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ANNUAL STATEMENT

For the Year Ended December 31, 2018

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 MI State of Domicile or Port of Entry MI Country of Domicile US

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

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

Statutory Home Office	20500 Civic Center Drive .. Southfield .. MI .. US .. 48076 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	20500 Civic Center Drive .. Southfield .. MI .. US .. 48076 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-799-6400 *(Area Code) (Telephone Number)*
Mail Address	20500 Civic Center Drive MC C455 .. Southfield .. MI .. US .. 48076 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	20500 Civic Center Drive .. Southfield .. MI .. US .. 48076 *(Street and Number) (City or Town, State, Country and Zip Code)*	248-799-6898 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.BCBSM.com	
Statutory Statement Contact	Jill Angela Fiddes *(Name)*	248-799-6898 *(Area Code) (Telephone Number) (Extension)*
	jfiddes@bcbsm.com *(E-Mail Address)*	844-852-7151 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Tiffany Antonette Albert	President & Chief Executive Officer	2. Sheela Rao Manyam	Secretary
3. James Peter Kallas	Vice President of Finance & Treasurer	4. Marc Darryl Keshishian MD	Chief Medical Officer

OTHER

DIRECTORS OR TRUSTEES

Tiffany Antonette Albert	Julie Anne Angott	Mark Robert Bartlett	William Harrison Black
David Bing	Kenneth Ray Dallafior	Shauna Ryder Diggs MD	Sarah Winston Doyle
Janet Louise Harden	Valeriah Ann Holmon	Robert Paul Kelch MD	Melvin Lyle Larsen
Paula Jean Manderfield	Gregory Alan Sudderth	Mary Ann Weaver	

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)
Tiffany Antonette Albert	Sheela Rao Manyam	James Peter Kallas
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Secretary	Vice President of Finance & Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2019

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						
0199999. Total individuals	1,620,792	64,084	40,750	467,789	467,789	1,725,626
Federal Employees Health Benefit Plan	3,653,136					3,653,136
0299997. Group subscribers subtotal	3,653,136	0	0	0	0	3,653,136
0299998. Premiums due and unpaid not individually listed	8,030,277	768,439	95,680	18,492	18,492	8,894,396
0299999. Total group	11,683,413	768,439	95,680	18,492	18,492	12,547,532
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	13,304,205	832,523	136,430	486,281	486,281	14,273,158

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	47,831,810	19,705,599		315,362	315,362	67,537,409
0199999. Total Pharmaceutical Rebate Receivables	47,831,810	19,705,599	0	315,362	315,362	67,537,409
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually	32,388				32,388	0
0299999. Total Claim Overpayment Receivables	32,388	0	0	0	32,388	0
0799999. Gross Health Care Receivables	47,864,198	19,705,599	0	315,362	347,750	67,537,409

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Heath Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	47,346,963	101,456,675	315,362	67,537,409	47,662,325	47,337,418
2. Claim overpayment receivables	3,502,995	3,084,936		32,388	3,502,995	27,620
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables	4,866,470				4,866,470	4,866,470
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	55,716,428	104,541,611	315,362	67,569,797	56,031,790	52,231,508

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

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

Aging Analysis of Unpaid Claims

1 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	114,106,805	1,964,380	202,726			116,273,911
0499999. Subtotals	114,106,805	1,964,380	202,726	0	0	116,273,911
0599999. Unreported claim and other claim reserves						266,085,676
0699999. Total amounts withheld						10,730,879
0799999. Total claims unpaid						393,090,466
0899999. Accrued medical incentive pool and bonus amounts						104,048,124

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 Mutual Insurance Company	11,690,814					11,690,814	
0199999. Individually listed receivables	11,690,814	0	0	0	0	11,690,814	0
0299999. Receivables not individually listed	689,759					689,759	
0399999. Total gross amounts receivable	12,380,573	0	0	0	0	12,380,573	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 Mutual Insurance Company	Administrative services and payroll	35,484,815	35,484,815	
Tessellate	Administrative services for Medicare Advantage activities	1,208,033	1,208,033	
0199999. Individually listed payables		36,692,848	36,692,848	0
0299999. Payables not individually listed		10,161	10,161	
0399999. Total gross payables		36,703,009	36,703,009	0

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payment	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	192,107,466	5.7	738,743	100.0		192,107,466
2. Intermediaries	26,456,031	0.8	90,308	12.2		26,456,031
3. All other providers	17,443,585	0.5	722,685	97.8		17,443,585
4. Total capitation payments	236,007,082	7.0	1,551,736	210.1	0	236,007,082
Other Payments:						
5. Fee-for-service	105,913,750	3.1	XXX	XXX		105,913,750
6. Contractual fee payments	992,686,620	29.5	XXX	XXX		992,686,620
7. Bonus/withhold arrangements - fee-for-service	240,330,082	7.1	XXX	XXX		240,330,082
8. Bonus/withhold arrangements - contractual fee payments	1,791,508,659	53.2	XXX	XXX		1,791,508,659
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	3,130,439,111	93.0	XXX	XXX	0	3,130,439,111
13. Total (Line 4 plus Line 12)	3,366,446,193	100.0	XXX	XXX	0	3,366,446,193

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
Transactions with Intermediaries					
	Joint Venture Hospital Laboratories	26,456,031	2,204,669		
9999999. Totals		26,456,031	XXX	XXX	XXX

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	1,274,704		962,686	312,018	312,018	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	41,698,181		16,636,655	25,061,526	25,061,526	0
6. Total	42,972,885	0	17,599,341	25,373,544	25,373,544	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 GRAND TOTAL DURING THE YEAR (Location)

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	689,351	112,564	460,448	13,231			17,243	85,865		
2. First quarter	751,261	162,862	469,372	12,754			17,580	88,693		
3. Second quarter	744,525	157,045	468,746	12,693			16,807	89,234		
4. Third quarter	739,901	149,772	470,265	12,566			17,365	89,933		
5. Current year	738,743	144,012	474,769	12,414			17,240	90,308		
6. Current year member months	8,912,663	1,857,061	5,621,866	151,792			209,495	1,072,449		
Total Member Ambulatory Encounters for Year:										
7. Physician	4,607,229	786,673	2,435,123	158,906			136,297	1,090,230		
8. Non-physician	2,213,247	413,246	1,186,529	110,271			69,356	433,845		
9. Totals	6,820,476	1,199,919	3,621,652	269,177	0	0	205,653	1,524,075	0	0
10. Hospital patient days incurred	273,434	15,478	139,001	10,030			4,993	103,932		
11. Number of inpatient admissions	66,380	3,994	38,696	2,206			1,405	20,079		
12. Health premiums written (b)	4,244,142,605	861,426,482	2,224,041,935	34,904,017			116,781,546	1,006,988,625		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,268,675,579	860,401,451	2,244,224,779	34,903,859			116,781,546	1,012,363,944		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,366,446,193	559,816,727	1,790,743,779	24,457,799			103,476,777	887,951,111		
18. Amount incurred for provision of health care services	3,434,406,772	582,999,482	1,835,878,373	24,004,797			104,655,157	886,868,963		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,006,988,625

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
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	689,351	112,564	460,448	13,231			17,243	85,865		
2. First quarter	751,261	162,862	469,372	12,754			17,580	88,693		
3. Second quarter	744,525	157,045	468,746	12,693			16,807	89,234		
4. Third quarter	739,901	149,772	470,265	12,566			17,365	89,933		
5. Current year	738,743	144,012	474,769	12,414			17,240	90,308		
6. Current year member months	8,912,663	1,857,061	5,621,866	151,792			209,495	1,072,449		
Total Member Ambulatory Encounters for Year:										
7. Physician	4,607,229	786,673	2,435,123	158,906			136,297	1,090,230		
8. Non-physician	2,213,247	413,246	1,186,529	110,271			69,356	433,845		
9. Totals	6,820,476	1,199,919	3,621,652	269,177	0	0	205,653	1,524,075	0	0
10. Hospital patient days incurred	273,434	15,478	139,001	10,030			4,993	103,932		
11. Number of inpatient admissions	66,380	3,994	38,696	2,206			1,405	20,079		
12. Health premiums written (b)	4,244,142,605	861,426,482	2,224,041,935	34,904,017			116,781,546	1,006,988,625		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	4,268,675,579	860,401,451	2,244,224,779	34,903,859			116,781,546	1,012,363,944		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	3,366,446,193	559,816,727	1,790,743,779	24,457,799			103,476,777	887,951,111		
18. Amount incurred for provision of health care services	3,434,406,772	582,999,482	1,835,878,373	24,004,797			104,655,157	886,868,963		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,006,988,625

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance

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 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates - U.S. - Captive						
15649	47-2221114	01/01/2018	Woodward Straits Insurance Company	MI	3,620,163	8,426,684
1299999.	Total - Accident and Health Affiliates - U.S. - Captive				3,620,163	8,426,684
1499999.	Total - Accident and Health Affiliates - U.S. - Total				3,620,163	8,426,684
1899999.	Total - Accident and Health Affiliates				3,620,163	8,426,684
2299999.	Total - Accident and Health				3,620,163	8,426,684
2399999.	Total U.S.				3,620,163	8,426,684
9999999.	Total				3,620,163	8,426,684

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	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. - Captive													
15649	47-2221114	01/01/2018	Woodward Straits Insurance Company	MI	SSL/I	CMM	22,063,489						
0199999.	Total - General Account - Authorized - Affiliates - U.S. - Captive						22,063,489	0	0	0	0	0	0
General Account - Authorized - Affiliates - U.S. - Other													
54291	38-2069753	01/01/2018	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	OTH/G	CMM	3,891,022						
54291	38-2069753	01/01/2018	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	OTH/G	FEHBP	204,565						
54291	38-2069753	01/01/2018	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	OTH/G	MR	3,377,589						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						7,473,176	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						29,536,665	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						29,536,665	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						29,536,665	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						29,536,665	0	0	0	0	0	0
6999999.	Total - U.S.						29,536,665	0	0	0	0	0	0
9999999.	Total						29,536,665	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	26,159	30,638	53,953	34,527	38,091
2. Title XVIII - Medicare	3,378	3,829	166	1,562	2,891
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	13,440	26,439	18,463	71,386	48,336
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	8,427	12,131	7,371	14,773	15,409
8. Reinsurance recoverable on paid losses	3,620	6,354	15,813	45,187	37,095
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with certified reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple beneficiary trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

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 12)	2,206,921,870	28,957,360	2,235,879,230
2.	Accident and health premiums due and unpaid (Line 15)	35,134,024		35,134,024
3.	Amounts recoverable from reinsurers (Line 16.1)	3,620,163	(3,620,163)	0
4.	Net credit for ceded reinsurance	XXX	(1,405,516)	(1,405,516)
5.	All other admitted assets (balance)	157,083,137	(17,209,310)	139,873,827
6.	Totals assets (Line 28)	2,402,759,194	6,722,371	2,409,481,565
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	384,663,782	8,426,684	393,090,466
8.	Accrued medical incentive pool and bonus payments (Line 2)	104,048,124		104,048,124
9.	Premiums received in advance (Line 8)	100,776,469		100,776,469
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.	Reinsurance with certified reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with certified reinsurers (Line 19 third inset amount)			0
14.	All other liabilities (balance)	203,916,844	(1,704,313)	202,212,531
15.	Total liabilities (Line 24)	793,405,219	6,722,371	800,127,590
16.	Total capital and surplus (Line 33)	1,609,353,975	XXX	1,609,353,975
17.	Total liabilities, capital and surplus (Line 34)	2,402,759,194	6,722,371	2,409,481,565
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	8,426,684		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	3,620,163		
22.	Other ceded reinsurance recoverables	(28,957,360)		
23.	Total ceded reinsurance recoverables	(16,910,513)		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	(15,504,997)		
30.	Total ceded reinsurance payables/offsets	(15,504,997)		
31.	Total net credit for ceded reinsurance	(1,405,516)		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL						0
2.	Alaska AK						0
3.	Arizona AZ						0
4.	Arkansas AR						0
5.	California CA						0
6.	Colorado CO						0
7.	Connecticut CT						0
8.	Delaware DE						0
9.	District of Columbia DC						0
10.	Florida FL						0
11.	Georgia GA						0
12.	Hawaii HI						0
13.	Idaho ID						0
14.	Illinois IL						0
15.	Indiana IN						0
16.	Iowa IA						0
17.	Kansas KS						0
18.	Kentucky KY						0
19.	Louisiana LA						0
20.	Maine ME						0
21.	Maryland MD						0
22.	Massachusetts MA						0
23.	Michigan MI						0
24.	Minnesota MN						0
25.	Mississippi MS						0
26.	Missouri MO						0
27.	Montana MT						0
28.	Nebraska NE						0
29.	Nevada NV						0
30.	New Hampshire NH						0
31.	New Jersey NJ						0
32.	New Mexico NM						0
33.	New York NY						0
34.	North Carolina NC						0
35.	North Dakota ND						0
36.	Ohio OH						0
37.	Oklahoma OK						0
38.	Oregon OR						0
39.	Pennsylvania PA						0
40.	Rhode Island RI						0
41.	South Carolina SC						0
42.	South Dakota SD						0
43.	Tennessee TN						0
44.	Texas TX						0
45.	Utah UT						0
46.	Vermont VT						0
47.	Virginia VA						0
48.	Washington WA						0
49.	West Virginia WV						0
50.	Wisconsin WI						0
51.	Wyoming WY						0
52.	American Samoa AS						0
53.	Guam GU						0
54.	Puerto Rico PR						0
55.	US Virgin Islands VI						0
56.	Northern Mariana Islands MP						0
57.	Canada CAN						0
58.	Aggregate Other Alien OT						0
59.	Totals	0	0	0	0	0	0

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	UDP	State of Michigan	Legal			N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-4093181				Emergent Holdings, Inc.	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	27-0521030				Accident Fund Holdings, Inc.	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	09789424				AF Global Capital, Ltd.	GBR	NIA	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10166	38-3207001				Accident Fund Insurance Company of America.	MI	IA	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	26-4728075				Affinity Services, LLC.	MI	NIA	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	32-0550098				Fundamental Agency, Inc.	WI	NIA	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	29157	39-0941450				United Wisconsin Insurance Company	WI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12304	20-3058200				Accident Fund General Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12305	20-3058291				Accident Fund National Insurance Company	MI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10713	36-4072992				Third Coast Insurance Company	WI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12177	20-1117107				CompWest Insurance Company	CA	IA	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	20-1420821				LifeSecure Holdings Corporation	AZ	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	80.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	8
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	77720	75-0956156				LifeSecure Insurance Company	MI	IA	LifeSecure Holdings Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	8
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	95610	38-2359234				Blue Care Network of Michigan	MI	RE	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	45-3854611				Michigan Medicaid Holdings Company	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	Michigan Medicaid Holdings Company	Ownership	50.000	BCBSM and IBC MH LLC	N	6
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	DS	Blue Care Network of Michigan	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	15649	47-2221114				Woodward Straits Insurance Company	MI	IA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	81-3438452				COBX Co.	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	47-5653683				Advantasure, Inc.	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	11-3738370				ikaSystems Corporation	DE	NIA	Advantasure, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	19.500	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	27-1038374				BH Assets, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	28.680	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	47-4522025				Tessellate Holdings, LLC	DE	NIA	Emergent Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	45-3742721				Tessellate, LLC	DE	NIA	Tessellate Holdings, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	45-1062167				NDBH Holding Company, LLC	MO	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	10.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	43-1698690				New Directions Behavioral Health, LLC	MO	NIA	NDBH Holding Company, LLC	Ownership	99.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	1
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	82-3783757				e4, LLC	MO	NIA	New Directions Behavioral Health, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	1
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	45-3341045				e4 Health, Inc.	DE	NIA	e4, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.740	BCBSM and IBC MH LLC	N	
		00000	38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	50.000	BCBSM and IBC MH LLC	N	3
		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	50.000	BCBSM and IBC MH LLC	N	3
		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc.	Ownership	51.000	BCBSM and IBC MH LLC	N	4
		15088	46-1482013				AmeriHealth District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		16451	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	AmeriHealth Caritas Health Plan	Ownership	70.000	BCBSM and IBC MH LLC	N	5
		00000	82-3313629				AmeriHealth Caritas Kansas, Inc.	KS	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		0000	83-14816711				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		16422	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	IA	AMHP Holdings Corp.	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	50.000	BCBSM and IBC MH LLC	N	3
		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	50.000	BCBSM and IBC MH LLC	N	3
		11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	50.000	BCBSM and IBC MH LLC	N	6
		00000	36-4247278				BCS Financial Corporation	DE	NIA	BCBSM and Accident Fund Insurance Company of America	Ownership	13.660	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
		80985	36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	7
		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	7
		26794	36-3503382				Plans' Liability Insurance Company	OH	IA	BCBSM	Management		Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	
		00000	36-3120811				BCS Insurance Agency, Inc.	IL	NIA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	7

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		00000	36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	7
		00000	20-1420821				LifeSecure Holdings Corporation	AZ	NIA	BCS Financial Corporation	Ownership	20.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	8
		00000					4 Ever Life International Limited	BMU	NIA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	7
		00000	32-0485937				BCS Re Inc.	VT	NIA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	7
		00000	37-1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9
		00000	46-4945044				Ancilyze Insurance Agency LLC	IL	NIA	Ancilyze Technologies LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	9

Aster	Explanation
1	BCBSM owns 9.9% of the entity in column 8
2	BCBSM owns 38.74% of the entity in column 8
3	BCBSM owns 19.37% of the entity in column 8
4	BCBSM owns 19.75% of the entity in column 8
5	BCBSM owns 27.12% of the entity in column 8
6	Michigan Medicaid Holding Company and AmeriHealth Caritas Health Plan each own 50% of Blue Cross Complete of Michigan, LLC
7	BCBSM owns 13.66% of the entity in column 8
8	BCBSM and BCS Financial Corporation owns LifeSecure Holdings Corporation 80% and 20% respectively
9	BCBSM owns 6.83% of the entity in column 8

SCHEDULE Y

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

1 NAIC Company Code	2 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 Mutual Insurance Company	10,000,000	(1,230,245,285)			2,214,889,250	(14,465,719)		(38,978,595)	941,199,651	1,421,774
95610	38-2359234	Blue Care Network of Michigan		6,105,146			(2,362,900,865)	(16,002,294)			(2,372,798,013)	29,256,156
	27-0521030	Accident Fund Holdings, Inc.		(2,000,000)			(13,537,151)				(15,537,151)	
10166	38-3207001	Accident Fund Insurance Company of America	(200,000,000)	(35,000,000)			52,150,543		*		(182,849,457)	1,373,352,450
12304	20-3058200	Accident Fund General Insurance Company		35,000,000			(54,376,688)				(19,376,688)	(477,906,911)
12305	20-3058291	Accident Fund National Insurance Company					(39,226,754)				(39,226,754)	(356,161,889)
10713	36-4072992	Third Coast Insurance Company					(4,576,377)				(4,576,377)	(7,865,910)
29157	39-0941450	United Wisconsin Insurance Company					9,329,139				9,329,139	(443,763,078)
	45-1259278	EIN Properties LLC					4,939,558				4,939,558	
11557	47-2582248	Blue Cross Complete of Michigan LLC		10,000,000			(103,049,565)				(93,049,565)	
	38-2338506	Blue Cross and Blue Shield of Michigan Foundation					(1,128,561)				(1,128,561)	
12177	20-1117107	CompWest Insurance Co.					(14,069,103)		*		(14,069,103)	(87,654,662)
77720	75-0956156	LifeSecure Insurance Company					(2,565,663)				(2,565,663)	
	58-1767730	NASCO Corporation					59,028,507				59,028,507	
	23-2859523	AmeriHealth Caritas Health Plan		(5,000,000)							(5,000,000)	
	27-0863878	PerformRx, LLC					6,474,465				6,474,465	
	45-3742721	Tessellate, LLC					95,832,054				95,832,054	
	47-2221114	Woodward Straits Insurance Company	(10,000,000)				(1,867,965)	30,468,013			18,600,048	(30,677,930)
		AF Global Capitol, Ltd.					(201,635)				(201,635)	
	47-5653683	Advantasure, Inc.		35,000,000			(65,745,438)				(30,745,438)	
	11-3738370	ikaSystems		25,000,000			11,092,806			(2,035,858)	34,056,948	
	81-3438452	COBX Co.					112,914,094			41,014,453	153,928,547	
	61-1729412	PerformSpecialty, LLC					29,651,461				29,651,461	
15104	46-0906893	AmeriHealth Michigan, Inc.					(291,126)				(291,126)	
	45-5415725	AmeriHealth Caritas Services LLC					66,592,952				66,592,952	
	32-0550098	Fundamental Agency		2,000,000			642,062				2,642,062	
	38-4093181	Emergent Holdings Inc.	200,000,000	1,159,140,139							1,359,140,139	
	45-3854611	Michigan Medicaid Holdings Inc.									0	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
10166	Accident Fund Insurance Company of America	98.97%	12177	CompWest Insurance Co.	1.03%

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 accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator-only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BAR CODE:

1.

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12. The data for this supplement is not required to be filed.

13. The data for this supplement is not required to be filed.

14. The data for this supplement is not required to be filed.

15. The data for this supplement is not required to be filed.

16. The data for this supplement is not required to be filed.

17. The data for this supplement is not required to be filed.

18. The data for this supplement is not required to be filed.

19. The data for this supplement is not required to be filed.

20. The data for this supplement is not required to be filed.

21. The data for this supplement is not required to be filed.

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9561020182050000000
9561020184200000000
9561020183710000000
9561020183700000000
9561020183650000000
9561020182240000000
9561020182250000000
9561020182260000000
9561020183060000000
9561020182110000000

Overflow Page
NONE

Overflow Page
NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....572
Address (City, State and Zip Code).....Southfield, Michigan, 48076
Person Completing This Exhibit.....William Cook

NAIC Company Code.....95610

Title.....Financial Coordinator.....Telephone Number.....248-455-3423

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										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
Individual Policies																	
.....YES.....	BCNT-130712940.....	A.....	.....NO...	....34.....	.12/01/2009	.....	.09/15/2016	.....	MYBLUE MEDIGAP.....	208,810	76,096	.....36.4	99	59,264	16,694	.....28.2	34
.....YES.....	BCNT-130712940.....	C.....	.....NO...	....34.....	.12/01/2009	.....	.09/15/2016	.....	MYBLUE MEDIGAP.....	904,640	581,817	.....64.3	278	81,790	67,850	.....83.0	24
.....YES.....	BCNT-130712940.....	F.....	.....NO...	....34.....	.12/01/2009	.....	.09/15/2016	.....	MYBLUE MEDIGAP.....	23,382,708	15,937,687	.....68.2	7,723	8,108,571	6,138,966	.....75.7	3,193
.....YES.....	BCNT-130712940.....	F.....	.....NO...	....34.....	.07/29/2015	.....	.09/15/2016	.....	MYBLUE MEDIGAP - High Deductible	2,216	2,540	.....114.6	2	101,558	39,223	.....38.6	91
.....YES.....	BCNT-130712940.....	N.....	.....NO...	....34.....	.04/14/2010	.....	.09/15/2016	.....	MYBLUE MEDIGAP.....	1,151,884	649,245	.....56.4	521	902,419	494,679	.....54.8	449
0199999.	Total Policy Experience on Individual Policies.....									25,650,258	17,247,385	.....67.2	8,623	9,253,602	6,757,412	.....73.0	3,791

360.MI

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..... 53200 Grand River New Hudson MI 48165
   2.2 Contact person and phone number..... John Bialowicz 248-486-2498
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 53200 Grand River New Hudson MI 48165
   3.2 Contact person and phone number..... John Bialowicz 248-486-2498
4. Explain any policies identified as policy type "O".

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