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ANNUAL STATEMENT

For the Year Ending December 31, 2005

of the Condition and Affairs of the

Blue Care Network of Michigan

NAIC Group Code.....572, 572 (Current Period) (Prior Period) NAIC Company Code..... 95610 Employer's ID Number..... 38-2359234

Organized under the Laws of Michigan State of Domicile or Port of Entry Michigan Country of Domicile US

Licensed as Business Type.....Health Maintenance Organization Is HMO Federally Qualified? Yes [X] No [ ]

Incorporated/Organized..... May 6, 1981 Commenced Business..... May 13, 1981

Statutory Home Office	20500 Civic Center Drive… Southfield ..... MI ..... 48076 *(Street and Number) (City, State and Zip Code)*	
Main Administrative Office	20500 Civic Center Drive… Southfield ..... MI ..... 48076 *(Street and Number) (City, State and Zip Code)*	248-799-6400 *(Area Code) (Telephone Number)*
Mail Address	20500 Civic Center Drive MC C455… Southfield ..... MI ..... 48076 *(Street and Number or P. O. Box) (City, State and Zip Code)*	
Primary Location of Books and Records	20500 Civic Center Drive… Southfield ..... MI ..... 48076 *(Street and Number) (City, State and Zip Code)*	248-455-3410 *(Area Code) (Telephone Number)*
Internet Website Address	www.mibcn.com	
Statutory Statement Contact	Joseph John Andraska *(Name)*	248-455-3428 *(Area Code) (Telephone Number) (Extension)*
	jandraska@bcbsm.com *(E-Mail Address)*	248-455-3639 *(Fax Number)*
Policyowner Relations Contact	20500 Civic Center Drive… Southfield ..... MI ..... 48076 *(Street and Number) (City, State and Zip Code)*	800-662-6667 *(Area Code) (Telephone Number) (Extension)*

OFFICERS

Name	Title	Name	Title
1. Kevin Lewis Seitz	President & Chief Executive Officer	2. Julie Concetta Swantek	Secretary
3. Susan Anne Kluge	Treasurer & Chief Financial Officer	4. David Robert Nelson	Chief Actuarial Officer

OTHER

Douglas Robert Woll MD	Chief Medical Officer	Jeanne Helen Carlson	Chief Operating Officer

DIRECTORS OR TRUSTEES

Julie Anne Angott	Mark Robert Bartlett	William Harrison Black	Charles Lee Burkett
Shauna Ryder Diggs MD	Franklin Delano Garrison	Janet Louise Harden #	DeMerritte Bonta Hiscoe MD
Valeriah Ann Holmon	Karen Marie Knapp #	Donald Glenn Oetman	Kevin Lewis Seitz
Gregory Alan Sudderth	Diana Lynn Watson	Richard Elliott Whitmer	

State of..... Michigan
County of..... Oakland

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.

(Signature)	(Signature)	(Signature)
Kevin Lewis Seitz	Julie Concetta Swantek	Susan Anne Kluge
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Secretary	Treasurer & Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This _____ day of _____

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 _____

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
A&H Premiums Due and Unpaid						
Ford Motor Company	9,147,701					9,147,701
Federal Employees Health Benefit Plan	2,070,487					2,070,487
0299997. Group subscribers subtotal	11,218,188	0	0	0	0	11,218,188
0299998. Premiums due and unpaid not individually listed	5,402,098	277,586	58,280	42,883	42,883	5,737,964
0299999. Total group	16,620,286	277,586	58,280	42,883	42,883	16,956,152
0599999. Accident and health premiums due and unpaid (Page 2, Line 13)	16,620,286	277,586	58,280	42,883	42,883	16,956,152

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
0199998. Pharmaceutical Rebate Receivables Not Listed Individually	3,731,756	3,448,830		334,803	334,803	7,180,586
0199999. Total Pharmaceutical Rebate Receivables	3,731,756	3,448,830	0	334,803	334,803	7,180,586
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually	179,167				179,167	0
0499999. Total Capital Arrangement Receivables	179,167	0	0	0	179,167	0
Other Receivables						
Medicare	34,210	15,327	12,038	75,595		137,170
Medicaid	25,413	11,386	8,942	56,156		101,897
0699998. Other Receivables Not Listed Individually	74,308	39,762	18,237	151,237	283,544	0
0699999. Total Other Receivables	133,931	66,475	39,217	282,988	283,544	239,067
0799999. Total Health Care Receivables	4,044,854	3,515,305	39,217	617,791	797,514	7,419,653

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered	35,766,002	7,515,714	1,007,760	1,089,336	394,613	45,773,425
0499999. Subtotals	35,766,002	7,515,714	1,007,760	1,089,336	394,613	45,773,425
0599999. Unreported claim and other claim reserves						154,517,120
0699999. Total amounts withheld						10,269,778
0799999. Total claims unpaid						210,560,323
0899999. Accrued medical incentive pool and bonus amounts						46,155,302

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Blue Cross Blue Shield of Michigan	8,657,480	77,575	10,663	66,955	66,955	8,745,718	
Blue Cross Blue Shield of Michigan Foundation	3,887	3,887	3,886			11,660	
0199999. Individually listed receivables	8,661,367	81,462	14,549	66,955	66,955	8,757,378	0
0299999. Receivables not individually listed	873					873	
0399999. Total gross amounts receivable	8,662,240	81,462	14,549	66,955	66,955	8,758,251	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Amounts Due To Parent, Subsidiaries and Affiliates				
Blue Cross Blue Shield of Michigan	Various Administrative Expenses	14,072,219	14,072,219	
Blue Care of Michigan, Inc.	Various Administrative Expenses	62,759	62,759	
0199999. Individually listed payables		14,134,978	14,134,978	0
0399999. Total gross payables		14,134,978	14,134,978	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	191,039,862	16.3	431,854	95.5		191,039,862
2. Intermediaries		0.0				
3. All other providers	52,503,379	4.5	431,854	95.5		52,503,379
4. Total capitation payments	243,543,241	20.7	863,708	191.0	0	243,543,241
Other Payments:						
5. Fee-for-service	244,580,695	20.8	XXX	XXX		244,580,695
6. Contractual fee payments	626,123,151	53.3	XXX	XXX		626,123,151
7. Bonus/withhold arrangements - fee-for-service	10,086,729	0.9	XXX	XXX		10,086,729
8. Bonus/withhold arrangements - contractual fee payments	36,333,618	3.1	XXX	XXX		36,333,618
9. Non-contingent salaries	13,441,341	1.1	XXX	XXX		13,441,341
10. Aggregate cost arrangements		0.0	XXX	XXX		
11. All other payments		0.0	XXX	XXX		
12. Total other payments	930,565,534	79.3	XXX	XXX	0	930,565,534
13. Total (Line 4 plus Line 12)	1,174,108,775	100.0	XXX	XXX	0	1,174,108,775

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	12,036,500		11,189,581	846,918	635,189	211,729
2. Medical furniture, equipment and fixtures	2,684,774		2,302,432	382,342	86,027	296,315
3. Pharmaceuticals and surgical supplies	1,372,622			1,372,622		1,372,622
4. Durable medical equipment						0
5. Other property and equipment	7,804,848		1,863,111	5,941,737	4,456,303	1,485,434
6. Total	23,898,744	0	15,355,124	8,543,619	5,177,519	3,366,100

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Blue Care Network of Michigan 2. Southfield, MI

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....572 NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10	11	12	13
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	460,516	3,524	423,429	19,353			14,210						
2. First quarter	457,280	3,576	419,890	20,369			13,445						
3. Second quarter	453,517	3,481	416,469	20,272			13,295						
4. Third quarter	449,728	1,762	414,263	20,160			13,543						
5. Current year	452,163	1,734	416,511	20,309			13,609						
6. Current year member months	5,398,464	21,126	4,975,590	240,937			160,811						
Total Member Ambulatory Encounters for Year:													
7. Physician	2,302,250	24,607	2,093,660	105,755			78,228						
8. Non-physician	744,553	7,781	568,137	142,039			26,596						
9. Totals	3,046,803	32,388	2,661,797	247,794	0	0	104,824	0	0	0	0	0	0
10. Hospital patient days incurred	143,102	414	98,484	41,021			3,183						
11. Number of inpatient admissions	33,926	107	25,447	7,550			822						
12. Health premiums written	1,441,827,087	6,103,547	1,301,110,613	83,231,122			51,381,805						
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	1,441,330,319	6,103,547	1,301,014,799	83,231,122			50,980,851						
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	1,174,108,775	8,632,007	1,051,273,343	71,160,868			43,012,256						30,301
18. Amount incurred for provision of health care services	1,156,629,551	8,632,007	1,033,199,247	70,924,464			43,843,532						30,301

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....Blue Care Network of Michigan 2. Southfield, MI

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR (Location)

NAIC Group Code.....572 NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior year	460,516	3,524	423,429	19,353			14,210						
2. First quarter	457,280	3,576	419,890	20,369			13,445						
3. Second quarter	453,517	3,481	416,469	20,272			13,295						
4. Third quarter	449,728	1,762	414,263	20,160			13,543						
5. Current year	452,163	1,734	416,511	20,309			13,609						
6. Current year member months	5,398,464	21,126	4,975,590	240,937			160,811						
Total Member Ambulatory Encounters for Year:													
7. Physician	2,302,250	24,607	2,093,660	105,755			78,228						
8. Non-physician	744,553	7,781	568,137	142,039			26,596						
9. Totals	3,046,803	32,388	2,661,797	247,794	0	0	104,824	0	0	0	0	0	0
10. Hospital patient days incurred	143,102	414	98,484	41,021			3,183						
11. Number of inpatient admissions	33,926	107	25,447	7,550			822						
12. Health premiums written	1,441,827,087	6,103,547	1,301,110,613	83,231,122			51,381,805						
13. Life premiums direct	0												
14. Property/casualty premiums written	0												
15. Health premiums earned	1,441,330,319	6,103,547	1,301,014,799	83,231,122			50,980,851						
16. Property/casualty premiums earned	0												
17. Amount paid for provision of health care services	1,174,108,775	8,632,007	1,051,273,343	71,160,868			43,012,256						30,301
18. Amount incurred for provision of health care services	1,156,629,551	8,632,007	1,033,199,247	70,924,464			43,843,532						30,301

(a) For health business: number of persons insured under PPO managed care products.....0 and number of persons insured under indemnity only products.....0.

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year	0
2.	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	
	2.2 Totals, Part 3, Column 7	
3.	Cost of acquired (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9))	
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	
	4.2 Totals, Part 3, Column 9	
5.	Total profit (loss) on sales, Part 3, Column 14	
6.	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	
	6.2 Totals, Part 3, Column 8	
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	
8.	Book/adjusted carrying value at end of current period	0
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	0
11.	Total nonadmitted amounts	
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year		
2.	Amount loaned during year:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		0
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the year		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		0
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		0
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)		0

NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		52,835,985
2.	Cost of acquisitions during year:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		0
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		3,172,826
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the year		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		56,008,811
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		56,008,811
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		56,008,811

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Class 1	98,778,596					98,778,596	16.9	137,485,448	27.2	98,778,596	
1.2 Class 2						0	0.0				
1.3 Class 3						0	0.0				
1.4 Class 4						0	0.0				
1.5 Class 5						0	0.0				
1.6 Class 6						0	0.0				
1.7 Totals	98,778,596	0	0	0	0	98,778,596	16.9	137,485,448	27.2	98,778,596	0
2. **All Other Governments, Schedules D & DA (Group 2)**											
2.1 Class 1						0	0.0				
2.2 Class 2						0	0.0				
2.3 Class 3						0	0.0				
2.4 Class 4						0	0.0				
2.5 Class 5						0	0.0				
2.6 Class 6						0	0.0				
2.7 Totals	0	0	0	0	0	0	0.0	0		0	0
3. **States, Territories and Possessions, etc., Guaranteed, Schedules D & DA (Group 3)**											
3.1 Class 1						0	0.0				
3.2 Class 2						0	0.0				
3.3 Class 3						0	0.0				
3.4 Class 4						0	0.0				
3.5 Class 5						0	0.0				
3.6 Class 6						0	0.0				
3.7 Totals	0	0	0	0	0	0	0.0	0		0	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Class 1						0	0.0				
4.2 Class 2						0	0.0				
4.3 Class 3						0	0.0				
4.4 Class 4						0	0.0				
4.5 Class 5						0	0.0				
4.6 Class 6						0	0.0				
4.7 Totals	0	0	0	0	0	0	0.0	0		0	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Class 1	20,089,845		94,348,976			114,438,821	19.6	47,306,308	9.4	114,438,821	
5.2 Class 2						0	0.0				
5.3 Class 3						0	0.0				
5.4 Class 4						0	0.0				
5.5 Class 5						0	0.0				
5.6 Class 6						0	0.0				
5.7 Totals	20,089,845	0	94,348,976	0	0	114,438,821	19.6	47,306,308	9.4	114,438,821	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusting Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Class 1	23,634,141					23,634,141	4.0			23,634,141	
6.2 Class 2		10,156,283				10,156,283	1.7			10,156,283	
6.3 Class 3						0	0.0				
6.4 Class 4						0	0.0				
6.5 Class 5						0	0.0				
6.6 Class 6						0	0.0				
6.7 Totals	23,634,141	10,156,283	0	0	0	33,790,424	5.8	0		33,790,424	0
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Class 1	142,207,125	773,828	43,613,577		1,617,423	188,211,953	32.2	279,447,156	55.3	188,211,953	
7.2 Class 2	139,628,097		7,354,900		2,860,744	149,843,741	25.6	41,132,076	8.1	149,843,741	
7.3 Class 3						0	0.0				
7.4 Class 4						0	0.0				
7.5 Class 5						0	0.0				
7.6 Class 6						0	0.0				
7.7 Totals	281,835,222	773,828	50,968,477	0	4,478,167	338,055,694	57.8	320,579,232	63.4	338,055,694	0
8. **Credit Tenant Loans, Schedules D & DA (Group 8)**											
8.1 Class 1						0	0.0				
8.2 Class 2						0	0.0				
8.3 Class 3						0	0.0				
8.4 Class 4						0	0.0				
8.5 Class 5						0	0.0				
8.6 Class 6						0	0.0				
8.7 Totals	0	0	0	0	0	0	0.0	0		0	0
9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)**											
9.1 Class 1						0	0.0				
9.2 Class 2						0	0.0				
9.3 Class 3						0	0.0				
9.4 Class 4						0	0.0				
9.5 Class 5						0	0.0				
9.6 Class 6						0	0.0				
9.7 Totals	0	0	0	0	0	0	0.0	0		0	0

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. **Total Bonds Current Year**											
10.1 Class 1	284,709,707	773,828	137,962,553	0	1,617,423	425,063,511	72.7	XXX	XXX	425,063,511	0
10.2 Class 2	139,628,097	10,156,283	7,354,900	0	2,860,744	160,000,024	27.3	XXX	XXX	160,000,024	0
10.3 Class 3	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Class 4	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Class 5	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.6 Class 6	0	0	0	0	0	(c) 0	0.0	XXX	XXX	0	0
10.7 Totals	424,337,804	10,930,111	145,317,453	0	4,478,167	(b) 585,063,535	100.0	XXX	XXX	585,063,535	0
10.8 Line 10.7 as a % of Col. 6	72.5	1.9	24.8	0.0	0.8	100.0	XXX	XXX	XXX	100.0	0.0
11. **Total Bonds Prior Year**											
11.1 Class 1	372,822,386	21,946,306	22,163,912	934,996	46,371,312	XXX	XXX	464,238,912	91.9	464,238,912	
11.2 Class 2	35,922,091		5,209,985			XXX	XXX	41,132,076	8.1	41,132,076	
11.3 Class 3						XXX	XXX	0	0.0		
11.4 Class 4						XXX	XXX	0	0.0		
11.5 Class 5						XXX	XXX	(c) 0	0.0		
11.6 Class 6						XXX	XXX	(c) 0	0.0		
11.7 Totals	408,744,477	21,946,306	27,373,897	934,996	46,371,312	XXX	XXX	(b) 505,370,988	100.0	505,370,988	0
11.8 Line 11.7 as a % of Col. 8	80.9	4.3	5.4	0.2	9.2	XXX	XXX	100.0	XXX	100.0	0.0
12. **Total Publicly Traded Bonds**											
12.1 Class 1	284,709,707	773,828	137,962,553		1,617,423	425,063,511	72.7	464,238,912	91.9	425,063,511	XXX
12.2 Class 2	139,628,097	10,156,283	7,354,900		2,860,744	160,000,024	27.3	41,132,076	8.1	160,000,024	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	424,337,804	10,930,111	145,317,453	0	4,478,167	585,063,535	100.0	505,370,988	100.0	585,063,535	XXX
12.8 Line 12.7 as a % of Col. 6	72.5	1.9	24.8	0.0	0.8	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	72.5	1.9	24.8	0.0	0.8	100.0	XXX	XXX	XXX	100.0	XXX
13. **Total Privately Placed Bonds**											
13.1 Class 1						0	0.0	0	0.0	XXX	0
13.2 Class 2						0	0.0	0	0.0	XXX	0
13.3 Class 3						0	0.0	0	0.0	XXX	0
13.4 Class 4						0	0.0	0	0.0	XXX	0
13.5 Class 5						0	0.0	0	0.0	XXX	0
13.6 Class 6						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes $.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

(b) Includes $.....0 current year, $.....0 prior year of bonds with Z designations and $.....0 current year, $.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class are under regulatory review.

(c) Includes $.....0 current year, $.....0 prior year of bonds with 5* designations and $.....0 current year, $.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. **U.S. Governments, Schedules D & DA (Group 1)**											
1.1 Issuer Obligations	98,778,596					98,778,596	16.9	137,485,448	27.2	98,778,596	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
1.7 Totals	98,778,596	0	0	0	0	98,778,596	16.9	137,485,448	27.2	98,778,596	0
2. **All Other Governments, Schedules D & DA (Group 2)**											
2.1 Issuer Obligations						0	0.0				
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined						0	0.0				
2.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
2.5 Defined						0	0.0				
2.6 Other						0	0.0				
2.7 Totals	0	0	0	0	0	0	0.0	0		0	0
3. **States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 3)**											
3.1 Issuer Obligations						0	0.0				
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined						0	0.0				
3.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
3.5 Defined						0	0.0				
3.6 Other						0	0.0				
3.7 Totals	0	0	0	0	0	0	0.0	0		0	0
4. **Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)**											
4.1 Issuer Obligations						0	0.0				
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined						0	0.0				
4.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
4.5 Defined						0	0.0				
4.6 Other						0	0.0				
4.7 Totals	0	0	0	0	0	0	0.0	0		0	0
5. **Special Revenue & Special Assessment Obligations, etc., Non-Guaranteed, Schedules D & DA (Group 5)**											
5.1 Issuer Obligations	20,089,845					20,089,845	3.4	934,996	0.2	20,089,845	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities			94,348,976			94,348,976	16.1	46,371,312	9.2	94,348,976	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined						0	0.0				
5.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
5.5 Defined						0	0.0				
5.6 Other						0	0.0				
5.7 Totals	20,089,845	0	94,348,976	0	0	114,438,821	19.6	47,306,308	9.4	114,438,821	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. **Public Utilities (Unaffiliated), Schedules D & DA (Group 6)**											
6.1 Issuer Obligations	23,634,141	10,156,283				33,790,424	5.8			33,790,424	
6.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined						0	0.0				
6.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
6.5 Defined						0	0.0				
6.6 Other						0	0.0				
6.7 Totals	23,634,141	10,156,283	0	0	0	33,790,424	5.8	0		33,790,424	0
7. **Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)**											
7.1 Issuer Obligations	281,835,222	773,828	47,968,861		1,617,423	332,195,334	56.8	310,502,169	61.4	332,195,334	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities			2,999,616		2,860,744	5,860,360	1.0			5,860,360	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined						0	0.0				
7.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
7.5 Defined						0	0.0				
7.6 Other						0	0.0	10,077,063	2.0		
7.7 Totals	281,835,222	773,828	50,968,477	0	4,478,167	338,055,694	57.8	320,579,232	63.4	338,055,694	0
8. **Credit Tenant Loans, Schedules D & DA (Group 8)**											
8.1 Issuer Obligations						0	0.0				
8.7 Totals	0	0	0	0	0	0	0.0	0		0	0
9. **Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)**											
9.1 Issuer Obligations						0	0.0				
9.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined						0	0.0				
9.4 Other						0	0.0				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
9.5 Defined						0	0.0				
9.6 Other						0	0.0				
9.7 Totals	0	0	0	0	0	0	0.0	0		0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values By Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % from Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. **Total Bonds Current Year**											
10.1 Issuer Obligations	424,337,804	10,930,111	47,968,861	0	1,617,423	484,854,199	82.9	XXX	XXX	484,854,199	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	97,348,592	0	2,860,744	100,209,336	17.1	XXX	XXX	100,209,336	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	424,337,804	10,930,111	145,317,453	0	4,478,167	585,063,535	100.0	XXX	XXX	585,063,535	0
10.8 Line 10.7 as a % of Col. 6	72.5	1.9	24.8	0.0	0.8	100.0	XXX	XXX	XXX	100.0	0.0
11. **Total Bonds Prior Year**											
11.1 Issuer Obligations	398,667,414	21,946,306	27,373,897	934,996		XXX	XXX	448,922,613	88.8	448,922,613	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities					46,371,312	XXX	XXX	46,371,312	9.2	46,371,312	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX	XXX	0	0.0		
11.4 Other						XXX	XXX	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
11.5 Defined						XXX	XXX	0	0.0		
11.6 Other	10,077,063					XXX	XXX	10,077,063	2.0	10,077,063	
11.7 Totals	408,744,477	21,946,306	27,373,897	934,996	46,371,312	XXX	XXX	505,370,988	100.0	505,370,988	0
11.8 Line 11.7 as a % of Col. 8	80.9	4.3	5.4	0.2	9.2	XXX	XXX	100.0	XXX	100.0	0.0
12. **Total Publicly Traded Bonds**											
12.1 Issuer Obligations	424,337,804	10,930,111	47,968,861		1,617,423	484,854,199	82.9	448,922,613	88.8	484,854,199	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities			97,348,592		2,860,744	100,209,336	17.1	46,371,312	9.2	100,209,336	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	10,077,063	2.0	0	XXX
12.7 Totals	424,337,804	10,930,111	145,317,453	0	4,478,167	585,063,535	100.0	505,370,988	100.0	585,063,535	XXX
12.8 Line 12.7 as a % of Col. 6	72.5	1.9	24.8	0.0	0.8	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	72.5	1.9	24.8	0.0	0.8	100.0	XXX	XXX	XXX	100.0	XXX
13. **Total Privately Placed Bonds**											
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ ASSET-BACKED SECURITIES:											
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value December 31 of prior year	408,744,478	408,744,478			
2. Cost of short-term investments acquired	968,732,391	968,732,391			
3. Increase (decrease) by adjustment	(6,668,324)	(6,668,324)			
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	(907,772)	(907,772)			
6. Consideration received on disposal of short-term investments	945,562,969	945,562,969			
7. Book/adjusted carrying value, current year	424,337,804	424,337,804	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	424,337,804	424,337,804	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	424,337,804	424,337,804	0	0	0
12. Income collected during year	14,419,101	14,419,101			
13. Income earned during year	13,910,207	13,910,207			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Sch. DB-Pt.A-Verification Between Years
NONE

Sch. DB-Pt.B-Verification Between Years
NONE

Sch. DB-Pt.C-Verification Between Years
NONE

Sch. DB-Pt.D-Verification Between Years
NONE

Sch. DB-Pt.E-Verification
NONE

Sch. DB-Pt. F-Sn. 1
NONE

Sch. DB-Pt. F-Sn. 2
NONE

Sch. S-Pt. 1-Sn. 2
NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates						
	38-6561862	01/01/2005	BCN Stop-Loss & Casualty Self-Insurance Trust	Southfield, Mi		10,767,789
0499999.	Total - Affiliates				0	10,767,789
0699999.	Total - Accident and Health				0	10,767,789
0799999.	Totals - Life, Annuity and Accident and Health				0	10,767,789

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates												
	38-6561862	01/01/2005	BCN Stop-Loss & Casualty Self-Insurance Trust	Southfield, Mi	SSL/L/I	3,436,577						
0199999.	Total - Affiliates					3,436,577	0	0	0	0	0	0
0399999.	Totals					3,436,577	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9 + 10 + 11 + 12 + 13 But Not in Excess of Col. 8

NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2005	2 2004	3 2003	4 2002	5 2001
A. OPERATIONS ITEMS					
1. Premiums	3,437				
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	2,528				
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	10,768				
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	653,376,453	(4,888,329)	648,488,124
2.	Accident and health premiums due and unpaid (Line 13)	16,956,152		16,956,152
3.	Amounts recoverable from reinsurers (Line 14.1)			0
4.	Net credit for ceded reinsurance	XXX	15,656,118	15,656,118
5.	All other admitted assets (balance)	27,372,874		27,372,874
6.	Totals assets (Line 26)	697,705,479	10,767,789	708,473,268
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	199,792,534	10,767,789	210,560,323
8.	Accrued medical incentive pool and bonus payments (Line 2)	46,155,302		46,155,302
9.	Premiums received in advance (Line 8)	27,366,622		27,366,622
10.	Reinsurance in unauthorized companies (Line 18)			0
11.	All other liabilities (balance)	111,368,107		111,368,107
12.	Total liabilities (Line 22)	384,682,565	10,767,789	395,450,354
13.	Total capital and surplus (Line 31)	313,022,914	XXX	313,022,914
14.	Total liabilities, capital and surplus (Line 32)	697,705,479	10,767,789	708,473,268
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	10,767,789		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	4,888,329		
20.	Total ceded reinsurance recoverables	15,656,118		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	(4,888,329)		
24.	Total ceded reinsurance payables/offsets	(4,888,329)		
25.	Total net credit for ceded reinsurance	20,544,447		

SCHEDULE Y (Continued)

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
54291	38-2069753	Blue Cross Blue Shield of Michigan	16,300,000				486,708,956				503,008,956	
95610	38-2359234	Blue Care Network of Michigan					(456,211,544)	(908,919)			(457,120,463)	10,767,789
52037	38-2536979	Blue Care of Michigan, Inc.					(4,058,594)	(1,000)			(4,059,594)	
10166	38-3207001	Accident Fund Insurance Company of America	(15,000,000)	(65,000,000)			(25,833,091)				(105,833,091)	
12304	20-3058200	Accident Fund General Insurance Company		25,000,000			(93,048)				24,906,952	
12305	20-3058291	Accident Fund National Insurance Company		40,000,000			(93,048)				39,906,952	
	38-3357687	PPOM, LLC									0	
	38-6561861	BCN Medical Malpractice Self-Insurance Trust									0	
	38-6561862	BCN Stop-Loss and Casualty Self-Insurance Trust						909,919			909,919	(10,767,789)
	38-2612298	DenteMax	(1,300,000)				(419,631)				(1,719,631)	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be acepted 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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will the Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	YES

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.

	MARCH FILING	
8.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
9.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
10.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
	APRIL FILING	
12.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
13.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
14.	Will the Supplemental Property/Casuatly data due April 1 be filed with the state of domicile and the NAIC?	NO

EXPLANATIONS:

BAR CODE:

9561020053600000

9561020052050000

9561020052070000

9561020054200000

9561020053300000

9561020052110000

9561020052130000

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2304. Vehicle	1,006	1,006	0	
2397. Summary of remaining write-ins for Line 23	1,006	1,006	0	0

Additional Write-ins for Liabilities:

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2104. Employee Health Insurance	1,558,338		1,558,338	2,246,877
2105. Escheats	735,358		735,358	623,043
2197. Summary of remaining write-ins for Line 21	2,293,696	0	2,293,696	2,869,920

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2304. Vehicle	1,006	5,030	4,024
2397. Summary of remaining write-ins for Line 23	1,006	5,030	4,024

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2005
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....572
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
Title.....

NAIC Company Code.....95610

Telephone Number.....

NONE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2002				Policies Issued in 2003, 2004 & 2005			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

MED360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Overflow Page for Write-Ins

NONE