



QUARTERLY STATEMENT

AS OF JUNE 30, 2024
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	Martha Aguiar-Granda			248-243-1606		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	maguiargranda@mibluccrosscomplete.com			215-937-5353		
	(E-Mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Anthony George Phillips #	Treasurer	Bobbi Jo Elliott #	Secretary
Todd Alan Anderson #	President		

OTHER OFFICERS

--	--	--	--

DIRECTORS OR TRUSTEES

Tricia Ann Keith	Lynda Marie Rossi	Cathy Ann Flowers	Stephen Paul Fera #
Juan Alfonso Lopez, Jr. #	Paul Lawrence Mozak #	Anthony George Phillips #	

State ofPennsylvania.....

County ofPhiladelphia.....

ss

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

Anthony George Phillips Treasurer	Bobbi Jo Elliott Secretary	Todd Alan Anderson President
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, 2024		

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	14,470,751		14,470,751	46,795,439
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	29,864,455		29,864,455	45,986,185
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 (\$216,060,368), cash equivalents (\$183,708,652) and short-term investments (\$38,061,727)	437,830,746		437,830,746	360,803,502
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)	482,165,952	0	482,165,952	453,585,126
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued			0	995,571
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	223,548,084		223,548,084	251,075,917
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	7,131,348		7,131,348	0
18.2 Net deferred tax asset	2,616,180	140,455	2,475,725	4,277,629
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 (\$)	539,313	539,313	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 (\$3,077,728) and other amounts receivable	4,321,493	1,243,765	3,077,728	3,081,707
25. Aggregate write-ins for other-than-invested assets	1,234,339	1,234,339	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	721,556,709	3,157,872	718,398,837	713,015,950
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	721,556,709	3,157,872	718,398,837	713,015,950
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	363,630	363,630	0	0
2502. Leasehold Improvement	719,623	719,623	0	0
2503. Deposits	151,086	151,086	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	1,234,339	1,234,339	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	139,962,200		139,962,200	171,189,040
2. Accrued medical incentive pool and bonus amounts	1,927,500		1,927,500	3,462,161
3. Unpaid claims adjustment expenses	2,004,236		2,004,236	2,603,302
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act.....	7,461,780		7,461,780	22,385,341
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	1,747,066		1,747,066	2,291,338
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	3,980,960
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	239,970,147		239,970,147	237,699,921
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	10,429,141		10,429,141	15,215,081
16. Derivatives.....			0	0
17. Payable for securities	58,626,875		58,626,875	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)	18,761,192	0	18,761,192	17,593,697
24. Total liabilities (Lines 1 to 23).....	480,890,137	0	480,890,137	476,420,841
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	183,508,699	182,595,108
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	237,508,700	236,595,109
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	718,398,837	713,015,950
DETAILS OF WRITE-INS				
2301. Stale Dated Checks.....	319,403		319,403	333,934
2302. Insurance Provider Assessment.....	18,441,789		18,441,789	17,259,763
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)	18,761,192	0	18,761,192	17,593,697
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	1,834,153	2,139,475	4,222,630
2. Net premium income (including \$ non-health premium income).....	XXX	699,726,531	746,095,064	1,558,908,423
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	29,921	44,938	78,628
8. Total revenues (Lines 2 to 7)	XXX	699,756,452	746,140,002	1,558,987,051
Hospital and Medical:				
9. Hospital/medical benefits		337,025,019	351,969,807	676,877,145
10. Other professional services		55,360,506	38,545,406	95,247,925
11. Outside referrals		4,077,251	3,053,584	6,070,167
12. Emergency room and out-of-area		44,844,987	42,502,295	81,511,140
13. Prescription drugs		181,078,269	198,274,569	400,443,523
14. Aggregate write-ins for other hospital and medical.....	0	5,856,063	3,932,119	9,772,749
15. Incentive pool, withhold adjustments and bonus amounts.....		1,910,244	912,076	3,738,435
16. Subtotal (Lines 9 to 15)	0	630,152,339	639,189,856	1,273,661,084
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	0	630,152,339	639,189,856	1,273,661,084
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$10,037,520 cost containment expenses.....		16,690,286	19,751,016	39,957,822
21. General administrative expenses.....		79,175,070	84,721,340	174,301,270
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		(14,923,560)	0	22,385,341
23. Total underwriting deductions (Lines 18 through 22)	0	711,094,135	743,662,212	1,510,305,517
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(11,337,683)	2,477,790	48,681,534
25. Net investment income earned		11,500,690	9,255,414	20,842,375
26. Net realized capital gains (losses) less capital gains tax of \$456,894		1,727,075	45,572	536,616
27. Net investment gains (losses) (Lines 25 plus 26)	0	13,227,765	9,300,986	21,378,991
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	1,890,082	11,778,776	70,060,525
31. Federal and foreign income taxes incurred	XXX	(1,839,202)	2,674,401	18,355,162
32. Net income (loss) (Lines 30 minus 31)	XXX	3,729,284	9,104,375	51,705,363
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	29,921	44,938	78,628
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	29,921	44,938	78,628
1401. Alternative Medical Cost.....		3,422,971	2,258,042	4,656,402
1402. Consumer Incentives.....		184,186	96,275	285,539
1403. PCMH Passthrough Expense.....		1,472,834	1,577,802	3,179,558
1498. Summary of remaining write-ins for Line 14 from overflow page	0	776,072	0	1,651,250
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	5,856,063	3,932,119	9,772,749
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.....	236,595,109	177,539,306	177,539,306
34. Net income or (loss) from Line 32	3,729,284	9,104,375	51,705,363
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 \$	(1,547,300)	2,289,934	3,098,037
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	(1,661,449)	(399,650)	2,852,915
39. Change in nonadmitted assets	393,056	1,120,579	1,399,488
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital and surplus (Lines 34 to 47)	913,591	12,115,238	59,055,803
49. Capital and surplus end of reporting period (Line 33 plus 48)	237,508,700	189,654,544	236,595,109
DETAILS OF WRITE-INS			
4701.		0	0
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	727,254,363	778,324,719	1,425,468,307
2. Net investment income	12,380,137	8,703,375	19,535,762
3. Miscellaneous income	29,921	44,938	78,628
4. Total (Lines 1 to 3)	739,664,421	787,073,032	1,445,082,697
5. Benefit and loss related payments	663,061,660	628,605,907	1,278,697,035
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	97,657,072	114,575,751	89,203,198
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	9,730,000	6,375,800	17,300,000
10. Total (Lines 5 through 9)	770,448,732	749,557,458	1,385,200,233
11. Net cash from operations (Line 4 minus Line 10)	(30,784,311)	37,515,574	59,882,464
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	45,409,589	5,165,279	10,847,028
12.2 Stocks	46,508,197	0	721,297
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	(3,305)	(25,826)	(4,839)
12.7 Miscellaneous proceeds	58,626,875	457,638	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	150,541,356	5,597,091	11,563,486
13. Cost of investments acquired (long-term only):			
13.1 Bonds	12,848,689	9,731,790	18,894,278
13.2 Stocks	29,866,581	571,902	2,289,161
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)	42,715,270	10,303,692	21,183,439
14. Net increase/(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)	107,826,086	(4,706,601)	(9,619,953)
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).....	(14,531)	138,583	(76,340)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(14,531)	138,583	(76,340)
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)	77,027,244	32,947,556	50,186,171
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	360,803,502	310,617,331	310,617,331
19.2 End of period (Line 18 plus Line 19.1)	437,830,746	343,564,887	360,803,502

STATEMENT AS OF JUNE 30, 2024 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	330,174	.0	.0	.0	.0	.0	.0	.0	330,174	.0	.0	.0	.0	.0
2. First Quarter	309,820	.0	.0	.0	.0	.0	.0	.0	309,820	.0	.0	.0	.0	.0
3. Second Quarter	289,594	.0	.0	.0	.0	.0	.0	.0	289,594	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0								0					
6. Current Year Member Months	1,834,153								1,834,153					
Total Member Ambulatory Encounters for Period:														
7. Physician .....	.877,758								.877,758					
8. Non-Physician	437,188								437,188					
9. Total	1,314,946	0	0	0	0	0	0	0	1,314,946	0	0	0	0	0
10. Hospital Patient Days Incurred	64,831								64,831					
11. Number of Inpatient Admissions	10,628								10,628					
12. Health Premiums Written (a).....	.699,726,531								.699,726,531					
13. Life Premiums Direct .....	.0													
14. Property/Casualty Premiums Written .....	.0													
15. Health Premiums Earned .....	.699,726,531								.699,726,531					
16. Property/Casualty Premiums Earned	0													
17. Amount Paid for Provision of Health Care Services .....	.662,913,840								.662,913,840					
18. Amount Incurred for Provision of Health Care Services	630,152,339								630,152,339					

(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)

[illegible]

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. Vision only .....					.0	.0
5. Dental only .....					.0	.0
6. Federal Employees Health Benefits Plan .....					.0	.0
7. Title XVIII - Medicare .....					.0	.0
8. Title XIX - Medicaid	156,269,141	507,521,287	10,661,178	129,301,022	166,930,319	171,189,040
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).....	156,269,141	507,521,287	10,661,178	129,301,022	166,930,319	171,189,040
14. Health care receivables (a)		4,321,493			.0	.0
15. Other non-health .....					.0	.0
16. Medical incentive pools and bonus amounts	3,444,905			1,927,500	3,444,905	3,462,161
17. Totals (Lines 13-14+15+16)	159,714,046	503,199,794	10,661,178	131,228,522	170,375,224	174,651,201

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

STATEMENT AS OF JUNE 30, 2024 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#	2024	2023
(1) Blue Cross Complete of Michigan LLC state basis (Page 4, Line 32, Columns 2 & 3).....				\$3,729,284	\$51,705,363
(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>\$3,729,284</u>	<u>\$51,705,363</u>
<u>SURPLUS</u>					
(5) Blue Cross Complete of Michigan LLC state basis (Page 3, Line 33, Columns 3 & 4)				\$237,508,700	\$236,595,109
(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>\$237,508,700</u>	<u>\$236,595,109</u>

- B. Use of Estimates in the Preparation of the Financial Statements - No significant changes since December 31, 2023.

- C. Accounting Policy
The Company uses the following accounting policies:
- Short-term investments - No significant changes since December 31, 2023.
 - Bonds - No significant changes since December 31, 2023.
 - Common Stocks - No significant changes since December 31, 2023.
 - Preferred Stock - None
 - Mortgage Loans - None
 - Loan-backed securities - None
 - 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, 2023.
 - Fixed asset capitalization policy modifications - No significant changes since December 31, 2023.
 - Pharmaceutical Rebates - No significant changes since December 31, 2023.

- 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 - None
 - The aggregate related fair value of securities with unrealized losses - None
- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - None
F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - None
H. Repurchase Agreements Transactions Accounted for as a Sale - None
I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - None
J. Real Estate - None
K. Low-income housing tax credits (LIHTC) - None
L. Restricted Assets
- Restricted Assets (Including Pledged) – No significant changes since December 31, 2023.
 - 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. 5GI Securities - None
P. Short Sales - None
Q. Prepayment Penalty and Acceleration Fees - None
R. Reporting Entity's Share of Cash Pool by Asset Type - None

6. Joint Ventures, Partnerships and Limited Liability Companies

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

7. Investment Income

- A. Due and accrued income is excluded from surplus on the following bases - No significant changes since December 31, 2023.
B. Total amount excluded - No significant changes since December 31, 2023.
C. The gross, nonadmitted and admitted assets for interest income due and accrued. - No significant changes since December 31, 2023.
D. The aggregate deferred interest - None
E. The cumulative amounts of paid-in-kind (PIK) interest included in the current principle balance - None

8. Derivative Instruments

- A. Derivatives under SSAP No. 86 - *Derivatives* - None
B. Derivatives under SSAP No. 108 - *Derivative Hedging Variable Annuity Guarantees*
- Discussion of hedged item / hedging instruments and hedging strategy - None
 - Recognition of gains/losses and deferred assets and liabilities - None
 - Hedging Strategies Identified as No Longer Highly Effective - None
 - Hedging Strategies Terminated - None

9. Income Taxes - No significant changes since December 31, 2023.

STATEMENT AS OF JUNE 30, 2024 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

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, 2024 - No significant changes since December 31, 2023.
- E. Material management or service arrangements - No significant changes since December 31, 2023.
- F. Parental guarantees – None
- G. On January 31, 2024, a series of restructuring transactions occurred, including the distribution of ACHP's 50% ownership interest in the Company to ACHP's ultimate parents, BCBSM and Independence Health Group, in amounts proportional to their respective ownership interests in ACHP. As a result of these transactions, effective as of the transaction date, MMH holds a 69.37% direct ownership interest in the Company, with the remaining 30.63% ownership interest held by IBC MH LLC (IBC). IBC is an indirect wholly owned subsidiary of Independence Health Group.
- 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, 2023.
- 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, 2023.
- 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, 2023.
2. Minimum aggregate rental commitments - No significant changes since December 31, 2023.
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, 2023.
- 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

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.

Net Asset Value				
Level 1	Level 2	Level 3	(NAV)	Total
\$29,864,455	\$0	\$0	\$0	\$29,864,455
\$0	\$0	\$0	\$0	\$0
\$29,864,455	\$0	\$0	\$0	\$29,864,455
\$29,864,455	\$0	\$0	\$0	\$29,864,455
\$0	\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0	\$0

Net Asset Value Not Practicable

Type of Financial Instrument

Aggregate Fair Value

Admitted Assets

Level 1

Level 2

Level 3

(NAV)

(Carrying Value)

Common Stock

\$29,864,455

\$29,864,455

\$29,864,455

\$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, 2023.

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

STATEMENT AS OF JUNE 30, 2024 OF THE BLUE CROSS COMPLETE OF MICHIGAN LLC

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, 2023 were \$177,254,503 for incurred claims and claim adjustment expenses. As of June 30, 2024 \$162,317,348 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$10,661,178 as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior year development of \$4,275,977 during 2024 for the year ended December 31, 2023. 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, 2023.
- B. Risk Sharing Receivables – None

29. Participating Policies – None

30. Premium Deficiency Reserves - No significant changes since December 31, 2023.

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:

01/31/2024

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 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$0
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$0	\$0
14.24 Short-Term Investments	\$0	\$0
14.25 Mortgage Loans on Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
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	\$0	\$0

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 []
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 Name of Custodian(s)	2 Custodian Address
The Northern Trust Company.....	50 South La Salle Street, Chicago, Illinois 60603....

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

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

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

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

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

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

1 Name of Firm or Individual	2 Affiliation
Anthony Phillips, who makes recommendations to BOD.....	I.....
Bricktown Capital, 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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
319290.....	Bricktown Capital, LLC.....	2549000B61KYCB6LOU24.....	SEC.....	NO.....

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

18.2 If no, list exceptions:

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

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

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

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

- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

GENERAL INTERROGATORIES

- 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

89.4 %

1.2 A&H cost containment percent

1.4 %

1.3 A&H expense percent excluding cost containment expenses

11.3 %

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		699,726,531					699,726,531		
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	N								.0	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal	.XXX	.0	.0	699,726,531	.0	.0	.0	.0	699,726,531	.0	
60. Reporting entity contributions for Employee Benefit Plans	.XXX								.0		
61. Total (Direct Business)	XXX	0	0	699,726,531	0	0	0	0	699,726,531	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

(a) Active Status Counts

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

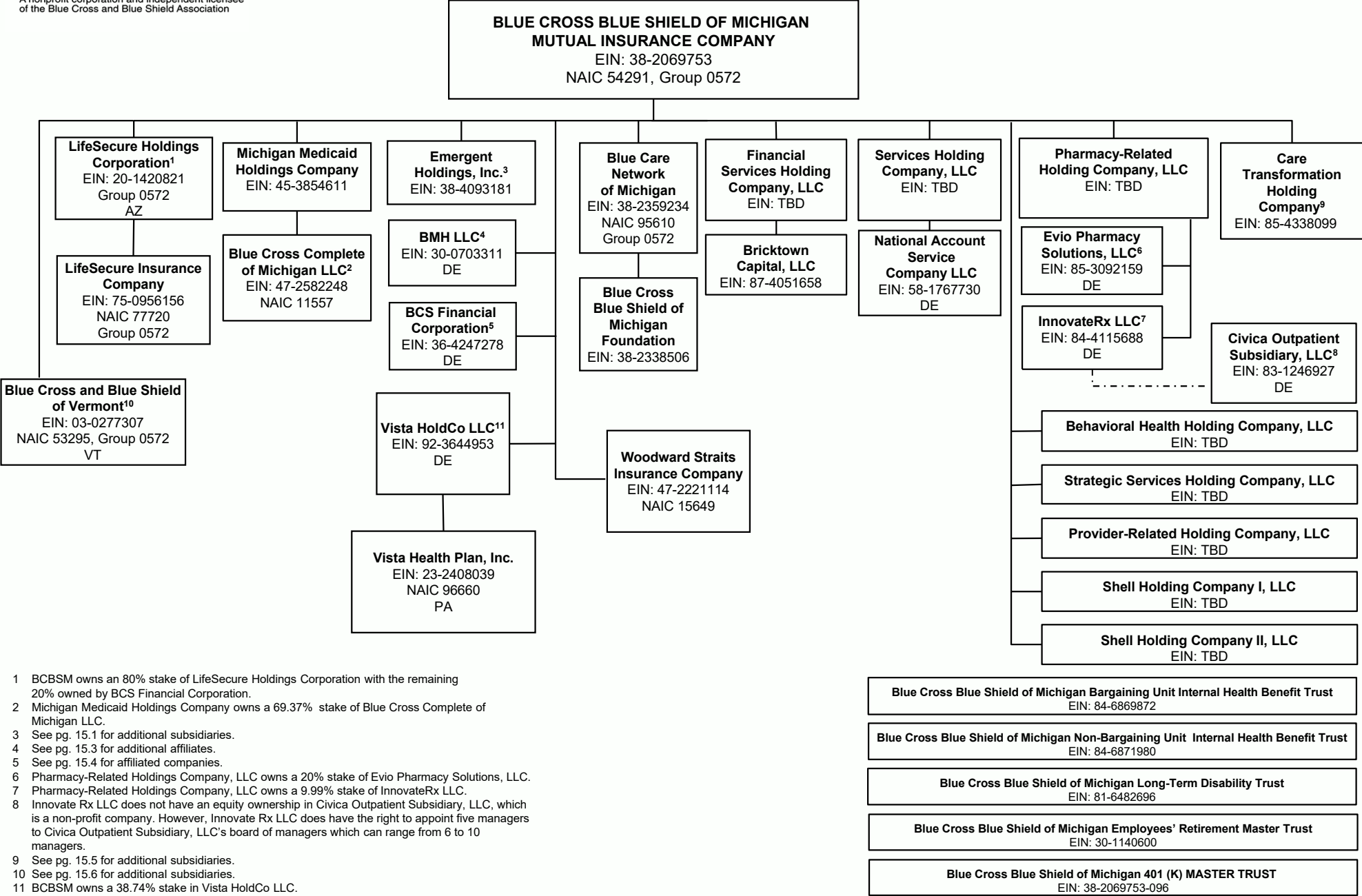
2. R – Registered – Non-domiciled RRGs0

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

STATEMENT AS OF JUNE30, 2024 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

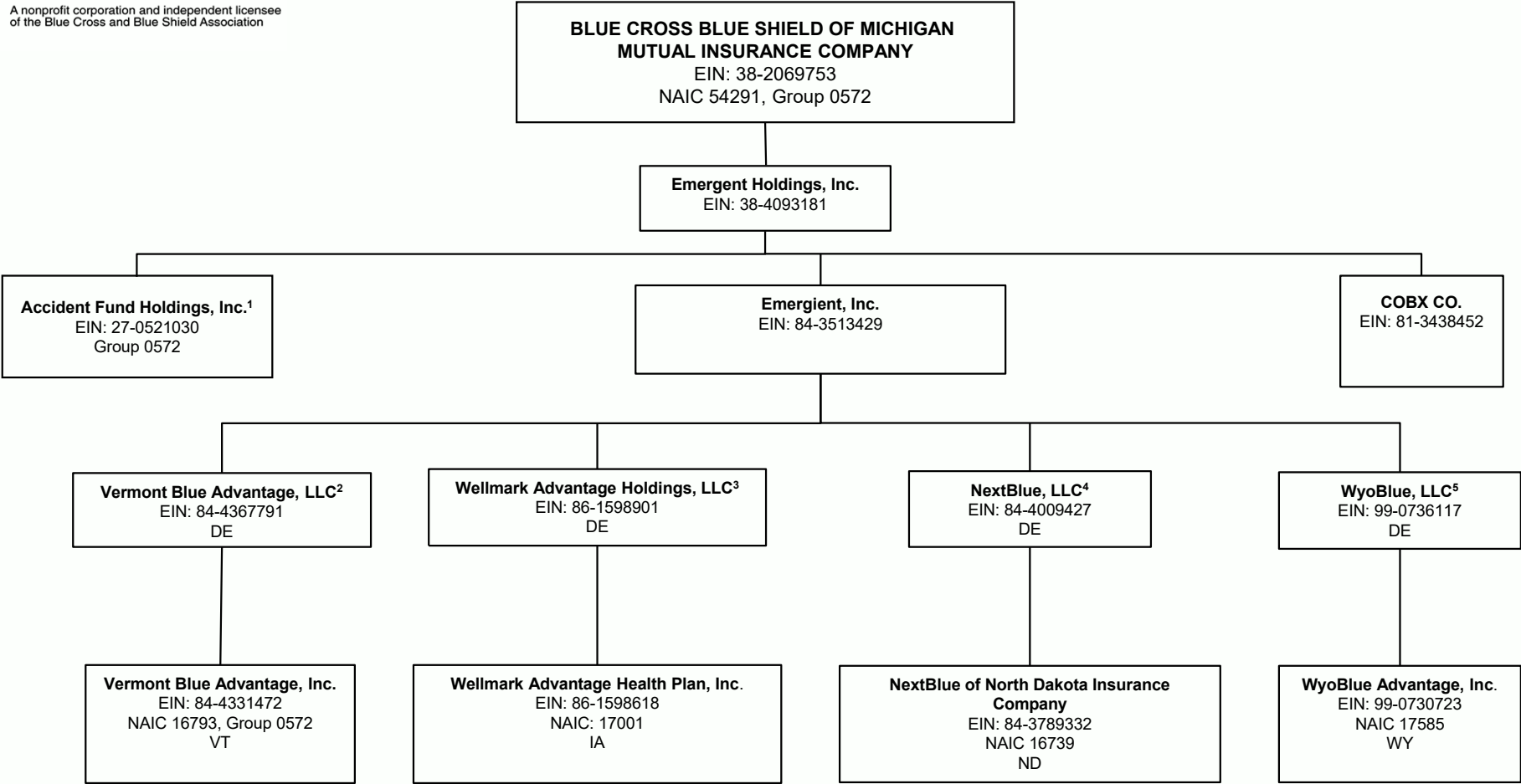
PART 1 – ORGANIZATION CHART



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

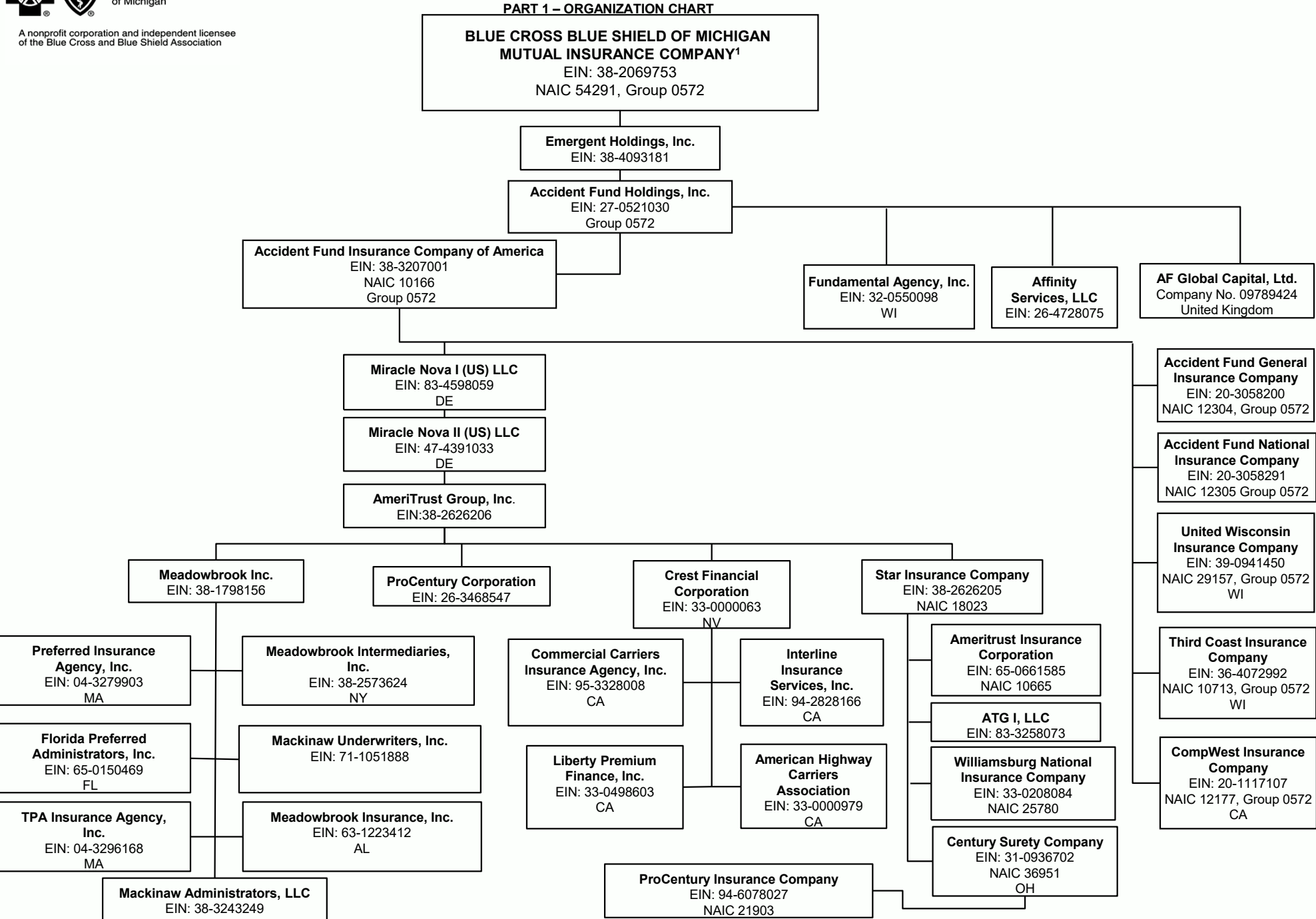
STATEMENT AS OF JUNE30, 2024 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY

GROUP
PART 1 – ORGANIZATION CHART



1 See page 15.2 for additional subsidiaries and affiliates.
2 Emergent, Inc. owns a 51% stake in Vermont Blue Advantage LLC with the remaining 49% owned by Blue Cross and Blue Shield of Vermont.
3 Emergent, Inc. owns a 51% stake in Wellmark Advantage Holdings, LLC.
4 Emergent, Inc. owns a 51% stake in NextBlue, LLC.
5 Emergent, Inc. owns a 51% stake in WyoBlue, LLC.

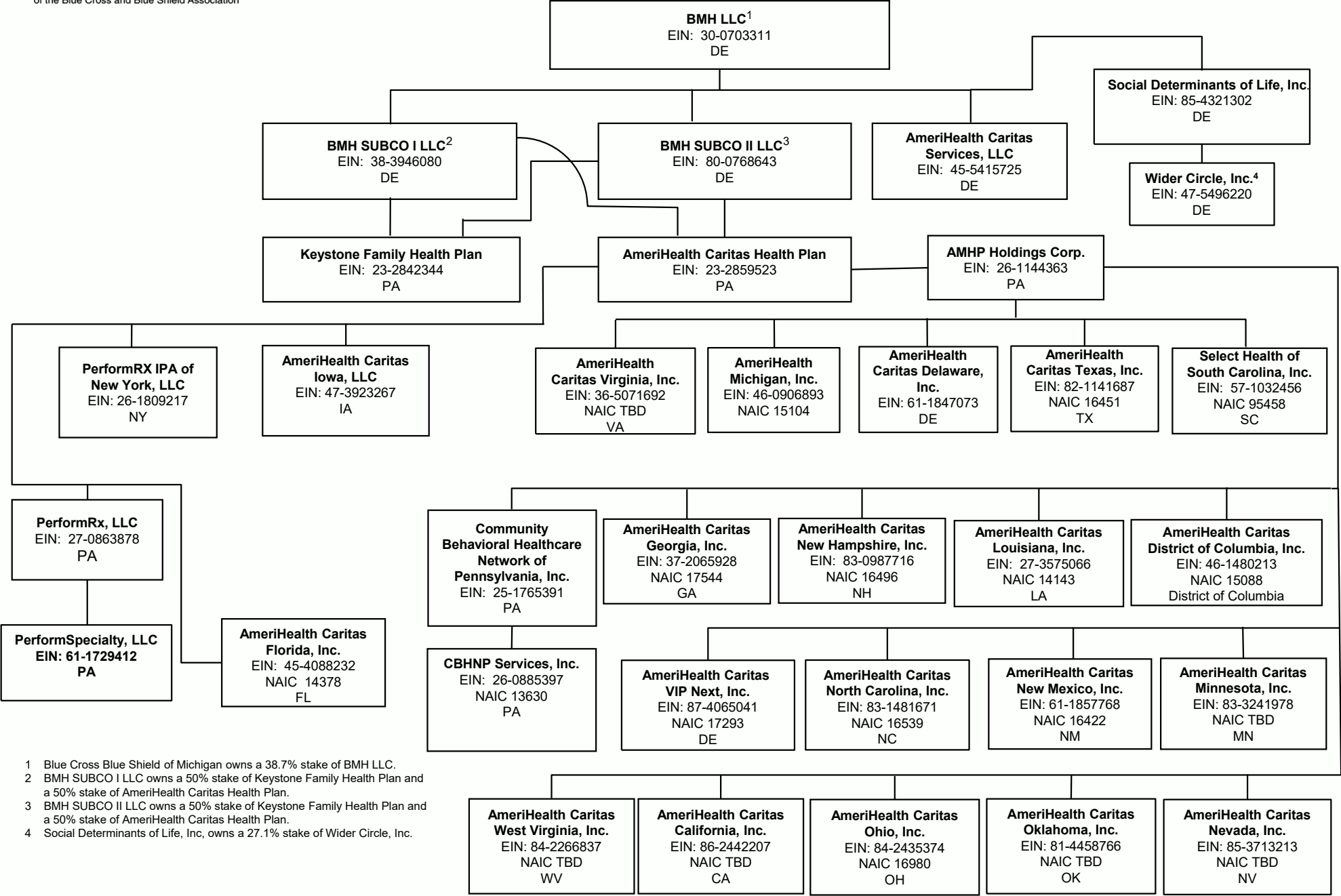
STATEMENT AS OF JUNE30, 2024 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP



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

STATEMENT AS OF JUNE30, 2024 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATION CHART



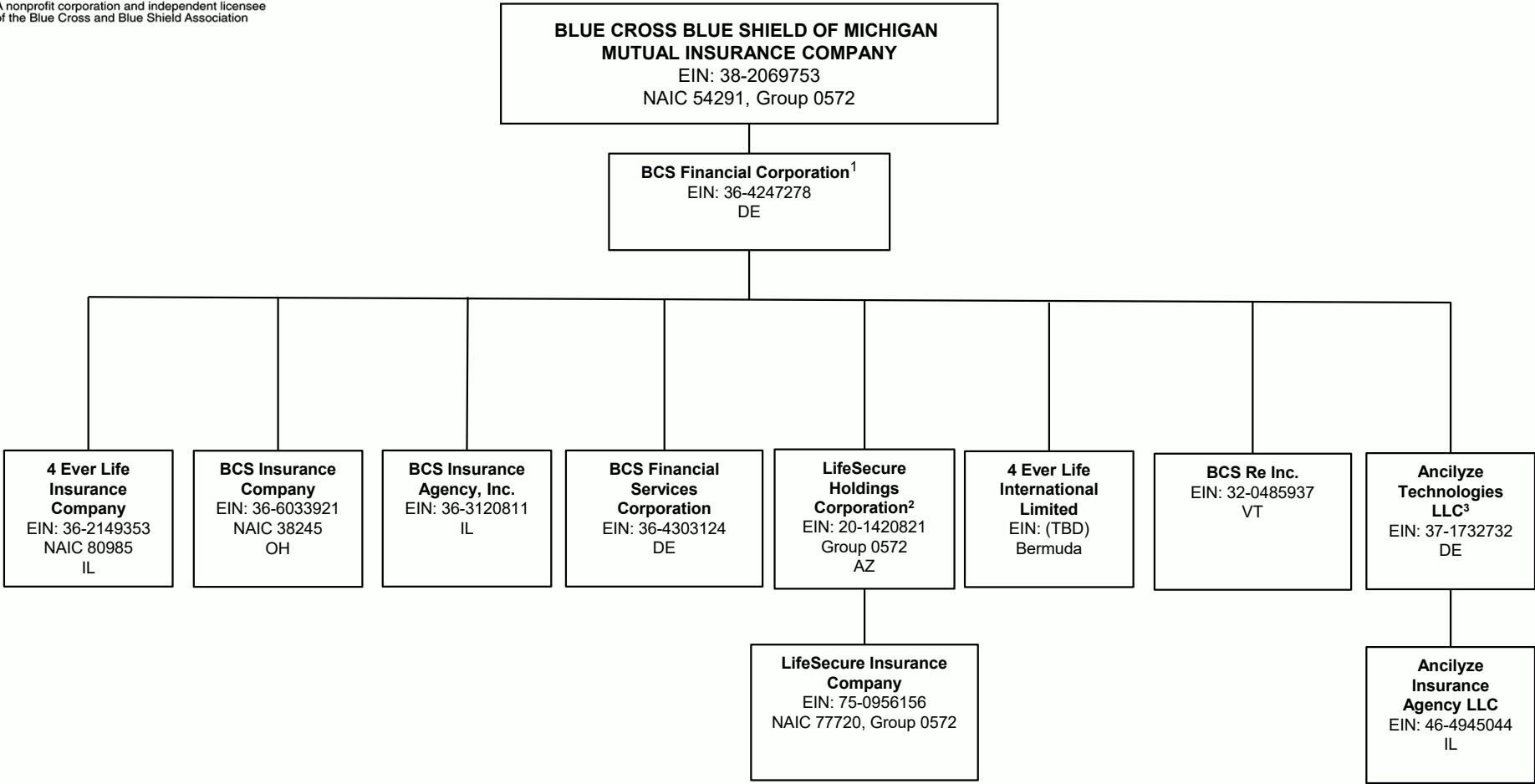
1 Blue Cross Blue Shield of Michigan owns a 38.7% stake of BMH LLC.
2 BMH SUBCO I LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.
3 BMH SUBCO II LLC owns a 50% stake of Keystone Family Health Plan and a 50% stake of AmeriHealth Caritas Health Plan.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

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

STATEMENT AS OF JUNE30, 2024 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATION CHART



1 Blue Cross Blue Shield of Michigan owns 10.1% of BCS Financial Corporation Accident Fund Insurance Company of America owns 3.56% of BCS Financial Corporation.

2 BCS Financial owns a 20% stake in LifeSecure Holdings Corporation with the remaining 80% owned by BCBSM.

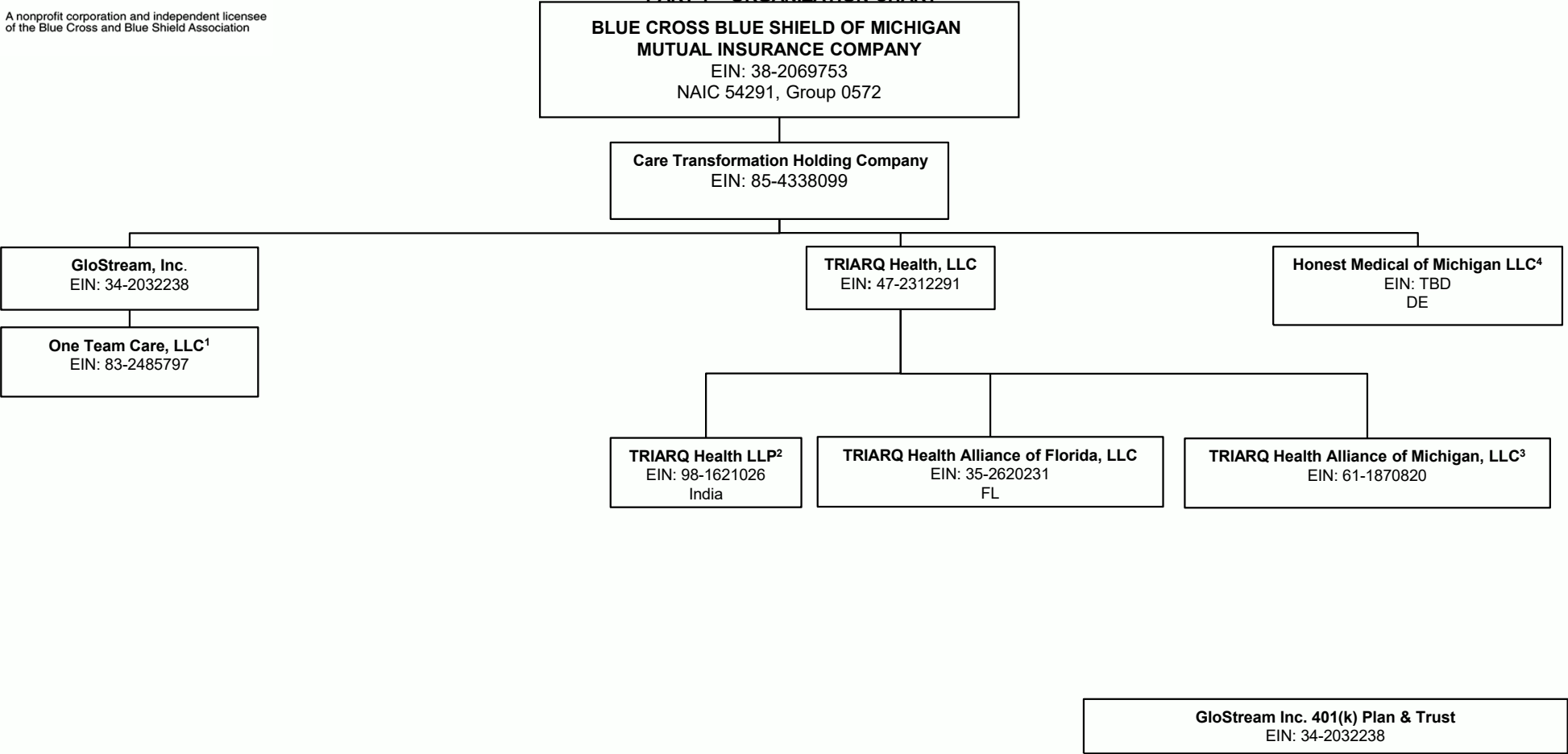
3 BCS Financial Corporation owns 50% of Ancilyze Technologies LLC.

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



STATEMENT AS OF JUNE30, 2024 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP

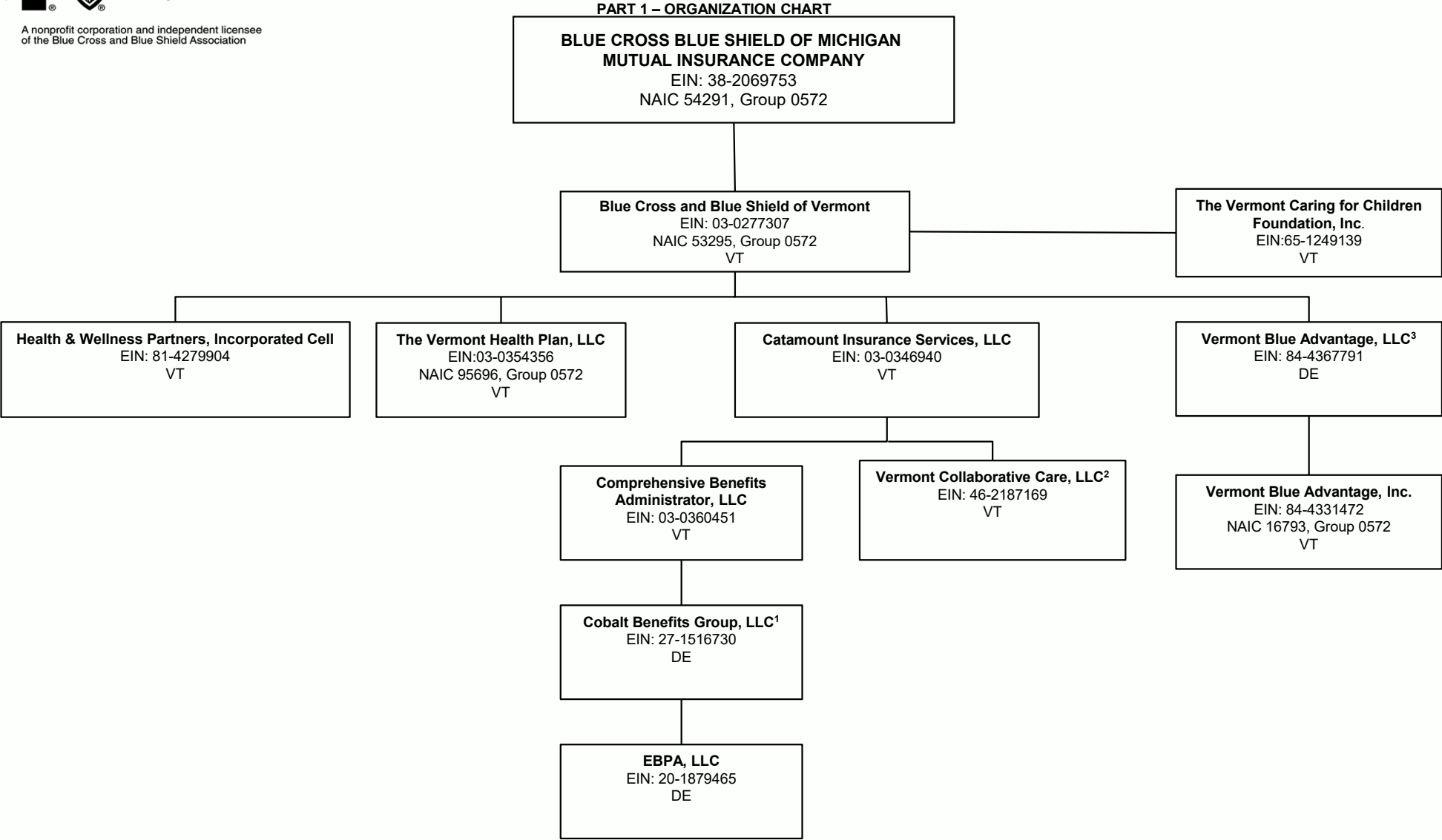
PART 1 – ORGANIZATION CHART



1 GloStream Inc. owns a 50% stake in One Team Care, LLC.
2 TRIARQ Health, LLC owns a 99.9999% stake in TRIARQ Health LLP and Glostream, Inc. owns 0.0001%.
3 TRIARQ Health, LLC owns a 68% stake in TRIARQ Health Alliance of Michigan.
4 Care Transformation Holding Company owns a 19.9% stake in Honest Medical of Michigan LLC

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

STATEMENT AS OF JUNE30, 2024 OF THE Blue Cross Complete of Michigan LLC
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER OF A HOLDING COMPANY GROUP



1 Comprehensive Benefits Administrator, LLC owns a 50% stake in Cobalt Benefits Group, LLC.
2 Catamount Insurance Services, LLC owns a 50% stake in Vermont Collaborative Care, LLC.
3. Blue Cross and Blue Shield of Vermont owns a 49% stake in Vermont Blue Advantage, LLC with the remaining 51% owned by Emergent, Inc.

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

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			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	92-3644953				Vista HoldCo, LLC	DE	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company and Independence Health Group, Inc.	Ownership	38.7	BCBSM and Independence Health Group, Inc.	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.	96660	23-2408039				Vista Health Plan, Inc.	PA	IA	Vista HoldCo, LLC	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	69.4	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	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	0
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

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.....	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
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	99-0736117				WyoBlue, LLC.....	DE	NIA	Emergent, Inc.....	Ownership.....	51.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	17585	99-0730723				WyoBlue Advantage, Inc.....	WY	IA	WyoBlue, LLC.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4009427				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

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.....	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
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

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	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
00572	BC/BS of Michigan Mutual Insurance Co.....	53295	03-0277307				Blue Cross and Blue Shield of Vermont.....	VT	IA	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	81-4279904				Health & Wellness Partners, Incorporated Cell.....	VT	NIA	Blue Cross and Blue Shield of Vermont.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.....	95696	03-0354356				The Vermont Health Plan, LLC.....	VT	IA	Blue Cross and Blue Shield of Vermont.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	65-1249139				The Vermont Caring for Children Foundation, Inc.....	VT	NIA	Blue Cross and Blue Shield of Vermont.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	84-4367791				Vermont Blue Advantage, LLC.....	DE	NIA	Blue Cross and Blue Shield of Vermont.....	Ownership.....	49.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	19
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	03-0346940				Catamount Insurance Sevices, LLC.....	VT	NIA	Blue Cross and Blue Shield of Vermont.....	Ownership.....	100.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	YES	0
00572	BC/BS of Michigan Mutual Insurance Co.....	00000	03-0360451				Comprehensive Benefits Administrator, LLC.....	VT	NIA	Catamount Insurance Services, LLC.....	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	46-2187169				Vermont Collaborative Care, LLC	VT	NIA	Catamount Insurance Services, LLC	Ownership	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	20
00572	BC/BS of Michigan Mutual Insurance Co.	00000	27-1516730				Cobalt Benefits Group, LLC	DE	NIA	Comprehensive Benefits Adminstrator, LLC	Ownership	50.0	Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	20
00572	BC/BS of Michigan Mutual Insurance Co.	00000	20-1879465				EBPA, LLC	DE	NIA	Colbalt Benefits Group, LLC	Ownership	100.0	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	BCBSM and Independence Health Group, Inc	NO	0
00000	Independence Health Group, Inc / BCBSM	00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	100.0	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	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	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	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

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	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
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

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	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
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	17544	37-2065928				AmeriHealth Caritas Georgia	GA	IA	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

16.11

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
00000	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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



11557202436500002

OVERFLOW PAGE FOR WRITE-INS

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. Expanded Benefits.....		3,572	0	0
1405. Health Quality Initiatives.....		772,500	0	1,651,250
1406.			0	0
1407.			0	0
1497. Summary of remaining write-ins for Line 14 from Page 04	0	776,072	0	1,651,250

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	92,781,624	78,655,112
2. Cost of bonds and stocks acquired	42,715,270	21,183,439
3. Accrual of discount	117,236	734,227
4. Unrealized valuation increase/(decrease)	(1,553,508)	3,103,959
5. Total gain (loss) on disposals	2,193,481	678,549
6. Deduct consideration for bonds and stocks disposed of	91,917,785	11,568,325
7. Deduct amortization of premium	1,112	5,337
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)	44,335,206	92,781,624
12. Deduct total nonadmitted amounts .....	.0	.0
13. Statement value at end of current period (Line 11 minus Line 12)	44,335,206	92,781,624

STATEMENT AS OF JUNE 30, 2024 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).....	2,470,108	40,818,948	38,749	21,959	2,470,108	43,272,266	0	122,877,055
2. NAIC 2 (a).....	938,378	46,442,143	340,000	11,700	938,378	47,052,221	0	10,931,896
3. NAIC 3 (a).....	0	7,049,209		588	0	7,049,797	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	3,408,486	94,310,300	378,749	34,247	3,408,486	97,374,284	0	133,808,951
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	3,408,486	94,310,300	378,749	34,247	3,408,486	97,374,284	0	133,808,951

(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 \$30,851,531 ; NAIC 2 \$45,075,329 ;
NAIC 3 \$6,976,673 ; 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	38,061,727	XXX	38,052,654	2,363	183,785

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.....	6,237,731	59,005,171
2. Cost of short-term investments acquired	37,919,814	86,972,615
3. Accrual of discount	23,583	2,437,761
4. Unrealized valuation increase/(decrease).....		0
5. Total gain (loss) on disposals	474	2,053
6. Deduct consideration received on disposals	6,119,875	142,179,869
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).....	38,061,727	6,237,731
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	38,061,727	6,237,731

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.....	86,082,258	35,554,860
2. Cost of cash equivalents acquired	953,901,599	1,697,948,581
3. Accrual of discount	417,543	1,688,126
4. Unrealized valuation increase/(decrease)	(3,671)	0
5. Total gain (loss) on disposals.....		(477)
6. Deduct consideration received on disposals	856,689,076	1,649,108,832
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)	183,708,652	86,082,258
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	183,708,652	86,082,258

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, 2024 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									
912810-TA-6	UNITED STATES TREASURY		06/28/2024	Barclays Bank	XXX	990,000	1,500,000	9,880	1 A
912810-TX-6	UNITED STATES TREASURY		06/28/2024	Barclays Bank	XXX	951,328	1,000,000	15,996	1 A
91282C-DJ-7	UNITED STATES TREASURY		06/28/2024	CHASE SECURITIES INC	XXX	1,218,926	1,500,000	2,634	1 A
91282C-KQ-3	UNITED STATES TREASURY		06/28/2024	CHASE SECURITIES INC	XXX	999,336	1,000,000	5,587	1 A
91282C-KV-2	UNITED STATES TREASURY		06/28/2024	GOLDMAN	XXX	1,002,344	1,000,000	2,022	1 A
91282C-KW-0	UNITED STATES TREASURY		06/28/2024	CHASE SECURITIES INC	XXX	993,477	1,000,000	115	1 A
91282C-KX-8	UNITED STATES TREASURY		06/28/2024	Barclays Bank	XXX	994,961	1,000,000	115	1 A
0109999999 - Bonds - U.S. Governments						7,150,371	8,000,000	36,350	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
3140NM-GY-7	FN BY4714 - RMBS		06/28/2024	INTL FCStone Financial Inc	XXX	521,070	537,144	597	1 A
3140XN-S4-7	FN FS6838 - RMBS		06/28/2024	DAIWA SECURITIES AMERICA INC	XXX	504,238	507,050	624	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						1,025,308	1,044,193	1,221	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00206R-MM-1	AT&T INC		06/28/2024	Merrill Lynch	XXX	79,823	100,000	213	2 B FE
008513-AC-7	AGREE LP		06/28/2024	Merrill Lynch	XXX	25,000	25,000	29	2 B FE
02666T-AE-7	AMERICAN HOMES 4 RENT LP		06/28/2024	Merrill Lynch	XXX	43,830	50,000	383	2 B FE
06051G-HM-4	BANK OF AMERICA CORP		06/28/2024	MARKET04	XXX	318,321	330,000	6,186	1 E FE
06051G-LH-0	BANK OF AMERICA CORP		06/28/2024	US Bancorp Piper-DTC	XXX	119,074	120,000	1,163	1 G FE
097023-CX-1	BOEING CO		06/28/2024	Merrill Lynch	XXX	44,695	50,000	494	2 C FE
11135F-BH-3	BROADCOM INC		06/28/2024	CHASE SECURITIES INC	XXX	63,448	75,000	694	2 C FE
11135F-BP-5	BROADCOM INC		06/28/2024	Merrill Lynch	XXX	80,494	100,000	401	2 C FE
161175-AZ-7	CHARTER COMMUNICATIONS OPERATING LLC		06/28/2024	CHASE SECURITIES INC	XXX	73,410	75,000	904	3 A FE
172967-LS-8	CITIGROUP INC		06/28/2024	Merrill Lynch	XXX	75,682	80,000	501	1 G FE
172967-PF-2	CITIGROUP INC		06/28/2024	GOLDMAN	XXX	89,598	90,000	1,785	2 A FE
17327C-AR-4	CITIGROUP INC		06/28/2024	SALOMON BROTHERS INC	XXX	30,573	30,000	185	2 B FE
226373-AT-5	ENERGY TRANSFER LP		06/28/2024	SALOMON BROTHERS INC	XXX	104,385	100,000	3,073	2 B FE
30225V-AF-4	EXTRA SPACE STORAGE LP		06/28/2024	Merrill Lynch	XXX	41,744	50,000	106	2 B FE
30303M-8R-6	META PLATFORMS INC		06/28/2024	Merrill Lynch	XXX	103,648	100,000	735	1 D FE
37045X-EN-2	GENERAL MOTORS FINANCIAL COMPANY INC		06/28/2024	Merrill Lynch	XXX	100,958	100,000	3,287	2 B FE
38141G-A5-3	GOLDMAN SACHS GROUP INC		06/28/2024	SALOMON BROTHERS INC	XXX	32,368	30,000	366	2 A FE
38141G-WV-2	GOLDMAN SACHS GROUP INC		06/28/2024	GOLDMAN	XXX	132,976	140,000	1,009	1 F FE
38141G-ZN-7	GOLDMAN SACHS GROUP INC		06/28/2024	GOLDMAN	XXX	11,404	15,000	182	2 A FE
44107T-BB-1	HOST HOTELS & RESORTS LP		06/28/2024	Merrill Lynch	XXX	24,655	25,000	202	2 C FE
46647P-AF-3	JPMORGAN CHASE & CO		06/28/2024	Merrill Lynch	XXX	76,419	80,000	472	1 G FE
46647P-AN-6	JPMORGAN CHASE & CO		06/28/2024	Montgomery	XXX	43,599	55,000	941	1 G FE
46647P-DR-4	JPMORGAN CHASE & CO		06/28/2024	SALOMON BROTHERS INC	XXX	114,833	115,000	513	1 G FE
46647P-EG-7	JPMORGAN CHASE & CO		06/28/2024	CHASE SECURITIES INC	XXX	152,538	150,000	1,605	1 G FE
482480-AP-5	KLA CORP		06/28/2024	GOLDMAN	XXX	73,193	75,000	1,469	1 G FE
50155Q-AN-0	KYNDRYL HOLDINGS INC		06/28/2024	Merrill Lynch	XXX	102,004	100,000	2,311	2 C FE
55903V-BC-6	WARNERMEDIA HOLDINGS INC		06/28/2024	Morgan Stanley	XXX	65,669	75,000	945	2 C FE
580135-BY-6	MCDONALD'S CORP		06/28/2024	Barclays Bank	XXX	51,732	50,000	1,532	2 A FE
61747Y-ED-3	MORGAN STANLEY		06/28/2024	Montgomery	XXX	40,939	50,000	498	1 E FE
61747Y-FF-7	MORGAN STANLEY		06/28/2024	Merrill Lynch	XXX	211,493	210,000	5,118	1 E FE
61747Y-FR-1	MORGAN STANLEY		06/28/2024	CHASE SECURITIES INC	XXX	143,931	140,000	1,633	1 E FE
655844-BN-7	NORFOLK SOUTHERN CORP		06/28/2024	FTN Financial	XXX	43,934	50,000	907	2 A FE
68389X-BH-7	ORACLE CORP		06/28/2024	CHASE SECURITIES INC	XXX	84,844	100,000	1,775	2 B FE
74340X-CC-3	PROLOGIS LP		06/28/2024	Merrill Lynch	XXX	16,528	25,000	254	1 G FE
74340X-CJ-8	PROLOGIS LP		06/28/2024	Merrill Lynch	XXX	24,551	25,000	542	1 G FE
744320-BL-5	PRUDENTIAL FINANCIAL INC		04/01/2024	CHASE SECURITIES INC	XXX	(30,000)	(30,000)		2 B FE
75884R-BA-0	REGENCY CENTERS LP		06/28/2024	Merrill Lynch	XXX	46,123	50,000	82	2 A FE
852060-AD-4	SPRINT CAPITAL CORP		06/28/2024	CHASE SECURITIES INC	XXX	106,288	100,000	878	2 C FE
90265E-AP-5	UDR INC		06/28/2024	Merrill Lynch	XXX	33,769	35,000	663	2 A FE
92345Y-AJ-5	VERISK ANALYTICS INC		06/28/2024	Merrill Lynch	XXX	74,096	75,000	284	2 B FE
95000U-2A-0	WELLS FARGO & CO		06/28/2024	MARKET04	XXX	57,189	60,000	233	1 E FE
95000U-2L-6	WELLS FARGO & CO		06/28/2024	MARKET04	XXX	172,460	180,000	1,948	1 E FE
95000U-3F-8	WELLS FARGO & CO		06/28/2024	Montgomery	XXX	60,137	60,000	1,445	1 E FE
1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						3,357,092	3,515,000	47,942	XXX
Bonds - Hybrid Securities									

STATEMENT AS OF JUNE 30, 2024 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE D - PART 3

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

[illegible]

E04.1

E05

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

[illegible]

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, 2024 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE E - PART 1 - CASH

[illegible]

STATEMENT AS OF JUNE 30, 2024 OF THE Blue Cross Complete of Michigan LLC

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter								
1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Bonds - U.S. Governments - Issuer Obligations								
XXX	UNITED STATES TREASURY		.06/28/2024		07/18/2024	14,962,919		5,812
XXX	UNITED STATES TREASURY		.06/28/2024		08/01/2024	14,932,382		5,816
0019999999 - Bonds - U.S. Governments - Issuer Obligations						29,895,300	0	11,628
0109999999 - Bonds - U.S. Governments - Subtotals - U.S. Government Bonds						29,895,300	0	11,628
Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations								
XXX	ANGLO AMERICAN CAPITAL PLC.		.06/27/2024	3.625	09/11/2024	268,701	2,991	54
XXX	CVS HEALTH CORP.		.06/26/2024	2.625	08/15/2024	747,018	7,438	265
XXX	CROWN CASTLE INC.		.06/27/2024	3.200	09/01/2024	1,691,795	18,133	397
XXX	Jabil Inc.		.06/27/2024		07/19/2024	2,989,358		1,960
XXX	MARATHON PETROLEUM CORP.		.06/26/2024	3.625	09/15/2024	1,525,631	16,363	388
XXX	MONDELEZ INTERNATIONAL HOLDINGS NETHERLA.		.06/26/2024	0.750	09/24/2024	518,793	1,061	292
XXX	REVVITY INC.		.06/26/2024	0.850	09/15/2024	123,669	313	70
XXX	REPUBLIC SERVICES INC.		.06/28/2024	2.500	08/15/2024	1,991,781	18,889	124
XXX	SHERWIN-WILLIAMS CO.		.06/28/2024	4.050	08/08/2024	738,646	11,905	
XXX	Stanley Black & Decker, Inc.		.06/27/2024		07/09/2024	1,996,589		1,251
XXX	Targa Resources Corp.		.06/27/2024		07/26/2024	1,990,726		1,333
XXX	VMWARE LLC.		.06/28/2024	1.000	08/15/2024	363,800	1,383	
1019999999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						14,946,506	78,474	6,135
1109999999 - Bonds - Industrial and Miscellaneous (Unaffiliated) - Subtotals - Industrial and Miscellaneous (Unaffiliated)						14,946,506	78,474	6,135
2419999999 - Bonds - Total Bonds - Subtotals - Issuer Obligations						44,841,806	78,474	17,763
2509999999 - Bonds - Total Bonds - Subtotals - Bonds						44,841,806	78,474	17,763
Exempt Money Market Mutual Funds - as Identified by SVO								
09248U-70-0	BLKRRK LO:FEDFUND INSTL	.SD	.06/03/2024	5.190	XXX	1,004,407		21,178
665279-87-3	NORTHERN INST:TREAS PRIM		.06/04/2024	5.130	XXX	52,578	222	665
8209999999 - Exempt Money Market Mutual Funds - as Identified by SVO						1,056,984	222	21,843
All Other Money Market Mutual Funds								
665162-84-8	NORTHERN FDS:US GOVT MM		.06/27/2024	5.010	XXX	137,809,861	795,200	211,346
8309999999 - All Other Money Market Mutual Funds						137,809,861	795,200	211,346
8609999999 Total Cash Equivalents						183,708,651	873,896	250,952