual except to the and procedures, according to the des the related corresponding electratement. The electronic filing manual examples are statement.	cept as herein stated, and ment of all the assets and from for the period ended, ne extent that: (1) state law e best of their information, ctronic filing with the NAIC,
Michael John Treasu			ard Tootle, Esquire ecretary	Kathy Com Presi	
Subscribed and sworn to bday of	efore me this February, 2024		b. If 1. 2.	this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [X] No []

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	0	0	0	2 1 2 1 2 2 3 3 2		0
Group subscribers:						
						
	ļ	·····				ł
0299997 Group subscriber subtotal	ļ	J		J	J	J
0299998 Premiums due and unpaid not individually listed	ļ				^	ļ
0299999 Total group	ֈ ⁰	J	J0	ļU	J	J
U39999 Premiums due and unpaid from Medicare entities	01 006 000	05 15F 100	02 024 600			251 07F 047
0499999 Premiums due and unpaid from Medicaid entities	81,996,099	85,155,129	83,924,689	0	0	251,075,917
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	81,996,099	85,155,129	83,924,689	0	0	251,075,917

EXHIBIT 3 - HEALTH CARE RECEIVABLES

Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	61 - 90 Days	5 Over 90 Days	6 Nonadmitted	/ Admitted
O199998 - Aggregate of amounts not individually listed above. O199999 - Pharmaceutical Rebate Receivables O299998 - Aggregate of amounts not individually listed above. O299999 - Claim Overpayment Receivables	226,385	226,384	226,384	606,280		679,153
0.109090 - Pharmaceutical Rehate Receivables	226,385	226,384	226,384	606,280	606,280	679,153
029998 - Aggregate of amounts not individually listed above	263,706	154,456	67,524	000,200	485.686	070,100
0200000 - Claim Overnament Receivables	263,706	154,456	67,524	0	485.686	
Other Receivables Michigan Department of Community Health	200,100	101,100	01,021	•	100,000	
Michigan Department of Community Health	2,402,554					2,402,554
0699999 - Other Health Care Receivables	2,402,554	0	0	0	0	2,402,554
- CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL THE CONTROL TO THE CONTROL TH	2,102,001	Ů	Ů	Ţ.	· ·	2,102,001
0799999 Gross Health Care Receivables	2,892,645	380,840	293,908	606,280	1,091,966	3,081,707

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables				1,285,432	0	872,162
Claim overpayment receivables	659,419	27,654,411		485,686	659,419	515,286
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables				2,402,554	0	3,321,912
7. Totals (Lines 1 through 6)	659,419	27,654,411	0	4,173,672	659,419	4,709,360

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid (Claims				
, 1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
						·
						<u> </u>
						
0199999 Individually listed claims unpaid		n	0	n		
0299999 Aggregate accounts not individually listed-uncovered		υ				
0399999 Aggregate accounts not individually listed-covered	40,065,535	20,978,969	540,184			61,584,68
0499999 Subtotals	40,065,535	20,978,969	540,184	0	0	61,584,688
0599999 Unreported claims and other claim reserves	. , , ,	, , , , , , , , , , , , , , , , , , ,	· · ·			109,604,35
0699999 Total amounts withheld						
0799999 Total claims unpaid						171,189,040
0899999 Accrued medical incentive pool and bonus amounts						3,462,16

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Blue Cross Blue Shield of Michigan	45,336				45,336		
				 			
0199999 Individually listed receivables	45,336	0	0	0	45,336	0	0
0199999 Individually listed receivables					· ·		
0399999 Total gross amounts receivable	45,336	0	0	0	45,336	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth Caritas Services, LLC	ninistrative and staffing servicesg therapy management program	13,996,800	13,996,800	
PerformRx, LLC	ug therapy management program	1,218,281	1,218,281	
0199999 Individually listed payables		15,215,081	15,215,081	0
0199999 Individually listed payables				
0399999 Total gross payables		15,215,081	15,215,081	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	6,023,949	0.5	76,050	23.0		6,023,949
Intermediaries		0.0		0.0		
3. All other providers	2,674,460	0.2	201,940	61.2		2,674,460
4. Total capitation payments	8,698,409	0.7	277,990	84.2	0	8,698,409
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX		
Contractual fee payments	1,266,795,775	99.0	xxx	XXX	,	
7. Bonus/withhold arrangements - fee-for-service		0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments	3,738,538	0.3	xxx	XXX		3,738,538
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		<u> </u>
12. Total other payments	1,270,534,313	99.3	xxx	XXX	0	1,270,534,310
13. Total (Line 4 plus Line 12)	1,279,232,722	100 %	XXX	XXX	0	1,279,232,722

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 1 - PART 2 - SUMMART OF TRANSACTIONS		VIAIT DIVILIT	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
			l		
			†	1	İ
	NIONE				
			†	1	†
				ł	
			 	ł	
			 	 	
			ļ		ļ
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	2,014,354		1,339,217	675,137	675 , 137	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment	2,715,026		1,816,309	898,717	898,717	
6. Total	4,729,380	0	3,155,526		1,573,854	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Blue Cross Complete of Michigan LLC

2. ______

											(LOCATI			
NAIC Group Code 00572 BUSINESS IN THE STAT	E OF Michigan			T	DURING	G THE YEAR 20	023	1	T	Г		NAIC Compan	y Code	11557
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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								349,588					-
2 First Quarter	354 ,758								354,758					
3 Second Quarter	362,702								362,702					
4. Third Quarter	350,414								350,414					-
5. Current Year	330,174								330,174					
6 Current Year Member Months	4,222,630								4,222,630					
Total Member Ambulatory Encounters for Year:														
7. Physician	2,208,703								2,208,703					
8. Non-Physician	1,006,581								1,006,581					
9. Total	3,215,284	0	0	0	0	0	0	0	3,215,284	0	0	0	0	
10. Hospital Patient Days Incurred	133,777								133,777					
11. Number of Inpatient Admissions	22,715								22,715					
12. Health Premiums Written (b)	1,558,908,423								. 1,558,908,423					
13. Life Premiums Direct														
14. Property/Casualty Premiums Written														
15. Health Premiums Earned	1,558,908,423								. 1,558,908,423					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services	1,279,232,722								. 1,279,232,722					
18. Amount Incurred for Provision of Health Care Services	1,273,661,084								1,273,661,084					



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Blue Cross Complete of Michigan LLC

2.

											(LOCATION)			
AIC Group Code 00572 BUSINESS IN THE STAT	E OF Consolidate				DURING	THE YEAR 20)23	Τ		Γ	ı	NAIC Compan	y Code	11557
	1	Compre Hospital 8		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 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 N Healt
Total Members at end of:						•								
1. Prior Year	349,588	0	0	0	0	0	0	0	349,588	0	0	0	0	
2 First Quarter	354,758	0	0	0	0	0	0	0	354,758	0	0	0	0	
3 Second Quarter	362,702	0	0	0	0	0	0	0	362,702	0	0	0	0	
4. Third Quarter	350 , 414	0	0	0	0	0	0	0	350,414	0	0	0	0	
5. Current Year	330,174	0	0	0	0	0	0	0	330,174	0	0	0	0	
6 Current Year Member Months	4,222,630	0	0	0	0	0	0	0	4,222,630	0	0	0	0	
Total Member Ambulatory Encounters for Year:														
7. Physician	2,208,703	0	0	0	0	0	0	0	2,208,703	0	0	0	0	
8. Non-Physician	1,006,581	0	0	0	0	0	0	0	1,006,581	0	0	0	0	
9. Total	3,215,284	0	0	0	0	0	0	0	3,215,284	0	0	0	0	
10. Hospital Patient Days Incurred	133,777	0	0	0	0	0	0	0	133,777	0	0	0	0	
11. Number of Inpatient Admissions	22,715	0	0	0	0	0	0	0	22,715	0	0	0	0	
12. Health Premiums Written (b)	1,558,908,423	0	0	0	0	0	0	0	.1,558,908,423	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,558,908,423	0	0	0	0	0	0	0	.1,558,908,423	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,279,232,722	0	0	0	0	0	0	0	.1,279,232,722	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	1,273,661,084	0	0	0	0	0	0	0	1,273,661,084	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

NONE

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	453,585,126		453,585,126
2.	Accident and health premiums due and unpaid (Line 15)	251,075,917		251,075,917
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	8,354,907		8,354,907
6.	Total assets (Line 28)	713,015,950	0	713,015,950
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	171,189,040	0	171 , 189 ,040
8.	Accrued medical incentive pool and bonus payments (Line 2)	3,462,161		3,462,161
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.				0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	301,769,640		301,769,640
15.	Total liabilities (Line 24)	476,420,841	0	476 , 420 , 841
16.	Total capital and surplus (Line 33)	236,595,109	XXX	236,595,109
17.	Total liabilities, capital and surplus (Line 34)	713,015,950	0	713,015,950
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

			ted By States and Territ		siness Only		
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama							
2. Alaska							
3. Arizona	AZ						
4. Arkansas	AR						
5. California	CA						
6. Colorado	co						
7. Connecticut	ст						
8. Delaware	DE						
District of Columbia							
10. Florida	FL						
11. Georgia							
12. Hawaii							
	ID						
13. Idaho							
14. Illinois	IL		-		·		
15. Indiana	IN		-		-		
16. lowa	l l		-				
17. Kansas	KS						
18. Kentucky							
19. Louisiana	LA						
20. Maine	ME						
21. Maryland	MD						
22. Massachusetts							
23. Michigan	МІ						
24. Minnesota	MN						
25. Mississippi							
26. Missouri							
	l l						
27. Montana							
28. Nebraska							
29. Nevada						·	
30. New Hampshire					-		
31. New Jersey							
32. New Mexico	NM						
33. New York	NY						
34. North Carolina	NC						
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma							
38. Oregon							
39. Pennsylvania							
40. Rhode Island							
41. South Carolina	SC				T		
	SC						
42. South Dakota			-				
43. Tennessee	TN		-			·	
44. Texas			-		-	·	
45. Utah	ľ		-		+	·	
46. Vermont	VT		-		-		
47. Virginia							
48. Washington							
49. West Virginia	WV						
50. Wisconsin	WI						
51. Wyoming	WY						
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. U.S. Virgin Islands							
56. Northern Mariana Islands					-		
					-		
57. Canada							
58. Aggregate Other Alien							

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	2 Group Name	NAIC Company Code	·	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates		Relationship to / Reporting		Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide		Is an SCA Filing Required?	*
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				
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	
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 Blue Cross Blue	NO	
00572	BC/BS of Michigan Mutual Insurance Co	. 00000					Pharmacy-Related Holding	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	
	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	Shield of Michigan Mutual Insurance Company Blue Cross Blue	NO	
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	Shield of Michigan Mutual Insurance Company Blue Cross Blue	NO	
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	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue		
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	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	YES	
00572	BC/BS of Michigan Mutual Insurance Co	. 00000	. 27 -0521030				Accident Fund Holdings, Inc	MI	NIA	Emergent Holdings, Inc	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	
00572	BC/BS of Michigan Mutual Insurance Co	. 00000	AA -0000000	-			.AF Global Capital, Ltd	GBR	NIA	Accident Fund Holdings, Inc	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue Shield of Michigan	N0	
	BC/BS of Michigan Mutual Insurance Co	. 10166	38-3207001				Accident Fund Insurance Company of America.	MI	I A	Accident Fund Holdings, Inc	Ownership		Mutual Insurance Company	NO	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	2	3	4	3	0	Name of Securities	°	9			Type of Control (Ownership,	13	14	15	10
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence. Other)		Entity(ies)/Person(s)	(Yes/No)	*
						ĺ ,	-		,		, ,		Blue Cross Blue		
	B0/B0 (W: 1 : W / 1												Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co	00000	83-4598059				 Miracle Nova (US) LLC	DE.	NIA	Accident Fund Insurance Company of America	Ownership.	100.0	Mutual Insurance Company	NO	
00372	Insurance co	00000	03-4090009	-			IMITACIE NOVA I (US) LLC		N I A	Company of America	. Ownership	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	47 - 4391033				Miracle Nova II (US) LLC	DE	NIA	Miracle Nova I (US) LLC	Ownership	100.0	Company	NO	
													Blue Cross Blue		
	DC/DC of Michigan Mutual												Shield of Michigan Mutual Insurance		
00572	BC/BS of Michigan Mutual Insurance Co	00000	38-2626206				AmeriTrust Group, Inc	lMI	NIIA	Miracle Nova II (US) LLC	Ownership		Company	NO	
00372	Trisui ance co	00000	. 30-2020200	-			I Allie I I I ust of oup, The				. Owner strip	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	26-3468547				ProCentury Corporation	MI	NIA	AmeriTrust Group, Inc	Ownership	100.0	Company		
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co.	00000	38-1798156				Meadowbrook Inc	MI	NIA	AmeriTrust Group. Inc	Ownership	100.0	Company	NO NO	
000.2										Time			Blue Cross Blue		
													Shield of Michigan		
00570	BC/BS of Michigan Mutual						Preferred Insurance Agency,			l		400.0	Mutual Insurance		
00572	Insurance Co	00000	04-3279903	-			Inc	MA	NIA	Meadowbrook, Inc	Ownership	100.0	CompanyBlue Cross Blue	N0	
													Shield of Michigan		
	BC/BS of Michigan Mutual						Florida Preferred						Mutual Insurance		
00572		00000	65-0150469				Administrators, Inc	FL	NIA	Meadowbrook, Inc	Ownership	100.0	Company		
													Blue Cross Blue		
	DO/DO of Mishissa Mataral												Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	04-3296168				TPA Insurance Agency, Inc	MA.	NIA	Meadowbrook, Inc	Ownership	100.0	Mutual Insurance Company	NO	
00372	Trisurance co	00000	. 04-3290100				TIPA INSUITABLE Agency, INC	JW/A	N 1 A	I Meadowblook, The	. Owner strip	100.0	Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						Meadowbrook Intermediaries,						Mutual Insurance		
00572	Insurance Co	00000	38-2573624				Inc	NY	NIA	Meadowbrook, Inc	Ownership	100.0	Company	N0	
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co.	00000	71-1051888				Mackinaw Underwriters, Inc	l MI	NIA	Meadowbrook, Inc	Ownership.	100 0	Company	NO	
300, 2							and an arrange and arrange and arrange and arrange and arrange and arrange and arrange	4					Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						l.,			l.,			Mutual Insurance		
00572	Insurance Co	00000	63-1223412				Meadowbrook Insurance, Inc	AL	NIA	Meadowbrook, Inc	Ownership	100.0	Company	N0	

	_	_				_	-		1		1		T		
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	, ID	Federal		Traded (U.S. or		Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location		(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)		*
						,			,	, , ,	, ,		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	38-3243249				Mackinaw Administrators, LLC	M I	NIA	Meadowbrook, Inc	Ownership	100.0	Company	NO	
													Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	00000	33-0000063				Crest Financial Corporation	NV	NIA	AmeriTrust Group, Inc	Ownership	100.0	Company	NO	
													Blue Cross Blue		
	20/20 6 41/4												Shield of Michigan		
	BC/BS of Michigan Mutual	00000	05 0000000				Commerical Carriers Insurance	0.4				400.0	Mutual Insurance	NO	
00572	Insurance Co	00000	95-3328008				Agency, Inc	CA	N I A	Crest Financial Corporation	. Ownership	100.0	Company	N0	
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co.	00000	33-0498603				Liberty Premium Finance, Inc	CA	NIA	Crest Financial Corporation	Ownerchin		Company	NO	
00072	Trisurance co	00000	. 33-0490003				Liberty Freiiiruiii Filiance, Inc		NIA	Crest Financial Corporation	. Ownership		Blue Cross Blue	NU	
													Shield of Michigan		
	BC/BS of Michigan Mutual						Interline Insurance Services.						Mutual Insurance		
00572		00000	94-2828166				Inc	CA	NIA	Crest Financial Corporation	Ownershin	100 0	Company	NO	
00072	Triodi diloc do	00000	2020100				1110		1	Or ost Tringhoral Corporation	. o #1101 3111 p		Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						American Highway Carriers						Mutual Insurance		
00572		00000	33-0000979				Association	CA	NIA	Crest Financial Corporation	Ownership.	100.0	Company	NO	
]										Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co	18023	. 38-2626205				Star Insurance Company	MI	A	AmeriTrust Group, Inc	Ownership	100.0	Company	NO	
													Blue Cross Blue		
													Shield of Michigan		
	BC/BS of Michigan Mutual						Ameritrust Insurance				l		Mutual Insurance		
00572	Insurance Co	10665	65-0661585				Corporation	MI	I A	Star Insurance Company	Ownership	100.0	Company	. N0	
													Blue Cross Blue		
	DO/DO of Michigan Material												Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	00 0050070				170 1 110		NII A	04	O	400.0	Mutual Insurance	NO	
00572	Insurance Co	00000	83-3258073				ATG I, LLC	MI	NIA	Star Insurance Company	Ownership	100.0	Company	N0	
													Blue Cross Blue Shield of Michigan		
	BC/BS of Michigan Mutual						Williamsburg National Insurance						Mutual Insurance		
00572	Insurance Co.	25780	33-0208084				Company	MI	IA	Star Insurance Company	Ownership.	100.0	Company	NO	
003/2	. 1113u1 a1165 60	20100	100-0200004				. oonpariy	JVI		Otal Hisuranice Company	10411019111b	100.0	Blue Cross Blue	INU	
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
	Insurance Co	36951	31-0936702				Century Surety Company	OH	IA	Star Insurance Company	Ownership		Company	NO	
JUUI Z	111001 01100 00	00001	40. 0000702	1			position y out only company	VII	4	otal mouranoo oompany	10 milor on 1 p		1 00mpuriy		

1	2	3	1	5	6	7	8	9	10	11	12	13	14	15	16
'	2		7		0	Name of Securities	Ü		10	"	Type of Control (Ownership,	10			10
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	СІК	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)		*
						,				(**************************************	, , , , , , , , , , , , , , , , , , , ,	Ŭ	Blue Cross Blue	(= = , : : = ,	
													Shield of Michigan		
00570	BC/BS of Michigan Mutual	04000	04 0070007				D. O. A. A. C. A.			0	Owner and his	400.0	Mutual Insurance	NO.	
00572	Insurance Co.	219039	94-6078027	-			ProCentury Insurance Company	MI	I A	Century Surety Company	Ownership	100.0	CompanyBlue Cross Blue	NU	
													Shield of Michigan		
	BC/BS of Michigan Mutual												Mutual Insurance		
00572	Insurance Co.	00000 2	26 - 4728075				Affinity Services, LLC	MI	NIA	Accident Fund Holdings, Inc	Ownership	100.0	Company	NO	
													Blue Cross Blue		
	DO / DO C M' L C M / L												Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co		32-0550098				Fundamental Agency,	l wı	N I A	Accident Fund Holdings, Inc	Ownorchin	100.0	Mutual Insurance Company	NO	
0037 2	Trisurance co		32-0330096				Inc		N I A	ACCIDENT FUND HOTOTHYS, INC	. Ownersinp	100.0	Blue Cross Blue	INU	
													Shield of Michigan		
	BC/BS of Michigan Mutual						United Wisconsin Insurance			Accident Fund Insurance			Mutual Insurance		
00572	Insurance Co	29157	39-0941450				Company	WI	I A	Company of America	Ownership	100.0	Company	N0	
													Blue Cross Blue		
	BC/BS of Michigan Mutual						Accident Fund General Insurance			Accident Fund Insurance			Shield of Michigan Mutual Insurance		
00572	Insurance Co	12304	20-3058200				Company	MI	IA	Company of America	Ownership	100 0	Company	NO	
00012	111001 01100		20 0000200				Josephiny			l sompariy or railor roa	0 1110 1 0111 p		Blue Cross Blue		
													Shield of Michigan		
00570	BC/BS of Michigan Mutual	1,0005	00 0050004				Accident Fund National		l	Accident Fund Insurance		400.0	Mutual Insurance		
00572	Insurance Co	12305 2	20-3058291	-			Insurance Company	М I	I A	Company of America	Ownership	100.0	CompanyBlue Cross Blue	N0	
													Shield of Michigan		
	BC/BS of Michigan Mutual									Accident Fund Insurance			Mutual Insurance		
00572	Insurance Co	10713 3	36-4072992				Third Coast Insurance Company	WI	I A		Ownership	100.0	Company	NO	
													Blue Cross Blue		
	DO/DO of Michigan Motors									Assistant Food Income			Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	12177	20-1117107				CompWest Insurance Company	CA	I A	Accident Fund Insurance Company of America	Ownership	100.0	Mutual Insurance Company	NO	
00372	Trisurance co	121//14	20-1111 101				Complest Trisurance Company		I /	Company of America	Ownersinp	100.0	Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
00572	Insurance Co	00000 2	20 - 1420821				LifeSecure Holdings Corporation	AZ	DS	Company	Ownership	80.0	Company	YES	7
													Blue Cross Blue		
	BC/BS of Michigan Mutual									LifeSecure Holdings			Shield of Michigan Mutual Insurance		
00572	Insurance Co.	77720	75-0956156				LifeSecure Insurance Company	MI	IA		Ownership.		Company	NO	7
							2 333341 6 Thour and 5 Company			00. po. de 101	5 51 5111 p		Blue Cross Blue		
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual							 .	50	Michigan Mutual Insurance		400 -	Mutual Insurance		
00572	Insurance Co.	[95610]	38-2359234				Blue Care Network of Michigan	M I	DS	Company	Ownership	100.0	Company	N0	

1	2	3	4	5	6	7	8	T 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		Type of Control (Ownership, Board, Management, Attorney-in-Fact,	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required?	*
00572	BC/BS of Michigan Mutual Insurance Co	00000 3	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 CompanyBlue Cross Blue	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000 4	15- 3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Shield of Michigan Mutual Insurance Company BCBSM and	YES	
00572	BC/BS of Michigan Mutual Insurance Co	11557 4	17 -2582248	-			Blue Cross Complete of Michigan LLC	MI	I A	' '	Ownership	50.0	Independence Health Group, Inc Blue Cross Blue	NO	5
00572	BC/BS of Michigan Mutual Insurance Co	000008	35-4338099	-			Care Transformation Holding Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.0	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	N0	
00572	BC/BS of Michigan Mutual Insurance Co	00000					Honest Medical of Michigan LLC	DE	NIA	Care Transformation Holding Company	Ownership	19.9	Shield of Michigan Mutual Insurance CompanyBlue Cross Blue	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000 4	17 -2312291				TRIARQ Health, LLC	MI	NIA	Care Transformation Holding Company	Ownership	100.0	Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000 9	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 3	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	Ownership	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
00572	BC/BS of Michigan Mutual Insurance Co	00000 6	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	000003	34-2032238				GloStream. Inc	MI	NIA	Care Transformation Holding	Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	
	BC/BS of Michigan Mutual		33-2485797				One Team Care, LLC	MI			Ownership		Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	17

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	2	3	4	5	0	Name of Securities Exchange if	0	9			Type of Control (Ownership,			Is an SCA	10
		NAIC				Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries Or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required? (Yes/No)	*
Code	Group Name	Code	Number	KSSD	CIK	international)	Of Allillates	Location	Enuty	(Name of Entity/Person)	iniliderice, Other)	<u> </u>	Blue Cross Blue	(Yes/No)	
Do.	VIDO (M: 1: M / 1						01.01 1. 404.(//) B1 0						Shield of Michigan		
	C/BS of Michigan Mutual	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust	MI		Care Transformation Holding Company	Management		Mutual Insurance Company	NO	
00072	iodi diloo oo	00000	04 2002200							,	managomorre		Blue Cross Blue		
DO.	N/DO of Mishing Matural						Was does d. Obas 'bas lassassas			Blue Cross Blue Shield of			Shield of Michigan		
	C/BS of Michigan Mutual Insurance Co.	15649	47 - 2221114				Woodward Straits Insurance Company	М I		Michigan Mutual Insurance Company	Ownership		Mutual Insurance Company	NO	
00012		100 10									5		Blue Cross Blue		
l lec	C/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
	nsurance Co	00000	81-3438452				COBX Co	MI	NIA	Emergent Holdings, Inc	Ownership	100.0	Company	NO	
											,		Blue Cross Blue		
BC	C/BS of Michigan Mutual												Shield of Michigan Mutual Insurance		
	surance Co	00000	84-3513429				Emergient, Inc	MI	NIA	Emergent Holdings, Inc	Ownership	100.0	Company	N0	
													Blue Cross Blue Shield of Michigan		
BC	C/BS of Michigan Mutual												Mutual Insurance		
		00000	84-4009427				NextBlue, LLC	DE	NIA	Emergient, Inc	Ownership	51.0	Company	N0	9
													Blue Cross Blue Shield of Michigan		
	C/BS of Michigan Mutual						NextBlue of North Dakota						Mutual Insurance		
00572 Ins	nsurance Co	16739	84-3789332				Insurance Company	ND		NextBlue, LLC	Ownership	100.0	CompanyBlue Cross Blue	N0	9
													Shield of Michigan		
	C/BS of Michigan Mutual												Mutual Insurance		
00572 Ins	nsurance Co	00000	84-4367791				Vermont Blue Advantage, LLC	DE	NIA	Emergient, Inc	Ownership	51.0	CompanyBlue Cross Blue	N0	9
													Shield of Michigan		
BC/	C/BS of Michigan Mutual	10700	84-4331472				Variant Diva Advantage Inc	VT	I A	Variant Diva Advantage III	Owen nah in		Mutual Insurance	NO	0
00572Ins	surance Co	10/93	84-4331472				Vermont Blue Advantage, Inc	V I	I A	Vermont Blue Advantage, LLC	ownership	100.0	CompanyBlue Cross Blue	NU	9
													Shield of Michigan		
	C/BS of Michigan Mutual	00000	86-1598901				Wellmark Advantage Holdings,	DE	N I A	Emergient, Inc	Ownerchin	51.0	Mutual Insurance Company	NO	0
0031 2	ιουι αιιου ου	00000	100-100001				LLV		N 1 /A	Lilie191611t, 1116	Owner 2111b		Blue Cross Blue	∪v∪	9
	N/DO of Michigan Material						Wallmank Advantes - Usalth Bl			Wallmank Advanters Ustal			Shield of Michigan		
	C/BS of Michigan Mutual Insurance Co.	17001	86-1598618				Wellmark Advantage Health Plan, Inc	I A	IA	Wellmark Advantage Holdings, Inc	Ownership		Mutual Insurance Company	NO	9
1110		00 1	1000010								551 6111 p		Blue Cross Blue		
l nc	C/BS of Michigan Mutual									Blue Cross Blue Shield of Michigan Mutual Insurance			Shield of Michigan Mutual Insurance		
	nsurance Co	00000					Services Holding Company, LLC	MI			Ownership	100.0	Company	NO	

Name of Securities Securiti	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Group Name	,	2	3	7	3	0	Name of Securities	S S	3			Type of Control (Ownership,	If Control is			10
Code Group Name Code Number RSSD CIK International O. Affiliates Cocation Entity Percenting Entity(exp)Person(s) (Yes)No.	Group			, ID	Federal				Domiciliary		Directly Controlled by			Ultimate Controlling		
Science Miles	Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)		Percentage		(Yes/No)	*
0.0572 Instruction 0.0000 St-1707790 MASC Corporation DE MIA Services Holding Corporat, LLC Overship To Description DE DESCRIPTION DE																
Birl Cross Blue Sheld of Michigan Mutual Size Cross Blue Sheld of Michigan Mutual Insurance		BC/BS of Michigan Mutual														
BC/BS of Michigan Mutual Innovate®X LLC DE NIA Company LLC Ownership 10 Obstance of Company LLC Ownership 10	00572	Insurance Co	00000	58 - 1767730				NASCO Corporation	DE	NIA	Services Holding Company, LLC.	Ownership	100.0	Company	YES	
BC/BS of Michigan Mutual BC/BS of Michigan M																
		BC/BS of Michigan Mutual									Pharmacy-Related Holding					
BC/BS of Nichigan Nutual		Insurance Co	00000	84-4115688				InnovateRX LLC	DE	NIA	Company, LLC	Ownership	10.0	Company	NO	1
BC/BS of Michigan Mutual Civica Outpetient Subsidiary LLC DE NIA Innovereinx LLC Nanagement Company Motual Insurance																
Description		PC/PS of Michigan Mutual						Civica Outpatient Subsidiary								
BC/8S of Michigan Mutual BC/8S of Michigan	00572	Insurance Co	00000	83-1246927				LLC	DE	NIA	InnovateRX LLC	Management			NO	
BC/BS of Michigan Mutual Insurance Co. DE NIA Company Comp														Blue Cross Blue		
		DC/DC of Michigan Mutual									Dharmasy Dalated Holding					
BC/BS of Michigan Mutual 00572	00572	Insurance Co	00000	85-3092159				Evio Pharmacy Solutions IIC	DF	NIA	Company IIC	Ownership	20.0	Company	NO	18
BC/BS of Michigan Mutual Insurance Company, LLC. BFrinancial Services Holding Company, LLC. MI NIA. BIUE Cross Blue Shield of Michigan Mutual Insurance Company, LLC. MI NIA. BULC Cross Blue Shield of Michigan Mutual Insurance Company, LLC. MI NIA. BULC Cross Blue Shield of Michigan Mutual Insurance Company, LLC. MI NIA. BULC Cross Blue Shield of Michigan Mutual Insurance Company, LLC. MI NIA. BULC Cross Blue Shield of Michigan Mutual Insurance Company, MO Mutual Insurance Company, MO Mutual Insurance Company, MO Michigan Mutual Insurance Mutual Insurance Michigan Mutual I	000/ 2		00000	00 0002 100								,		Blue Cross Blue		
Company LLC MI DS Company LO Company MI DS Company DS Company DS DI Company MI DS DI DS DS		DO / DO / C M / L / L												Shield of Michigan		
BC/BS of Michigan Mutual 00572. Insurance Co. 00573. Insurance Co. 00574. Insurance Co. 00575. Insurance Co. 00575. Insurance Co. 00576. Insurance Co. 00577. Insurance Co. 00577. Insurance Co. 00578. Insurance Co. 00579. Insurance Co. 00570. Insurance C		BC/BS of Michigan Mutual	00000						MI	ne	Michigan Mutual Insurance	Ownorchin	100.0	Mutual Insurance	NO	
BC/BS of Michigan Mutual OS72 Insurance Co. BC/BS of Michigan Mutual OS72 Insurance Co. OS72 Insurance Co. OS73 Michigan Mutual OS74 Michigan Mutual OS75 Michigan Mutual OS75 Michigan Mutual OS76 Michigan Mutual OS77 Michigan Mutual OS77 Michigan Mutual OS78 Michigan Mutual OS79	00372	Trisurance co	00000					Company, ELG	JJWI I		Company	Ownersinp	100.0	Blue Cross Blue	.	
District Co. District Co. District Co. District Company,														Shield of Michigan		
BC/BS of Michigan Mutual 00572		BC/BS of Michigan Mutual	00000	07 4054050				D. '.		NII A	Financial Services Holding	0	400.0		NO	
Blue Cross Blue Shield of Michigan Mutual Insurance Co.	00572	Insurance co	00000	87 -4051658				IBRICKTOWN CAPITAL, LLC	JJW I	NIA	Company, LLC	Ownership	100.0	Rive Cross Rive	N∪	
ODS72 Insurance Co. O0000 84-6869872 Internal Health Benefit Trust MI OTH Company Management Company NO 10								Blue Cross Blue Shield of			Blue Cross Blue Shield of					
Blue Cross Blue Shield of Michigan Mutual Insurance Co		BC/BS of Michigan Mutual									Michigan Mutual Insurance			Mutual Insurance		
BC/BS of Michigan Mutual 00572	00572	Insurance Co	00000	84-6869872				Internal Health Benefit Trust	MI	DTH	Company	Management		Company	N0	10
BC/BS of Michigan Mutual Insurance Co.								Blue Cross Blue Shield of			Blue Cross Blue Shield of			Shield of Michigan		
BC/BS of Michigan Mutual Insurance Co		BC/BS of Michigan Mutual						Michigan Non-Bargaining Unit			Michigan Mutual Insurance			Mutual Insurance		
BC/BS of Michigan Mutual Insurance Co BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance Mutual Insurance Company. BBUE Cross Blue Shield of Michigan Mutual Insurance M	00572	Insurance Co.	00000	84-6871980				Internal Health Benefit Trust	MI	OTH	Company	Managerment		Company	NO	10
BC/BS of Michigan Mutual Insurance Co								Blue Cross Blue Shield of			Rive Cross Rive Shield of					
One of the company		BC/BS of Michigan Mutual						Michigan Long-Term Disability						Mutual Insurance		
BUE Cross Blue Shield of Michigan Mutual Insurance Co		Insurance Co	00000	81-6482696				Trust	MI	OTH		Management		Company		11
BC/BS of Michigan Mutual Insurance 00572 Insurance Co. 00000 30-1140600 Michigan Employees' Retirement Master Trust Michigan Mutual Insurance Company Management Company No 12 Blue Cross Blue Shield of Michigan Mutual Insurance Blue Cross Blue Shield of Michigan Mutual Insurance Management No 12 Blue Cross Blue Shield of Michigan Mutual Insurance Michigan Mutual Insurance Shield of Michigan Mutual Insurance Michigan Mutual Insurance No 12 Blue Cross Blue Shield of Michigan Mutual Insurance Michigan Mutual Insurance No 12 Blue Cross Blue Shield of Michigan Mutual Insurance No 12 Blue Cross B								Plus Cross Plus Chiefd of			Plus Cross Plus Chiefd of					
00572 Insurance Co. 00000 30-1140600 Management Company Management Company Management Company 12 Blue Cross Blue Shield of Michigan Mutual Insurance Michigan Michigan Mutual Insurance Michigan Michigan Mutual Insurance Michigan Michigan Michigan Mutual Insurance Michigan Michigan Michigan Michigan Mutual Insurance Michigan Michiga		BC/BS of Michigan Mutual														
Blue Cross Blue Shield of Blue Cross Blue Shield of Michigan Mutual Insurance Blue Cross Blue Shield of Michigan Mutual Insurance		Insurance Co.	00000	30-1140600				Master Trust	MI	0TH	Company	Management		Company	NO	12
BC/BS of Michigan Mutual Blue Cross Blue Shield of Michigan Mutual Insurance Mutual Insurance Mutual Insurance											, ,					
100572 Insurance Co. 100000 Michigan 401(K) Master Trust MI OTH Company Management Company NO		BC/RS of Michigan Mutual						Rive Cross Rive Shield of								
		Insurance Co	00000					Michigan 401(K) Master Trust	MI	0TH		Management		Company	NO.	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
'	2	3	7	3	0	Name of Securities	Ü				Type of Control (Ownership,		14		10
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Blue Cross Blue	(Yes/No)	*
										Blue Cross Blue Shield of			Shield of Michigan		
	BC/BS of Michigan Mutual	50005					Blue Cross and Blue Shield of			Michigan Mutual Insurance		400.0	Mutual Insurance		
00572	Insurance Co	53295	03-0277307				Vermont	VT	IA	Company	Ownership	100.0	CompanyBlue Cross Blue	N0	
													Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	04 4070004				Health & Wellness Partners,	VT		Blue Cross and Blue Shield of		400.0	Mutual Insurance	YES	
00572	Insurance Co	00000	81-4279904				Incorporated Cell	V I	NIA	Vermont	Ownership	100.0	CompanyBlue Cross Blue	YES	
													Shield of Michigan		
	BC/BS of Michigan Mutual	05000	00 0054050				T. V	VT		Blue Cross and Blue Shield of		400.0	Mutual Insurance	NO	
00572	Insurance Co	95696	03-0354356				The Vermont Health Plan, LLC	VT	I A	Vermont	Ownership	100.0	CompanyBlue Cross Blue	N0	
													Shield of Michigan		
	BC/BS of Michigan Mutual	00000	05 4040400				The Vermont Caring for Children	VT	NII A	Blue Cross and Blue Shield of		400.0	Mutual Insurance	NO	
00572	Insurance Co	00000	65-1249139				Foundation, Inc.	V I	NIA	Vermont	Ownership	100.0	CompanyBlue Cross Blue	NU	
													Shield of Michigan		
00570	BC/BS of Michigan Mutual	00000	84-4367791				Warrant Bloom Advantage 110	DE	NII A	Blue Cross and Blue Shield of	0	40.0	Mutual Insurance	NO	40
00572	Insurance Co	00000	84-4367791				Vermont Blue Advantage, LLC	DE	NIA	Vermont	Ownership	49.0	CompanyBlue Cross Blue	N0	19
													Shield of Michigan		
00572	BC/BS of Michigan Mutual	00000	03-0346940				Catamount Insurance Sevices,	VT	NIA	Blue Cross and Blue Shield of Vermont	Ownership	100.0	Mutual Insurance Company	YES	
00572	Insurance Co	00000	03-0346940				LLC.	V I	NIA	vermont	l ownership	100.0	Blue Cross Blue	1E5	
													Shield of Michigan		
	BC/BS of Michigan Mutual	00000	03-0360451				Comprehensive Benefits	VT	NIA	Catamount Insurance Services,	Owen and in	100.0	Mutual Insurance Company	NO	
00572	Insurance Co	00000	03-0360451				Administrator, LLC	,V I	N I A	LLU	Ownership	100.0	Blue Cross Blue	NU	
													Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	46-2187169				 Vermont Collaborative Care, LLC.	VT	NIA	Catamount Insurance Services,	Ownership	50.0	Mutual Insurance Company	NO.	20
00372	Insurance co	00000	40-210/109				l vermont corraborative care, LLC.	V I	NIA	LLU	. Owner Strip	30.0	Blue Cross Blue	INU	20
													Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co	00000	27 - 1516730					DE	NIA	Comprehensive Benefits Adminstrator, LLC	Ownership	50.0	Mutual Insurance Company	NO	20
00372		00000	27 - 13 107 30				Copart Benefits Group, LLC	 	N I A	Administrator, LLC	. Owner Sirip		Blue Cross Blue	INU	20
													Shield of Michigan		
00572	BC/BS of Michigan Mutual Insurance Co.	00000	20-1879465				EBPA, LLC.	DE	NIA	Colbalt Benefits Group, LLC	Ownership	100.0	Mutual Insurance Company	NO	
00012		00000	20-10/9400	-			LDFA, LLU	⊅⊏	IN I A	Blue Cross Blue Shield of	. Owner Sirip	100.0	BCBSM and]INU	
	Independence Health Group. Inc									Michigan Mutual Insurance			Independence		
00000	/ BCBSM	00000	30-0703311				BMH LLC	DE	NIA	Company	Ownership	38.7	Health Group, Inc BCBSM and	N0	
	Independence Health Group. Inc												Independence		
00000	/ BCBSM	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC.	Ownership	100.0	Health Group, Inc	N0	2

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Group Code	2 Group Name	NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	(**************************************			BCBSM and	(
00000	Independence Health Group. Inc / BCBSM		80-0768643	-			BMH SUBCO II LLC	DE	NIA	BMH LLC.	Ownership	100.0	Independence Health Group, Inc., BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM		45 - 5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	00000	23-2859523	-			.AmeriHealth Caritas Health Plan.	PA	NIA	BMH SUBCO LLC & BMH SUBCO	Ownership	100.0	Independence Health Group, Inc BCBSM and	NO	3
00000	Independence Health Group. Inc / BCBSM	. 11557	47 - 2582248				Blue Cross Complete of Michigan LLC	MI	I A	AmeriHealth Caritas Health Plan	Ownership		Independence Health Group, Inc.	N0	5
00000	Independence Health Group. Inc / BCBSM	. 14378	45-4088232				AmeriHealth Caritas Florida,	FL	IA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc.	N0	2
00000	Independence Health Group. Inc / BCBSM		47 - 3923267				.AmeriHealth Caritas Iowa, LLC	I A	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	. 00000 2	26 - 1809217				Perform RX IPA of New York, LLC.	NY	NIA	AmeriHealth Caritas Health Plan	Ownership		Independence Health Group, Inc.	N0	2
00000	Independence Health Group. Inc / BCBSM	. 00000 2	27 - 0863878	-			PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.0	BCBSM and Independence Health Group, Inc. BCBSM and	NO	2
00000	Independence Health Group. Inc / BCBSM		61-1729412	-			PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	100.0	Independence Health Group, Inc	NO	2
00000	Independence Health Group. Inc / BCBSM	. 00000 2	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO	Ownership	100.0	BCBSM and Independence Health Group, Inc.	N0	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.	N0	2
00000	Independence Health Group. Inc / BCBSM		27 - 3575066				AmeriHealth Caritas Louisiana, Inc	LA	I A	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc.	N0	2
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.	N0	2
00000	Independence Health Group. Inc / BCBSM	. 00000 2	25 - 1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc	N0	2
00000	Independence Health Group. Inc / BCBSM.	13630	26-0885397				CBHNP Services, Inc	PA		Community Behavioral Healthcare Network of Pennsylvania, Inc	Ownership		BCBSM and Independence Health Group, Inc.	NO	2

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	/ ID Number	Federal RSSD	CIK	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)	Board, Management, Attorney-in-Fact,	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	15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	I A	AMHP Holdings Corp	Ownership	100.0	BCBSM and Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	15104	. 46-0906893				AmeriHealth Michigan, Inc	MI	A	AMHP Holdings Corp	.Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	A	AMHP Holdings Corp	.Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	16980	. 84-2435374				AmeriHealth Caritas Ohio, Inc	0H	I A	AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSM	16451	. 82-1141687				AmeriHealth Caritas Texas, Inc	TX	I A	AMHP Holdings Corp	Ownership	100.0	Independence Health Group, Inc BCBSM and	N0	2
00000	Independence Health Group. Inc / BCBSMIndependence Health Group. Inc	16539	. 83-1481671				AmeriHealth Caritas North Carolina, Inc AmeriHealth Caritas New Mexico.	NC	I A	AMHP Holdings Corp	.Ownership	100.0	Independence Health Group, Inc BCBSM and Independence	NO	2
00000	/ BCBSMIndependence Health Group. Inc	16422	. 61-1857768				Inc	NM	I A	AMHP Holdings Corp	.Ownership	100.0	Health Group, Inc BCBSM and Independence	NO	2
00000	/ BCBSM	00000	. 61-1847073				Inc	DE	NIA	AMHP Holdings Corp	Ownership	100.0	Health Group, Inc BCBSM and Independence	N0	2
00000	/ BCBSM Independence Health Group. Inc		. 83-3241978				IncAmeriHealth Caritas California,	MN		AMHP Holdings Corp	.Ownership		Heal'th Group, Inc BCBSM and Independence	N0	2
00000	Independence Health Group. Inc		. 86 - 2442207				IncAmeriHealth Caritas Oklahoma,	CA		AMHP Holdings Corp	Ownership		Health Group, Inc BCBSM and Independence	N0	2
00000	Independence Health Group. Inc		. 81-4458766 . 85-3713213				Inc.	OK		AMMIP Holdings Corp	Ownership		Health Group, Inc BCBSM and Independence	NO	2
00000	/ BCBSMIndependence Health Group. Inc		87-4065041				AmeriHealth Caritas Nevada, Inc AmeriHealth Caritas VIP Next,	DE		AMHP Holdings Corp	Ownership		Health Group, Inc BCBSM and Independence Health Group, Inc	N∪ N∩	2
00000	Independence Health Group. Inc		84-2266837				AmeriHealth Caritas West Virginia, Inc.	₽L		AMHP Holdings Corp	.Ownership.		BCBSM and Independence Health Group, Inc	NO.	2
00000	Independence Health Group, Inc.		. 36-5071692				AmeriHealth Caritas Virginia, Inc	VA		AMHP Holdings Corp	Ownership		BCBSM and Independence Health Group, Inc	N0	2

Independence Health Group. Inc 100000 47-5496220 Nider Circle Inc NIA Inc Social Determinants of Life Ownership 27-1 Independence Independence Health Group. Inc 103 103 104 105 1																
Control Cont	1	2	3	4	5	6	Name of	8	9	10	11	Type of Control	13	14	15	16
Crospect												Board,				
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		Group Name				CIK							Percentage	Entity(ies)/Person(s)	(Yes/No)	*
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Fig.		Independence Health Group Inc						Social Determinants of Life								
Independence Feel Forum	00000		00000	85-4321302				Inc	DE	NIA	BMH LLC	Ownership	100.0	Health Group, Inc.	NO	2
March Marc		l														
Blue Cross Bite Shield of Nichigan Nurtual SUSS Financial Corporation DE	00000		00000	47 5406220				Wider Cirole Inc	DE.	NIA		Ownership	27 1		NO	12
BCS Financial Corporation DE NIA BCS Financial Corporation DE DE DE DE DE DE DE D	00000	/ BUDOWI	. 00000	47 - 3490220				wider circle inc		NIA	. 1110	ownership	Z1 . I		INU	ا ۱۵
Description														Shield of Michigan		
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	00572	Insurance Co	. 00000	36-4247278				BCS Financial Corporation	. DE	NIA	. Insurance Company of America	Ownership	13.7		N0	
														Mutual Insurance		
Shield of Michigan Nutual Shield of Michigan Nutual Shield of Michigan Nutual Insurance	00000		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	Ownership	100.0	Company	N0	6
BCS Insurance Company OPH IA BCS Financial Corporation Ownership 100 0 Company NO 6 But Cross Blue Sheld of Michigan Mutual Insurance Ownership 100 0 Company NO 6 BCS Insurance Agency Inc. IL NIA BCS Financial Corporation Ownership 100 0 Company NO 6 BCS Insurance Ownership 100 0 Company NO 6 Company NO 6 Company NO 6 Company NO 6 Company NO Company																
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BCS Financial Services Corporation DE NIA BCS Financial Corporation Ownership Ownership DE ONIA BCS Financial Corporation Ownership Owner	00000		. 00000	36-3120811				BCS Insurance Agency, Inc	. L	N I A	BCS Financial Corporation	Ownership	100.0		NU	b
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BC/BS of Michigan Mutual Insurance Co. DS. BCS Financial Corporation. Ownership. Owners								BCS Financial Services								
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DOUGNOTE Insurance Co. DE. DIA. BCS Financial Corporation. Dought Insurance Co. Dought														Blue Cross Blue		
Insurance Co.		BC/BS of Michigan Mutual														
4 Ever Life International Limited. BMU. NIA. BCS Financial Corporation. Ownership. 100.0 Shield of Michigan Mutual Insurance Company. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. NO. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield of Michigan Mutual Insurance Occupany. No. 6 Blue Cross Blue Shield Occupany	00572		00000	20 - 1420821				LifeSecure Holdings Corporation	AZ	DS.	BCS Financial Corporation.	Ownership	20.0	Company	YES	7
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DOUDD. AA-0000000. Limited. BMU NIA BCS Financial Corporation. Ownership. 100.0 Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance								A Form 1: (c. lotomotional								
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00000. 37-1732732. Ancilyze Technologies LLC. DE. NIA. BCS Financial Corporation. Ownership. 50.0 Blue Cross Blue Shield of Michigan Mutual Insurance Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance Company. No 6 Blue Cross Blue Shield of Michigan Mutual Insurance Mutual Insurance	00000		00000	00 0405007							D00 5:		400 -			_
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00000 37-1732732 Ancilyze Technologies LLC. DE. NIA. BCS Financial Corporation. Ownership 50.0 Company. NO 6 Blue Cross Blue Shield of Michigan Mutual Insurance														Mutual Insurance		
Shield of Michigan Mutual Insurance	00000		. 00000	37 - 1732732				Ancilyze Technologies LLC	. DE	NIA	BCS Financial Corporation	Ownership	50.0	Company	NO	6
Mutual Insurance																
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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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1	2	3	4	5	6	7	8	9	10	11	12	13
1					D	Income/						D-i
					Purchases, Sales or	(Disbursements)						Reinsurance
					Exchanges of	Incurred in		, ,				Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
NAIC Company			Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	*	the Insurer's	-	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	<u> </u>	Business	Totals	Taken/(Liability)
54291		Blue Cross Blue Shield of Michigan Mu	73,200,000	(527,772,708)			94,840,059	(68,760,023)		574,356,398	145,863,726	51,253,237
95610	38-2359234	Blue Care Network of Michigan					(594, 450, 301)	(14,708,953)		.	(609, 159, 254)	
00000	38-2338506	Blue Cross Blue Shield of Michigan Fo					(636, 131)		ļ		(636, 131)	
00000	38-4093181	Emergent Holdings, Inc	34,291,833	427 , 431 , 000			33,927,360		ļ	(512,061,845)	(16,411,652)	
00000	27 - 0521030	Accident Fund Holdings, Inc.	23,500,000	(6,000,000)			(6,009,634)		ļ	· 	11,490,366	
10166	38-3207001	Accident Fund Insurance Company of Am.	(23,500,000)	(80,930,000)			(16,653,340)		ļ	<u> </u>	(121,083,340)	2,989,014,065
12304	20-3058200	Accident Fund General Insurance Company					(5,086,640)		ļ	L	(5,086,640)	(697, 255, 822)
12305	20-3058291	Accident Fund National Insurance Company					(2,608,452)		ļ	<u> </u>	(2,608,452)	(548, 407, 251)
10713	36-4072992	Third Coast Insurance Company.					(3.199.025)		ļ		(3.199.025)	(419.026.029)
29157	39-0941450	United Wisconsin Insurance Company.					(5.869.274)		1	1	(5,869,274)	(740, 126, 911)
12177	20-1117107	CompWest Insurance Company					(5,242,640)		l	1	(5,242,640)	(584, 198, 052)
00000	32-0550098	Fundamental Agency, Inc		6.000.000			(6 894 249)		Ī		(894.249)	, , , , , , , , , , , , , , , , , , , ,
100000	84-3513429	Emergient Inc	16,880,870	(3,213,000)			(14.387.777)		ļ	(428.554)	(1,148,461)	
00000	84-4367791	Vermont Blue Advantage, LLC.					(285,310)		1		(249,085)	
	84-4331472	Vermont Blue Advantage, Inc.	(33,099,428)	36.890.000			(7,008,692)		1		(3,218,120)	
00000	86-1598901	Wellmark Advantage Holdings, LLC.	(00,000,120)				5,381,994		1	1	5,381,994	
17001	86-1598618	Wellmark Advantage Health Plan, Inc.		41,820,000			(11,253,151)		†·····	†····	30,566,849	
00000	84-4009427	NextBlue, LLC.					617,045		†		617,045	
16739	84-3789332	NextBlue of North Dakota Insurance Co.		20.400.000			(5,496,816)		†	†····	14,903,184	
00000		Advantasure, Inc.	347,266	20,400,000			(2,433,588)		†·····	(5,246)	(2,091,568)	
00000	11-3738370	ikaSystems Corporation	(1,757,878)				(11,993,632)		† ·····	5.246	(13,746,264)	
00000	47-4522025	Tessellate Holdings, LLC	(1,737,070)				(11,993,032)		+	ļ	(13,740,204)	
00000	45-3742721	Tessellate, LLC	(2,881,221)				(16,587,103)		†	†	(19,468,324)	
11557	47-2582248	Blue Cross Complete of Michigan LLC.	(2,001,221)				(224 622 022)		†	 	(224,622,032)	
77720		LifeSecure Insurance Company.					(224,622,032) (17,071,229) 82,678,444		ł	†	(224,022,032)	
00000	58-1767730	NASCO LLC.					(17,071,229)		 	(49,942,878)	32,735,566	
00000	47-2221114	Woodward Straits Insurance Company	(73,200,000)				(10,456,086)	83.468.976	 	49,942,070)	(187,110)	448.652.983
100000	45-5415725	AmeriHealth Caritas Services LLC.	[(73,200,000)]					03,400,970		tt	(107,110)	440 , 002 , 903
00000	40-0410/20						124,701,000		 	 	124,761,056	
00000	27-0863878	PerformRx, LLC					11,200,444		 	+	11,200,444	
00000	61-1729412	PerformSpecialty, LLC					86,610,846		ļ		86,610,846	
00000	47-5496220	Wider Circle, Inc					1,651,250		ļ		1,651,250	
00000	85-4338099	Care Transformation Holding Company					// 000		ļ	ļ	0	
00000	34-2032238	GloStream, Inc.	720,000				(1,029,386)		ļ	5,567,082	5,257,696	
00000	83-2485797	One Team Care, LLC.	(720,000)				(3,164,339)		ļ	1,884,924	(1,999,415)	
00000	47 - 2312291	TRIARQ Health, LLC.		17,772,708			(138,665)		ļ	(16,297,158)	1,336,885	
00000		TRIARQ Health, LLP					5,068,047			ļ	5,068,047	
00000	35-2620231	TRIARQ Health Alliance of Florida, LLC					176 , 146			178,228	354,374	
00000	61-1870820	TRIARQ Health Alliance of Michigan, LLC					2 , 195 , 175		ļ	99,292	2,294,467	
00000	87 - 405 1658	Bricktown Capital, LLC					7,203,989		ļ	ļ	7,203,989	
00000	84-6869872	BCBSM BU Internal Health Benefit Trust					(25,065,568)		ļ	ļ	(25,065,568)	
100000	84-6871980	BCBSM Non - BU Int Health Benefit Trust					1 221 580		ļ	ļ	1.221.580	
00000	30-1140600	BCBSM Employees Retirement Master Trust					226,000,000		ļ	1	226,000,000	
00000	38-2069753	BCBSM 401(K) Master Trust					142,791,224				142,791,224	

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	3	4	5	6	7	8	9	10	11	12	13
1						Income/						. .
					Purchases, Sales or Exchanges of							Reinsurance
					Loans, Securities,	Incurred in		Income/		A O41 M - 4 1		Recoverable/
						Connection with				Any Other Material		(Payable) on
					Real Estate, Mortgage	Guarantees or Undertakings for the	Managamant	(Disbursements) Incurred Under		Activity Not in the Ordinary Course of		Losses and/or Reserve
NAIC Company	, ID		Shareholder	Capital	Loans or Other	Benefit of any	Management Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	81-3438452	COBX Co	Dividends	Continuations	investments	Allillate(3)	216,855,374	Agreements		(3,355,489)	213,499,885	rakeri/(Liability)
53295	03-0277307	BCBS of Vermont	22,091,208	(13,328,000)			(411,744)			(3,000,400)	8,351,464	
95696	03-0354356	The Vermont Health Plan, LLC	22,031,200	(13,320,000)			(1,044,936)	34 . 430			(1,010,506)	
00000	81-4279904	Health and Wellness Partners, Inc. Cell.	(908,875)				(462,757)	(34,430)			(1,406,062)	
00000	03-0346940	Catamount Insurance Services, LLC.	(5,000,000)				(2,424)	(07,700)			(5,002,424)	
00000	03-0340340	Comprehensive Benefits Admin, LLC.	(3,000,000)				(407,680)				(407,680)	
00000	46-2187169	Vermont Collaborative Care, LLC.			1		196,879			<u> </u>	196,879	
00000	83-4598059	Miracle Nova LLC.							· · · · · · · · · · · · · · · · · · ·		n l	
00000	47 - 4391033	Miracle Nova II LLC.			1						n l	
00000	38-2626206	AmeriTrust Group Inc.	(30,000,000)	80,930,000	1		(10,701,189)				40,228,811	
00000	71-1051888	Mackinaw Underwriters, Inc.	(00,000,000)				1.020.468		· · · · · · · · · · · · · · · · · · ·		1.020.468	
00000	38-1798156	Meadowbrook Inc.					69,204,836				69,204,836	
18023	38-2626205	Star Insurance Company.					(51,751,863)				(51,751,863)	(925,729,220)
10665	65-0661585	Ameritrust Insurance Corporation					(1,024,947)				(1,024,947)	7,024,000
25780	33-0208084	Williamsburg National Insurance Company					(8,959,842)				(8,959,842)	38,750,000
36951	31-0936702	Century Surety Company.					(40,919,282)				(40,919,282)	339 334 000
21903	94-6078027	ProCentury Insurance Company.					(5,637,269)				(5,637,269)	40,715,000
00000	33-0000063	Crest Financial Corporation					5,357,389				5,357,389	
00000	27 - 1516730	Cobalt Benefits Group, LLC					7,388				7.388	
		' '					,				· · · · · · · · · · · · · · · · · · ·	
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0000000	ontrol Totals			^			_	^	XXX	_	_	_
1 9999999 C	ontrol Totals		0	0	1 0	0	0	0	ιλλλ	0	() [0

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
		Ownership Percentage Column 2 of	Column 1		U.S. Insurance Groups or Entities	Ownership Percentage (Columns 5	Granted Disclaimer of Control\Affiliation of Column 5 Over Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
Blue Cross Blue Shield of Michigan Mutual					Blue Cross Blue Shield of Michigan Mutual		
Insurance Company		%	NO	State of Michigan	Insurance Company	100.000 %	NO
	Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
Blue Care Network of Michigan	Insurance Company	100.000 %	NO	Insurance Company	Insurance Company	100.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual			
LifeSecure Insurance Company	LifeSecure Holdings Corporation	100 . 000 %	NO	Insurance Company	LifeSecure Holdings Corporation	80.000 %	N0
		%		BCS Financial Corporation	LifeSecure Holdings Corporation	20.000 %	NO
	Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan Mutual	· ·		
Woodward Straits Insurance Company	Insurance Company.	100.000 %	NO	Insurance Company	Woodward Straits Insurance Company	100.000 %	NO
, ,	' '			Blue Cross Blue Shield of Michigan Mutual			
Accident Fund Insurance Company of America	Accident Fund Holdings Inc.	100.000 %	NO	Insurance Company	Accident Fund Holdings, Inc.	100.000 %	NO
' '	Ŭ			Blue Cross Blue Shield of Michigan Mutual			
Accident Fund General Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO NO
,				Blue Cross Blue Shield of Michigan Mutual		1	
Accident Fund National Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO.	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
Thousand Fand National Phodranos company				Blue Cross Blue Shield of Michigan Mutual	noordone rand modranoo oompany or moored	1 100.000 %	
United Wisconsin Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO NO
Total Wilder Wil	Theoretic Fund Theartained Company of Amortea		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Blue Cross Blue Shield of Michigan Mutual	noordone rand modranoo oompany or moored	1100.000 %	
Third Coast Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
Titti oodst msurance company	Accrucit Fund mourance company of America			Blue Cross Blue Shield of Michigan Mutual	Accident rund insurance company or America	100.000 //	
CompWest Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100 .000 %	NO NO
Compliest insurance company	Accident Fund insurance company of America		JNU	Blue Cross Blue Shield of Michigan Mutual	Accident rund insurance company of America	100.000 %	JNU
Ctor Ingurance Company	AmeriTrust Group Inc	100.000 %	NO.		Assident Fund Incurence Company of America	100.000 %	NO.
Star Insurance Company	Allief i i ust group inc		JNO	Insurance CompanyBlue Cross Blue Shield of Michigan Mutual	Accident Fund Insurance Company of America	.]100.000 %	JNU
Amoritanat Inquagnos Corneration	Ctor Ingurance Company	100.000 %	NO		Accident Fund Insurance Company of America	100.000 %	NO
Ameritrust Insurance Corporation	Star Insurance Company	100.000 %	JNO	Insurance CompanyBlue Cross Blue Shield of Michigan Mutual	Accident rund insurance company of America	. 100.000 %	JNU
William Land Matienal Landson Order	04	400 000 %	NO		Accident Freed Leaves Ormanic of America	400 000 %	NO
Williamsburg National Insurance Company	Star Insurance Company	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
04	04	400 000 %	NO	Blue Cross Blue Shield of Michigan Mutual	Accident Freed Leaves Ormanic of America	400 000 %	NO
Century Surety Company	Star Insurance Company	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
		400 000 0	NO	Blue Cross Blue Shield of Michigan Mutual	5	400 000 0	NO
ProCentury Insurance Company	Century Surety Company	100.000 %	NO	Insurance Company	Accident Fund Insurance Company of America	100.000 %	NO
	Blue Cross Blue Shield of Michigan Mutual	400 000 0	NO	Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual	400 000 0	NO
Blue Cross and Blue Shield of Vermont	Insurance Company	100.000 %	NO	Insurance Company.	Insurance Company	100.000 %	NO
L				Blue Cross Blue Shield of Michigan Mutual			
The Vermont Health Plan, LLC	Blue Cross and Blue Shield of Vermont	100.000 %	NO	Insurance Company	Blue Cross and Blue Shield of Vermont	100.000 %	N0
				Blue Cross Blue Shield of Michigan Mutual			
Vermont Blue Advantage, Inc	Vermont Blue Advantage LLC	100.000 %	NO	Insurance Company	Emergient, Inc	51.000 %	NO
		%		Blue Cross and Blue Shield of Vermont	Blue Cross and Blue Shield of Vermont	49.000 %	NO
		1		Blue Cross Blue Shield of Michigan Mutual			
NextBlue of North Dakota Insurance Company	NextBlue LLC	100.000 %	NO	Insurance Company	Emergient, Inc	51.000 %	NO
		%		Healthy Dakota Mutual Holdings	Blue Cross Blue Shield of North Dakota	49.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual			
Wellmark Advantage Health Plan, Inc	Wellmark Advantage Holdings, LLC	100.000 %	NO	Insurance Company	Emergient, Inc	51.000 %	NO
		%		Wellmark, Inc		49.000 %	NO
		İ		Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
Blue Cross Complete of Michigan LLC	Michigan Medicaid Holdings Company	50.000 %	NO	Insurance Company	Insurance Company.	50.000 %	NO
,	AmeriHealth Caritas Health Plan.	50.000 %	NO	Independence Health Group Inc.	IBC MH LLC.	50.000 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Michigan, Inc	AMHP Holdings Corp	100.000 %	NO NO	Insurance Company	Insurance Company	38.700 %	NO

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control\Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	(Yes/No)
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Texas, Inc	AMHP Holdings Corp	100 . 000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
Select Health of South Carolina Inc	AMHP Holdings Corp	100 . 000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC.	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan	100 . 000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas New Hampshire, Inc	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc.	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Louisiana, Inc	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC.	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas District of Columbia, Inc.	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc.	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas North Carolina, Inc	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas New Mexico, Inc	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC' Blue Cross Blue Shield of Michigan Mutual	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Ohio, Inc	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38 . 700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
	Community Behavioral Healthcare Network of			Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
CBHNP Services, Inc	Pennsylvania, Inc	100 . 000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Georgia Inc	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		1
AmeriHealth Caritas Minnesota Inc	AMHP Holdings Corp	100.000 %	NO	. Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		1
AmeriHealth Caritas West Virginia Inc	AMHP Holdings Corp	100 . 000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
-		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas California Inc	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc.	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		1
AmeriHealth Caritas Oaklahoma Inc	AMHP Holdings Corp	100 . 000 %	NO	Insurance Company	Insurance Company	38.700 %	NO
		%		Independence Health Group Inc	IBC MH LLC	61.300 %	NO
				Blue Cross Blue Shield of Michigan Mutual	Blue Cross Blue Shield of Michigan Mutual		
AmeriHealth Caritas Nevada Inc.	AMHP Holdings Corp	100.000 %	NO	Insurance Company	Insurance Company	38.700 %	NO

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3 Ownership Percentage Column 2 of		5	6 U.S. Insurance Groups or Entities	7 Ownership Percentage (Columns 5	of Column 5 Over Column 6	
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)	
		%	· · · · · · · · · · · · · · · · · · ·	Independence Health Group Inc	IBC MH LLC.	61.300 %	NO	
AmeriHealth Caritas Virginia Inc	AMHP Holdings Corp		NO	Blue Cross Blue Shield of Michigan Mutual Insurance CompanyIndependence Health Group Inc	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700 %	NO NO	
AmeriHealth Caritas VIP Next Inc	AMHP Holdings Corp	100.000 %	NO	Blue Cross Blue Shield of Michigan Mutual Insurance Company Independence Health Group Inc	Blue Cross Blue Shield of Michigan Mutual Insurance Company	38.700 %	NO	
		% %		Thought and the treatment of the treatme	100 mil LL0.			
		% %						
		% %						
		% %						
		% %						

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

REQUIRED FILINGS

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

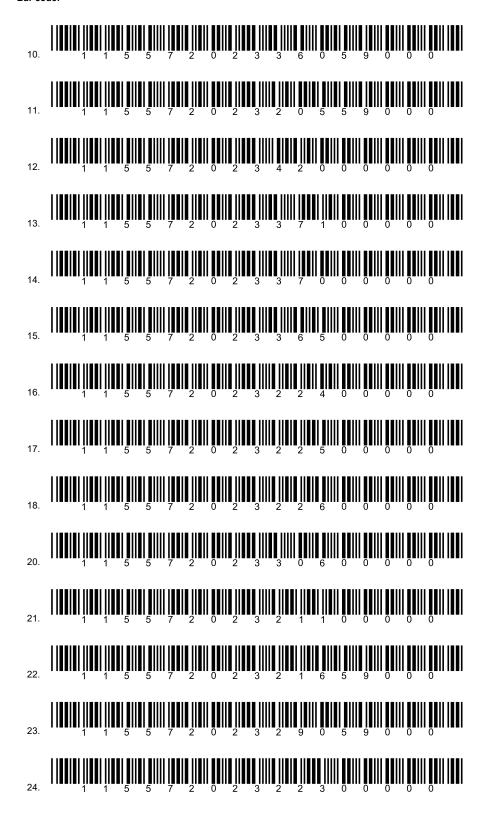
	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.		YES
6.		YES
7.		YES
8.	JUNE FILING Will an audited financial report be filed by June 1?	YES
9.		YES
Howev interro	SUPPLEMENTAL FILINGS Illowing supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business cover, in the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company does not transact the type of business for which the special report must be filed, your response of the event that your company 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 reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING	f NO to the specific
10.		N0
11.		N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
14.		N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
16.		N0
17.	electronically with the NAIC by March 1?	N0
18.		N0
19.		YES
20	APRIL FILING Will the Long Term Care Experience Benefiting Forms be filed with the state of demicile and the NAIC by April 12	NO
20. 21.		NONO
22.		N0
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	
	NAIC by April 1? AUGUST FILING	NO
24.		NO
Evolar	nation:	
-		
	siness not written	
	siness not written	
12. Bu	siness not written	
13. Bu	siness not written	
14. Bu	siness not written	
15. Bu	siness not written	
16. Bu	siness not written	
17. Bu	siness not written	
18. Bu	siness not written	
20. Bu	siness not written	

21. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 22. Business not written
- 23. Business not written
- 24. Business not written

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

		1	2	3
		Uncovered	Total	Total
1404.	Short Procedure Unit		0	(52)
1405.	Health Quality Initiatives		1,651,250	L
1497.	Summary of remaining write-ins for Line 14 from Page 04	0	1,651,250	(52)

M014 Additional Aggregate Lines for Page 14 Line 25.

	2 - Underwriting and investment Exhibit - Part 3					
		1	2	3	4	5
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
		Expenses	Expenses	Expenses	Expenses	Total
2504.	Donat ions	102,557	0	183,865		286,422
2505.	Purchased Services	0	0	387		387
2506.	Interest Expense	0	0	0		0
2507.	Penalties	0	0	3,715		3,715
	Passthroughs		0	500,000		500,000
2597.	Summary of remaining write-ins for Line 25 from Page 14	102,557	0	687,967	0	790,524

M016 Additional Aggregate Lines for Page 16 Line 25.

	1	2	3
	Current Year	Prior Year	Change in Total
	Total	Total	Nonadmitted Assets
	Nonadmitted Assets	Nonadmitted Assets	(Col. 2 – Col. 1)
2504. Deposits	51,518	51,518	0
2597. Summary of remaining write-ins for Line 25 from Page 16	51,518	51,518	0

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 7 Line 13. *ANAOPS - Analysis of Operations by Lines of Business

7 th to 10 7 that yello of Operations by Einles of Basine	,													
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3				Federal Employees	Title	Title					
				Medicare	Vision	Dental	Health	XVIII	XIX		Disability	Long-Term	Other	Other
	Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Credit A&H	Income	Čare	Health	Non-Health
1304. Health Quality Initiatives.	1,651,250								1,651,250					XXX
1397. Summary of remaining write-ins for Line 13														1
from page 7	1.651.250	0		0	0	0	1 0	0	1.651.250	0	0	0	0	XXX



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2023 OF THE Blue Cross Complete of Michigan LLC

MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2023 (To Be Filed By March 1)

FOR THE STATE OF Michigan

NAIC Group Code 00572_____NAIC Company Code 11557____

	MCAS LINE OF BUSINESS	1 MCAS Reportable Premium/Considerations (YES/NO)
1.	Disability income.	NO
	Health	NO
3.	Homeowners	NO
4.	Individual annuity	NO
5.	Individual life	N0
6.	Lender-placed home and auto	NO
7.	Long-term care	N0
8.	Other health	NO
9.	Private flood	NO
	Private passenger auto	
11.	Short-term limited duration health plans.	N0
12.	Travel	NO NO