



ANNUAL STATEMENT

For the Year Ended December 31, 2019
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 248-799-6400
(Street and Number) (City or Town, State, Country and Zip Code) (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 248-799-6898
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.BCBSM.com

Statutory Statement Contact Jill Angela Fiddes 248-799-6898
(Name) (Area Code) (Telephone Number) (Extension)
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(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Kathryn Galardi Levine #	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

Julie Anne Angott	Mark Robert Bartlett	William Harrison Black	David Bing
Kenneth Ray Dallafior	Shauna Ryder Diggs MD	Sarah Winston Doyle	Valeriah Ann Holmon DNP, FNP-BC
Robert Paul Kelch MD	Melvin Lyle Larsen	Kathryn Galardi Levine #	Paula Jean Manderfield RN, JD
Richard Earl Posthumus #	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) Kathryn Galardi Levine	(Signature) Sheela Rao Manyam	(Signature) James Peter Kallas
1. (Printed Name) President & Chief Executive Officer	2. (Printed Name) Secretary	3. (Printed Name) Vice President of Finance & Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2020

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.....	1,502,589	26,033	3,844	92,521	92,521	1,532,466
Federal Employee Health Benefit Plan.....	3,157,000					3,157,000
0299997. Group subscribers subtotal.....	3,157,000	0	0	0	0	3,157,000
0299998. Premiums due and unpaid not individually listed.....	7,621,906	3,136,605	1,061,846	1,209,945	1,209,945	11,820,357
0299999. Total group.....	10,778,906	3,136,605	1,061,846	1,209,945	1,209,945	14,977,357
0599999. Accident and health premiums due and unpaid (Page 2, Line 15).....	12,281,495	3,162,638	1,065,690	1,302,466	1,302,466	16,509,823

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.....	63,129,520	20,430,539		1,824,998	1,824,998	83,560,059
0199999. Total Pharmaceutical Rebate Receivables.....	63,129,520	20,430,539	0	1,824,998	1,824,998	83,560,059
Claim Overpayment Receivables						
0299998. Claim Overpayment Receivables Not Listed Individually.....	66,616				66,616	0
0299999. Total Claim Overpayment Receivables.....	66,616	0	0	0	66,616	0
0799999. Gross Health Care Receivables.....	63,196,136	20,430,539	0	1,824,998	1,891,614	83,560,059

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	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		
1. Pharmaceutical rebate receivables.....	62,362,735	126,644,345	1,305,230	84,079,827	63,667,965	67,852,771
2. Claim overpayment receivables.....	5,223,910	879,203		66,616	5,223,910	32,388
3. Loans and advances to providers.....					.0	
4. Capitation arrangement receivables.....					.0	
5. Risk sharing receivables.....					.0	
6. Other health care receivables.....					.0	
7. Totals (Lines 1 through 6).....	67,586,645	127,523,548	1,305,230	84,146,443	68,891,875	67,885,159

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

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

Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0399999. Aggregate accounts not individually listed - covered.....	100,833,129	1,716,679	429,169			102,978,977
0499999. Subtotals.....	100,833,129	1,716,679	429,169	0	0	102,978,977
0599999. Unreported claim and other claim reserves.....						299,574,305
0699999. Total amounts withheld.....						11,248,768
0799999. Total claims unpaid.....						413,802,050
0899999. Accrued medical incentive pool and bonus amounts.....						87,304,309

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Amounts Due From Parent, Subsidiaries and Affiliates							
Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	16,572,398					16,572,398	
0199999. Individually listed receivables.....	16,572,398	0	0	0	0	16,572,398	0
0399999. Total gross amounts receivable.....	16,572,398	0	0	0	0	16,572,398	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	72,311,824	72,311,824	0
0199999. Individually listed payables.....		72,311,824	72,311,824	0
0299999. Payables not individually listed.....		107,504	107,504	0
0399999. Total gross payables.....		72,419,328	72,419,328	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.....	198,330,403	5.5	730,588	98.0		198,330,403
2. Intermediaries.....	23,875,286	0.7	638,975	85.7		23,875,286
3. All other providers.....	17,955,179	0.5	730,588	98.0		17,955,179
4. Total capitation payments.....	240,160,868	6.6	2,100,151	281.7	0	240,160,868
Other Payments:						
5. Fee-for-service.....	114,528,515	3.2	XXX	XXX		114,528,515
6. Contractual fee payments.....	1,313,682,079	36.2	XXX	XXX		1,313,682,079
7. Bonus/withhold arrangements - fee-for-service.....	252,852,270	7.0	XXX	XXX		252,852,270
8. Bonus/withhold arrangements - contractual fee payments.....	1,703,018,253	47.0	XXX	XXX		1,703,018,253
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.....	3,384,081,117	93.4	XXX	XXX	0	3,384,081,117
13. Total (Line 4 plus Line 12).....	3,624,241,985	100.0	XXX	XXX	0	3,624,241,985

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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.....	23,875,286	1,989,607		
9999999.	Totals.....	23,875,286	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		1,061,204	213,500	213,500	.0
2. Medical furniture, equipment and fixtures.....						.0
3. Pharmaceuticals and surgical supplies.....						.0
4. Durable medical equipment.....						.0
5. Other property and equipment.....	41,698,182		21,134,030	20,564,152	20,564,152	.0
6. Total.....	42,972,886	0	22,195,234	20,777,652	20,777,652	.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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	738,743	144,012	474,769	12,414			17,240	90,308		
2. First quarter.....	747,094	154,361	474,334	12,021			16,621	89,757		
3. Second quarter.....	742,873	147,890	476,423	11,838			16,329	90,393		
4. Third quarter.....	747,478	141,925	486,423	11,703			16,163	91,264		
5. Current year.....	745,471	136,141	490,135	11,524			16,057	91,614		
6. Current year member months.....	8,928,617	1,748,041	5,754,421	141,565			197,105	1,087,485		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	4,483,947	748,170	2,372,832	149,316			129,766	1,083,863		
8. Non-physician.....	2,392,113	425,031	1,328,900	109,433			68,889	459,860		
9. Totals.....	6,876,060	1,173,201	3,701,732	258,749	0	0	198,655	1,543,723	0	0
10. Hospital patient days incurred.....	270,113	8,757	143,427	9,344			4,738	103,847		
11. Number of inpatient admissions.....	64,411	2,263	39,032	2,077			1,304	19,735		
12. Health premiums written (b).....	4,285,314,300	773,921,566	2,287,173,979	33,697,824			110,046,444	1,080,474,487		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	4,268,770,078	773,748,678	2,270,802,496	33,697,973			110,046,444	1,080,474,487		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	3,624,241,985	573,309,313	1,985,559,541	23,270,962			104,804,634	937,297,535		
18. Amount incurred for provision of health care services.....	3,610,643,240	572,941,546	1,967,639,466	23,220,657			104,375,191	942,466,380		

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(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 \$.....1,080,474,487



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 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior year.....	738,743	144,012	474,769	12,414			17,240	90,308		
2. First quarter.....	747,094	154,361	474,334	12,021			16,621	89,757		
3. Second quarter.....	742,873	147,890	476,423	11,838			16,329	90,393		
4. Third quarter.....	747,478	141,925	486,423	11,703			16,163	91,264		
5. Current year.....	745,471	136,141	490,135	11,524			16,057	91,614		
6. Current year member months.....	8,928,617	1,748,041	5,754,421	141,565			197,105	1,087,485		
Total Member Ambulatory Encounters for Year:										
7. Physician.....	4,483,947	748,170	2,372,832	149,316			129,766	1,083,863		
8. Non-physician.....	2,392,113	425,031	1,328,900	109,433			68,889	459,860		
9. Totals.....	6,876,060	1,173,201	3,701,732	258,749	0	0	198,655	1,543,723	0	0
10. Hospital patient days incurred.....	270,113	8,757	143,427	9,344			4,738	103,847		
11. Number of inpatient admissions.....	64,411	2,263	39,032	2,077			1,304	19,735		
12. Health premiums written (b).....	4,285,314,300	773,921,566	2,287,173,979	33,697,824			110,046,444	1,080,474,487		
13. Life premiums direct.....	0									
14. Property/casualty premiums written.....	0									
15. Health premiums earned.....	4,268,770,078	773,748,678	2,270,802,496	33,697,973			110,046,444	1,080,474,487		
16. Property/casualty premiums earned.....	0									
17. Amount paid for provision of health care services.....	3,624,241,985	573,309,313	1,985,559,541	23,270,962			104,804,634	937,297,535		
18. Amount incurred for provision of health care services.....	3,610,643,240	572,941,546	1,967,639,466	23,220,657			104,375,191	942,466,380		

30 MI

(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 \$.....1,080,474,487

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
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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....	01/01/2019	Woodward Straits Insurance Company.....	MI.....		7,238,414
1299999.	Total - Accident and Health Affiliates - U.S. - Captive.....				0	7,238,414
1499999.	Total - Accident and Health Affiliates - U.S. - Total.....				0	7,238,414
1899999.	Total - Accident and Health Affiliates.....				0	7,238,414
2299999.	Total - Accident and Health.....				0	7,238,414
2399999.	Total U.S.....				0	7,238,414
9999999.	Total.....				0	7,238,414

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance 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 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Affiliates - U.S. - Captive													
15649.....	47-2221114....	.01/01/2019	Woodward Straits Insurance Company.....	MI.....	SSL/I.....	CMM.....	17,197,600						
0199999.	Total - General Account - Authorized - Affiliates - U.S. - Captive.....												0
General Account - Authorized - Affiliates - U.S. - Other													
54291.....	38-2069753....	.01/01/2019	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	MI.....	OTH/G.....	CMM.....	(2,795,800)						
54291.....	38-2069753....	.01/01/2019	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	MI.....	OTH/G.....	FEHBP.....	(136,753)						
54291.....	38-2069753....	.01/01/2019	Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	MI.....	OTH/G.....	MR.....	2,159,478						
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other.....												0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total.....												0
0799999.	Total - General Account - Authorized - Affiliates.....												0
1199999.	Total - General Account - Authorized.....												0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....												0
6999999.	Total - U.S.....												0
9999999.	Total.....												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 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums.....	14,265	26,159	30,638	53,953	34,527
2. Title XVIII - Medicare.....	2,159	3,378	3,829	166	1,562
3. Title XIX - Medicaid.....					
4. Commissions and reinsurance expense allowance.....					
5. Total hospital and medical expenses.....	7,389	13,440	26,439	18,463	71,386
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....					
7. Claims payable.....	7,238	8,427	12,131	7,371	14,773
8. Reinsurance recoverable on paid losses.....		3,620	6,354	15,813	45,187
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).....	2,428,103,129	3,753,297	2,431,856,426
2. Accident and health premiums due and unpaid (Line 15).....	52,471,136		52,471,136
3. Amounts recoverable from reinsurers (Line 16.1).....			0
4. Net credit for ceded reinsurance.....	XXX	20,229,146	20,229,146
5. All other admitted assets (balance).....	168,655,182	(18,065,770)	150,589,412
6. Totals assets (Line 28).....	2,649,229,447	5,916,673	2,655,146,120
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	406,563,636	7,238,414	413,802,050
8. Accrued medical incentive pool and bonus payments (Line 2).....	87,304,309		87,304,309
9. Premiums received in advance (Line 8).....	100,869,477		100,869,477
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).....	325,568,582	(1,321,741)	324,246,841
15. Total liabilities (Line 24).....	920,306,004	5,916,673	926,222,677
16. Total capital and surplus (Line 33).....	1,728,923,443	XXX	1,728,923,443
17. Total liabilities, capital and surplus (Line 34).....	2,649,229,447	5,916,673	2,655,146,120
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	7,238,414		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance.....	0		
21. Reinsurance recoverable on paid losses.....	0		
22. Other ceded reinsurance recoverables.....	(3,753,297)		
23. Total ceded reinsurance recoverables.....	3,485,117		
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.....	(16,744,029)		
30. Total ceded reinsurance payables/offsets.....	(16,744,029)		
31. Total net credit for ceded reinsurance.....	20,229,146		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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	..N.....	
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	..N.....	
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	..N.....	
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.....	7.....
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.....	7.....
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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
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.....	5.....
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	N.....	
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	N.....	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000...	84-3513429..				Covantage Health Partners, Inc.....	MI.....	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	0000.....	84-4009427..				NextBlue, LLC.....	DE.....	NIA.....	Covantage Health Partners, Inc.....	Ownership.....	51.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N.....	9.....
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	0000.....	84-3789332..				NextBlue of North Dakota Insurance Company.	ND.....	NIA.....	NextBlue, LLC.....	Ownership.....	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N.....	9.....
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.....	

4.1.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/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	30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.740	BCBSM and IBC MH LLC	N	2
		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
		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
		00000	83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	IA	AMHP Holdings Corp	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc	NH	IA	AMHP Holdings Corp	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	84-2266837				AmeriHealth Caritas West Virginia, Inc	WV	IA	AMHP Holdings Corp	Ownership	100.000	BCBSM and IBC MH LLC	N	2
		00000	84-2435374				AmeriHealth Caritas Ohio	OH	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	4
		16539	83-1481671				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	5
		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	6
		38245	36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6

41.2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/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	6
		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	6
		00000	20-1420821				LifeSecure Holdings Corporation	AZ	NIA	BCS Financial Corporation	Ownership	20.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Y	7
		00000					4 Ever Life International Limited	BMU	NIA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6
		00000	32-0485937				BCS Re Inc	VT	NIA	BCS Financial Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	6
		00000	37-1732732				Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	N	8
		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	8

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 27.12% of the entity in column 8
5	Michigan Medicaid Holding Company and AmeriHealth Caritas Health Plan each own 50% of Blue Cross Complete of Michigan, LLC
6	BCBSM owns 13.66% of the entity in column 8
7	BCBSM and BCS Financial Corporation owns LifeSecure Holdings Corporation 80% and 20% respectively
8	BCBSM owns 6.83% of the entity in column 8
9	BCBSM owns 51% of the entity in column 8

41.3

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	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	287,223,000	(93,363,400)			2,320,859,809	(24,248,095)		(215,968,838)	2,274,502,476	65,420,005
95610	38-2359234	Blue Care Network of Michigan					(2,514,803,321)	(9,204,163)			(2,524,007,484)	7,238,414
	27-0521030	Accident Fund Holdings, Inc.	23,500,000				(10,629,461)				12,870,539	
10166	38-3207001	Accident Fund Insurance Company of America	(70,500,000)	(36,500,000)			57,866,740		*		(49,133,260)	1,567,201,724
12304	20-3058200	Accident Fund General Insurance Company		1,500,000			(62,805,032)				(61,305,032)	(491,822,551)
12305	20-3058291	Accident Fund National Insurance Company					(40,278,854)				(40,278,854)	(405,476,725)
10713	36-4072992	Third Coast Insurance Company		35,000,000			(6,639,738)				28,360,262	(19,995,959)
29157	39-0941450	United Wisconsin Insurance Company					3,753,502				3,753,502	(481,291,962)
11557	47-2582248	Blue Cross Complete of Michigan LLC					(118,409,944)				(118,409,944)	
	38-2338506	Blue Cross and Blue Shield of Michigan Foundation					(1,554,736)				(1,554,736)	
12177	20-1117107	CompWest Insurance Co.					(17,510,315)		*		(17,510,315)	(168,614,527)
77720	75-0956156	LifeSecure Insurance Company					(3,141,061)				(3,141,061)	
	58-1767730	NASCO Corporation					62,392,506				62,392,506	
	23-2859523	AmeriHealth Caritas Health Plan		93,363,400							93,363,400	
	27-0863878	PerformRx, LLC					6,745,955				6,745,955	
	45-3742721	Tessellate, LLC					28,777,898			65,819,467	94,597,365	
	47-2221114	Woodward Straits Insurance Company	(37,223,000)				(1,983,865)	33,452,258			(5,754,607)	(72,658,419)
		AF Global Capitol, Ltd.					(301,933)				(301,933)	
	47-5653683	Visiant Holdings, Inc.		60,000,000			(1,036,250)			11,612,907	70,576,657	
	11-3738370	ikaSystems					50,328,248			(41,063)	50,287,185	
	81-3438452	COBX Co.					145,537,975			6,816,395	152,354,370	
	61-1729412	PerformSpecialty, LLC					36,512,685				36,512,685	
	26-4728075	Affinity Services, LLC					(23,947)				(23,947)	
	45-5415725	AmeriHealth Caritas Services LLC					74,660,597				74,660,597	
	32-0550098	Fundamental Agency					218,088				218,088	
	38-4093181	Emergent Holdings Inc.	(203,000,000)	(61,020,000)			512,622			131,761,132	(131,746,246)	
	84-3513429	Covantage Health Partners		1,020,000			(9,048,168)				(8,028,168)	
	45-3854611	Michigan Medicaid Holdings Inc.									0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
10166	Accident Fund Ins. Co. of America	98.94%			
12177	CompWest Insurance Company	1.06%			

Blue Care Network of Michigan

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

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

Responses

 YES

 YES

 YES

 YES

APRIL FILING

5. Will the Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?

 YES

 YES

 YES

JUNE FILING

8. Will an audited financial report be filed by June 1?
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

 YES

 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?
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
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?
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?
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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?

 YES

 NO

 NO

 NO

 NO

 NO

 NO

 NO

 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?
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?
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?
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?
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?
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?

 NO

 NO

 YES

 YES

 YES

 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.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

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.



- 22.
- 23.
- 24.
- 25.
- 26.

**Overflow Page
NONE**

**Overflow Page
NONE**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Michigan

NAIC Group Code.....572

NAIC Company Code.....95610

Address (City, State and Zip Code).....Southfield, Michigan, 48076

Person Completing This Exhibit.....William Cook

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....YES.....	BCNT-131705119.....	A.....	.....NO...	..34.....	.12/01/2009		.12/20/2018	.04/01/2019	MYBLUE MEDIGAP.....	.....264,681	.....108,064	.....40.8	.....128			.....0.0			
.....YES.....	BCNT-131705119.....	C.....	.....NO...	..34.....	.12/01/2009		.12/20/2018	.04/01/2019	MYBLUE MEDIGAP.....	.....851,401	.....541,319	.....63.6	.....252	.....78,474	.....51,256	.....65.3	.....25		
.....YES.....	BCNT-131705119.....	F.....	.....NO...	..34.....	.12/01/2009		.12/20/2018	.04/01/2019	MYBLUE MEDIGAP.....	.....29,877,329	.....20,833,377	.....69.7	.....9,913	.....513,181	.....379,460	.....73.9	.....198		
.....YES.....	BCNT-131705119.....	F.....	.....NO...	..34.....	.07/29/2015		.12/20/2018	.04/01/2019	MYBLUE MEDIGAP - High Deductible	.....75,841	.....46,246	.....61.0	.....69	.....30,927	.....5,344	.....17.3	.....27		
.....YES.....	BCNT-131705119.....	N.....	.....NO...	..34.....	.04/14/2010		.12/20/2018	.04/01/2019	MYBLUE MEDIGAP.....	.....1,900,161	.....1,200,848	.....63.2	.....861	.....105,978	.....54,743	.....51.7	.....51		
0199999.	Total Policy Experience on Individual Policies.....									.....32,969,413	.....22,729,854	.....68.9	.....11,223	.....728,560	.....490,803	.....67.4	.....301		

360.MI

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
 - Address..... 53200 Grand River New Hudson MI 48165
 - Contact person and phone number..... John Bialowicz 248-486-2498
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 53200 Grand River New Hudson MI 48165
 - Contact person and phone number..... John Bialowicz 248-486-2498
- Explain any policies identified as policy type "O".

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