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ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY

NAIC Group Code.....572, 572 (Current Period) (Prior Period) NAIC Company Code..... 54291 Employer's ID Number..... 38-2069753

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

Licensed as Business Type.....Non Profit Mutual Disability Insurance Co. Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... September 6, 2013 Commenced Business..... January 1, 2014

Statutory Home Office	600 Lafayette East….. Detroit ..... MI ..... USA …. 48226 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	600 Lafayette East….. Detroit ..... MI ..... USA …. 48226 *(Street and Number) (City or Town, State and Zip Code)*	313-225-9000 *(Area Code) (Telephone Number)*
Mail Address	600 Lafayette East….. Detroit ..... MI ..... USA …. 48226 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	600 Lafayette East….. Detroit ..... MI ..... USA …. 48226 *(Street and Number) (City or Town, State and Zip Code)*	313-225-9000 *(Area Code) (Telephone Number)*
Internet Web Site Address	http://bcbsm.com/	
Statutory Statement Contact	Kenneth A. Bluhm *(Name)*	313-225-9095 *(Area Code) (Telephone Number) (Extension)*
	kbluhm@bcbsm.com *(E-Mail Address)*	800-556-4348 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. DANIEL J. LOEPP	President and CEO	2. MARK R. BARTLETT	Executive Vice President and CFO
3. CAROLYNN WALTON	Vice President and Treasurer	4. TRICIA A. KEITH	SVP Corporate Secretary & Services

OTHER

ELIZABETH R. HAAR	Senior Vice President	JOSEPH H. HOHNER	Executive Vice President
THOMAS L. SIMMER MD	Senior Vice President	SUSAN L. BARKELL	Senior Vice President
KENNETH R. DALLAFIOR	Executive Vice President	DARRELL E. MIDDLETON	Executive Vice President
LYNDA M. ROSSI	Executive Vice President	DAVID A. SHARE MD	Senior Vice President
KEVIN J. KLOBUCAR	Senior Vice President	MICHELE A. SAMUELS	Senior Vice President
WHEELER G. COLEMAN	Senior Vice President	JEFFREY L. CONNOLLY	Senior Vice President

DIRECTORS OR TRUSTEES

JON E. BARFIELD	WILLIAM H. BLACK	DIANE R. GODDEERIS RN,BSN	TERRY W. BURNS
PATRICK J. DEVLIN	KARLA G. SWIFT	SARAH W. DOYLE	KATHLEEN S. NEAL
DARRELL BURKS	ANNE M. MERVENNE	WALLACE D. RILEY	SPENCER C. JOHNSON
GARY H. TORGOW	MELVIN L. LARSEN	DANIEL J. LOEPP	F. REMINGTON SPRAGUE MD
GARY J. MCINERNEY	LAURA D. SWARTZMILLER	ROBERT A. PATZER	RENEE C. AXT
STEVEN B. COOK	JAMES U. SETTLES JR	EDWIN SECORD DDS,MS	GREGORY A. SUDDERTH
WILLIAM E. MEYERS	JEAN L. ROSE	JAMES G. AGEE	YOUSIF B. GHAFARI
AMY M. LOASCHING #	PETER B. AJLUNI DO #	RENEE L. TURNER-BAILEY #	JAMES D. GRANT M.D. #
CHRISTOPHER J. MAKSYM PHARM. D. #	ROBERT D. MUSSER III #	BRIAN E. PETERS #	

State of.....Michigan.
County of.....Wayne

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)
DANIEL J. LOEPP	MARK R. BARTLETT	CAROLYNN WALTON
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President and CEO	Executive Vice President and CFO	Vice President and Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2016

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						
Small Group Market	731,653	27,172	187,568	920,225	920,225	946,393
Experience Rated	31,179,558		263,473	2,206,449	2,206,449	31,443,031
0299997. Group subscribers subtotal	31,911,211	27,172	451,041	3,126,674	3,126,674	32,389,424
0299999. Total group	31,911,211	27,172	451,041	3,126,674	3,126,674	32,389,424
0399999. Premiums due and unpaid from Medicare entities	52,171,045	2,385,062	2,232,126			56,788,233
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	84,082,256	2,412,234	2,683,167	3,126,674	3,126,674	89,177,657

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	14,666,667	43,841,852	29,006,266			87,514,785
0199999. Total Pharmaceutical Rebate Receivables	14,666,667	43,841,852	29,006,266	0	0	87,514,785
Other Receivables						
Federal Employee Program	41,290,621					41,290,621
0699999. Total Other Receivables	41,290,621	0	0	0	0	41,290,621
0799999. Gross Health Care Receivables	55,957,288	43,841,852	29,006,266	0	0	128,805,406

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	59,815,169	83,093,365	305,790	87,208,995	60,120,959	49,138,161
2. Claim overpayment receivables					0	
3. Loans and advances to providers					0	
4. Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables	7,702,994	237,518	4,394,947	36,895,674	12,097,941	35,186,002
7. Totals (Lines 1 through 6)	67,518,163	83,330,883	4,700,737	124,104,669	72,218,900	84,324,163

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	66,313,906	17,054,034	8,559,422	4,237,124	8,469,215	104,633,701
0499999. Subtotals	66,313,906	17,054,034	8,559,422	4,237,124	8,469,215	104,633,701
0599999. Unreported claim and other claim reserves						499,096,707
0799999. Total claims unpaid						603,730,408
0899999. Accrued medical incentive pool and bonus amounts						25,199,535

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 Care Newtwork of Michigan	89,401,090					89,401,090	
BCBSM Foundation	728,357					728,357	
Blue Care of Michigan, Inc.	410					410	
Accident Fund Insurance Company of America	2,051,602					2,051,602	
Woodward Straits Insurance Company	211,221					211,221	
0199999. Individually listed receivables	92,392,680	0	0	0	0	92,392,680	0
0399999. Total gross amounts receivable	92,392,680	0	0	0	0	92,392,680	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 Care Network of Michigan	Customer Savings Refund	1,455,058	1,455,058	
Blue Care Network of Michigan	Hospital Settlements	18,442,958	18,442,958	
LifeSecure	General	102,143	102,143	
0199999. Individually listed payables		20,000,159	20,000,159	0
0399999. Total gross payables		20,000,159	20,000,159	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	0	0.0				
2. Intermediaries	0	0.0				
3. All other providers	0	0.0				
4. Total capitation payments	0	0.0	0		0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	6,400,914,837	99.3	XXX	XXX		6,400,914,837
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	44,193,536	0.7	XXX	XXX		44,193,536
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	6,445,108,373	100.0	XXX	XXX	0	6,445,108,373
13. Total (Line 4 plus Line 12)	6,445,108,373	100.0	XXX	XXX	0	6,445,108,373

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	23,942,988		14,845,264	9,097,724	9,097,724	0
2. Medical furniture, equipment and fixtures						0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment						0
6. Total	23,942,988	0	14,845,264	9,097,724	9,097,724	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY 2. Detroit, MI

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

NAIC Group Code.....572

NAIC Company Code.....54291

	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	1,431,905	172,431	732,187	204,771	3,145	23,292	92,383	151,627		52,069
2. First quarter	1,388,231	146,418	701,987	204,089	3,460	20,252	94,046	167,240		50,739
3. Second quarter	1,367,581	133,885	702,161	202,212	2,560	13,964	94,055	168,500		50,244
4. Third quarter	1,361,616	128,433	698,541	200,615	3,582	16,063	94,248	170,188		49,946
5. Current year	1,357,989	124,008	700,192	198,023	3,917	17,325	94,274	171,751		48,499
6. Current year member months	16,408,741	1,585,254	8,390,994	2,420,414	46,938	207,619	1,130,240	2,026,664		600,618
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	7,433,607,593	717,065,358	3,563,159,948	289,971,136	19,975,872	89,412,440	480,278,298	1,914,643,612		359,100,929
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	7,496,537,117	717,065,360	3,625,491,289	289,971,136	20,280,619	89,705,874	480,278,298	1,914,643,612		359,100,929
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	6,445,108,373	638,384,002	2,878,853,281	461,967,229	15,173,310	80,136,756	423,974,943	1,669,293,965		277,324,887
18. Amount incurred for provision of health care services	6,463,651,648	623,308,755	2,886,933,546	460,271,666	15,626,042	79,659,974	428,157,773	1,688,912,635		280,781,257

(a) For health business: number of persons insured under PPO managed care products.....1,157,715 and number of persons insured under indemnity only products.....199,613.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,995,017,618

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY 2. Detroit, MI

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

NAIC Group Code.....572 NAIC Company Code.....54291

	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	1,431,905	172,431	732,187	204,771	3,145	23,292	92,383	151,627		52,069
2. First quarter	1,388,231	146,418	701,987	204,089	3,460	20,252	94,046	167,240		50,739
3. Second quarter	1,367,581	133,885	702,161	202,212	2,560	13,964	94,055	168,500		50,244
4. Third quarter	1,361,616	128,433	698,541	200,615	3,582	16,063	94,248	170,188		49,946
5. Current year	1,357,989	124,008	700,192	198,023	3,917	17,325	94,274	171,751		48,499
6. Current year member months	16,408,741	1,585,254	8,390,994	2,420,414	46,938	207,619	1,130,240	2,026,664		600,618
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-physician	0									
9. Totals	0	0	0	0	0	0	0	0	0	0
10. Hospital patient days incurred	0									
11. Number of inpatient admissions	0									
12. Health premiums written (b)	7,433,607,593	717,065,358	3,563,159,948	289,971,136	19,975,872	89,412,440	480,278,298	1,914,643,612		359,100,929
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	7,496,537,117	717,065,360	3,625,491,289	289,971,136	20,280,619	89,705,874	480,278,298	1,914,643,612		359,100,929
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	6,445,108,373	638,384,002	2,878,853,281	461,967,229	15,173,310	80,136,756	423,974,943	1,669,293,965		277,324,887
18. Amount incurred for provision of health care services	6,463,651,648	623,308,755	2,886,933,546	460,271,666	15,626,042	79,659,974	428,157,773	1,688,912,635		280,781,257

(a) For health business: number of persons insured under PPO managed care products.....1,157,715 and number of persons insured under indemnity only products.....199,613.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,995,017,618

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 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Affiliates - U.S. - Other											
95610	38-2359234	01/01/2015	Blue Care Network of Michigan	MI	OTH/A/G	19,196,455			2,917,925		
0299999.	Total - Affiliates - U.S. - Other					19,196,455	0	0	2,917,925	0	0
0399999.	Total - Affiliates - U.S. - Total					19,196,455	0	0	2,917,925	0	0
0799999.	Total Affiliates					19,196,455	0	0	2,917,925	0	0
1199999.	Total - U.S.					19,196,455	0	0	2,917,925	0	0
9999999.	Total					19,196,455	0	0	2,917,925	0	0

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	07/01/2015	Woodward Straits Insurance Company	MI	13,002,867	3,791,820
1299999.	Total - Accident and Health Affiliates - U.S. - Captive				13,002,867	3,791,820
1499999.	Total - Accident and Health Affiliates - U.S. - Total				13,002,867	3,791,820
1899999.	Total - Accident and Health Affiliates				13,002,867	3,791,820
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
00000	AA-9990032	01/01/2015	U.S. Department of Health and Human Services	DC	65,502,064	16,145,319
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				65,502,064	16,145,319
2199999.	Total - Accident and Health Non-Affiliates				65,502,064	16,145,319
2299999.	Total - Accident and Health				78,504,931	19,937,139
2399999.	Total U.S.				78,504,931	19,937,139
9999999.	Total				78,504,931	19,937,139

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	07/01/2015	Woodward Straits Insurance Company	MI	QA/A/G	SLEL	35,646,709						
0199999.	Total - General Account - Authorized - Affiliates - U.S. - Captive						35,646,709	0	0	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						35,646,709	0	0	0	0	0	0
0799999.	Total - General Account - Authorized - Affiliates						35,646,709	0	0	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
00000	AA-9990032	01/01/2015	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	4,764,962						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						4,764,962	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						4,764,962	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						40,411,671	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						40,411,671	0	0	0	0	0	0
6999999.	Total - U.S.						40,411,671	0	0	0	0	0	0
9999999.	Total						40,411,671	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 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	40,412	4,687			1,539
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					278
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	19,937	25,179			
8. Reinsurance recoverable on paid losses	78,505	66,212			
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due	588				
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with certified reinsurers					XXX
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					XXX
18. Funds deposited by and withheld from (F)					XXX
19. Letters of credit (L)					XXX
20. Trust agreements (T)					XXX
21. Other (O)					XXX

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)	6,247,279,511		6,247,279,511
2.	Accident and health premiums due and unpaid (Line 15)	215,474,464		215,474,464
3.	Amounts recoverable from reinsurers (Line 16.1)	78,504,931	(78,504,931)	0
4.	Net credit for ceded reinsurance	XXX	98,442,070	98,442,070
5.	All other admitted assets (balance)	946,991,745		946,991,745
6.	Totals assets (Line 28)	7,488,250,651	19,937,139	7,508,187,790
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	583,793,269	19,937,139	603,730,408
8.	Accrued medical incentive pool and bonus payments (Line 2)	25,199,536		25,199,536
9.	Premiums received in advance (Line 8)	223,571,183		223,571,183
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)	3,483,974,385		3,483,974,385
15.	Total liabilities (Line 24)	4,316,538,373	19,937,139	4,336,475,512
16.	Total capital and surplus (Line 33)	3,171,712,278	XXX	3,171,712,278
17.	Total liabilities, capital and surplus (Line 34)	7,488,250,651	19,937,139	7,508,187,790
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	19,937,139		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	78,504,931		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	98,442,070		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with certified reinsurers	0		
28.	Funds held under reinsurance treaties with certified reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	98,442,070		

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 *
Members														
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	54291	38-2069753				Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	RE	State of Michigan	Legal			
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		27-0521030				Accident Fund Holdings, Inc.	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		09789424				AF Global Capital, Ltd.	GBR	DS	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10166	38-3207001				Accident Fund Insurance Company of America	MI	DS	Accident Fund Holdings, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	29157	39-0941450				United Wisconsin Insurance Company	WI	DS	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12304	20-3058200				Accident Fund General Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12305	20-3058291				Accident Fund National Insurance Company	MI	DS	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	10713	36-4072992				Third Coast Insurance Company	IL	DS	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	12177	20-1117107				CompWest Insurance Co.	CA	DS	Accident Fund Insurance Company of America	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		20-1420821				LifeSecure Holdings Corporation	AZ	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	77720	75-0956156				LifeSecure Insurance Company	MI	DS	LifeSecure Holdings Corporation	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	95610	38-2359234				Blue Care Network of Michigan	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		45-3854611				Michigan Medicaid Holdings Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	DS	Michigan Medicaid Holdings Company	Ownership	50.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		38-3134881				BCN Service Company	MI	DS	Blue Care Network of Michigan	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	52037	38-2536979				Blue Care of Michigan, Inc.	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company		38-2338506				Blue Cross and Blue Shield of Michigan Foundation	MI	DS	Blue Care of Michigan, Inc.	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	15649	47-2221114				Woodward Straits Insurance Company	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			47-5653683				SBBX Co.	MI	DS	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			11-7388370				ikaSystems	DE	DS	SBBX	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			58-1767730				NASCO Corporation	GA	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	19.990	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			27-1038374				Bloom Health Corporation	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	28.680	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			45-1259278				EIN Properties LLC	MI	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	40.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	

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 *
			47-4522025				Data Driven Delivery Systems, Holdings, LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	70.100	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			45-3742721				Data Driven Delivery Systems, LLC	DE	NIA	Data Driven Delivery Systems, Holdings, LLC	Ownership	100.000	Blue Cross Blue Shield of Michigan Mutual Insurance Company	
			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	
			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	
			30-0703311				BMH LLC	DE	NIA	Blue Cross Blue Shield of Michigan Mutual Insurance Company	Ownership	38.740	BCBSM and IBC MH LLC	
			38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	38.740	BCBSM and IBC MH LLC	
			80-0768643				BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	38.740	BCBSM and IBC MH LLC	
			45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Ownership	38.740	BCBSM and IBC MH LLC	
			23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.370	BCBSM and IBC MH LLC	
			23-2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.370	BCBSM and IBC MH LLC	
		14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		14692	20-2467931				AmeriHealth Caritas Georgia, Inc.	GA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			20-4948091				AmeriHealth Caritas Indiana, LLC	IN	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		15800	47-3923267				AmeriHealth Caritas Iowa, Inc.	IA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			26-1144363				AMHP Holdings Corp.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		13630	26-0885397				CBHNP Services, Inc.	PA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		14378	45-4088232				Florida True Health, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	19.370	BCBSM and IBC MH LLC	
			47-5566319				AmeriHealth Caritas Virginia, Inc.	VA	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			37-1752699				FTH Clinic, LLC	FL	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			61-1720226				Prestige MSO, LLC	FL	NIA	Florida True Health, Inc.	Ownership	9.879	BCBSM and IBC MH LLC	
		15088	46-1482013				AmeriHealth District of Columbia, Inc.	DC	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		15104	46-0906893				AmeriHealth Michigan, Inc.	MI	IA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
		14261	45-3790685				AmeriHealth Nebraska, Inc.	NE	IA	AmeriHealth Caritas Health Plan	Ownership	27.120	BCBSM and IBC MH LLC	
			27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	38.740	BCBSM and IBC MH LLC	
			61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	38.740	BCBSM and IBC MH LLC	
			46-4191591				Regence AmeriHealth Caritas, Inc.	WA	NIA	AmeriHealth Caritas Health Plan	Ownership	19.370	BCBSM and IBC MH LLC	
			23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC	Ownership	19.370	BCBSM and IBC MH LLC	
			23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO II LLC	Ownership	19.370	BCBSM and IBC MH LLC	
		11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan	Ownership	19.370	BCBSM and IBC MH LLC	

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 Compar	9,000,000	(115,837,800)			2,021,276,333	18,232,554			1,932,671,087	2,471,211
95610	38-2359234	Blue Care Network of Michigan		29,200,322			(1,682,048,919)	(18,570,044)		144,175,767	(1,527,242,874)	7,980,445
52037	38-2536979	Blue Care of Michigan, Inc.					(202,387)	(17,716)		2,390,661	2,170,557	
	27-0521030	Accident Fund Holdings, Inc.	5,500,000				(13,493,656)				(7,993,656)	
10166	38-3207001	Accident Fund Insurance Company of America	(14,500,000)				39,345,264		*		24,845,264	541,916,487
12304	20-3058200	Accident Fund General Insurance Company					(85,835,932)		*		(85,835,932)	(272,926,734)
12305	20-3058291	Accident Fund National Insurance Company					(38,303,687)		*		(38,303,687)	(60,129,086)
10713	36-4072992	Third Coast Insurance Company					(161,421)				(161,421)	
29157	39-0941450	United Wisconsin Insurance Company					42,041,129		*		42,041,129	(129,960,398)
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust.					(84,871)	(350,000)		(94,229,911)	(94,664,782)	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Tr					(85,014)	(5,673,000)		(47,492,596)	(53,250,610)	
	38-3134881	BCN Service Company					(352,526,697)			48,250	(352,478,447)	
	45-1259278	EIN Properties LLC					9,407,907				9,407,907	
11557	47-2582248	Blue Cross Complete of Michigan LLC		14,799,678			(50,935,622)	(164,444)		(4,892,171)	(41,192,558)	
	38-2338506	Blue Cross and Blue Shield of Michigan Foundation					(1,356,905)				(1,356,905)	
12177	20-1117107	CompWest Insurance Co.					(11,131,385)		*		(11,131,385)	(78,900,269)
77720	75-0956156	LifeSecure Insurance Company		12,000,000			1,907,429				13,907,429	
	58-1767730	NASCO Corporation					75,701,281				75,701,281	
	27-0863878	PerformRx, LLC					15,586,757				15,586,757	
	45-3742721	Data Driven Delivery Systems, Inc.					3,257,380				3,257,380	
	47-2221114	Woodward Straits Insurance Company					9,525,504	6,542,650			16,068,154	(10,451,656)
	23-2859523	AmeriHealth Caritas Health Plan		59,836,800			18,117,513				77,954,313	
	45-3854611	Michigan Medicaid Holdings Company		1,000							1,000	
9999999.	Control Totals		0	0	0	0	0	0	XXX	(0)	0	0

Detailed Explanation

Accident Fund Ins. Co. of America 76.50%
United Wisconsin Ins. Co. 9.5%
Accident Fund National Ins. Co. 6%
Accident Fund General Ins. Co. 4%
CompWest Insurance Company 4%

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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

	MARCH FILING	
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 the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	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
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners 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 one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	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	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	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
25.	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
	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.

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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.

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

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

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5429120152050000

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5429120152240000

5429120152250000

5429120152260000

5429120153060000

5429120152110000

5429120152130000

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31, Prior Year Net Admitted Assets
2504. Company Owned Automobile	23,688	23,688	0	
2505. ACA Risk Adjustment Settlement Receivables			0	70,856,536
2597. Summary of remaining write-ins for Line 25	23,688	23,688	0	70,856,536

Additional Write-ins for Liabilities:

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
2304. Accounts Payable to Health Care Vendors	77,615,343		77,615,343	86,281,783
2305. Account payable to other plans	11,979,912		11,979,912	8,369,996
2397. Summary of remaining write-ins for Line 23	89,595,255	0	89,595,255	94,651,779

Additional Write-ins for Exhibit of Net Investment Income:

	1 Collected During Year	2 Earned During Year
0904. OTHER INTEREST INCOME		
0997. Summary of remaining write-ins for Line 9	0	0

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Interim Receivables from Providers	6,539,594	4,548,783	(1,990,811)
2597. Summary of remaining write-ins for Line 25	6,539,594	4,548,783	(1,990,811)

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

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

NAIC Company Code.....54291

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										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																	
NA	4744, 4745, 4851	P	NO	256	12/29/1980	NA	01/21/2001	NA	Medigap Low Option			0.0		724,689	1,653,430	228.2	916
NA	4744, 4745	P	NO	256	12/29/1980	NA	01/21/2001	NA	Medigap High Option			0.0		16,312,277	29,114,172	178.5	9,728
Yes	4290	A	NO	256	08/21/1992	NA	01/21/2001	NA	Medigap Plan A			0.0		4,363,757	11,763,255	269.6	8,693
Yes	4291	C	NO	256	08/21/1992	NA	01/21/2001	NA	Medigap Plan C			0.0		266,720,946	415,262,391	155.7	176,950
Yes	9802	A	NO	1256	04/29/1999	NA	01/21/2001	NA	Medigap Blue Plan			0.0		1,849,466	2,478,418	134.0	1,735
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	289,971,135	460,271,666	158.7	198,022

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".

* 5 4 2 9 1 2 0 1 5 3 6 5 0 0 1 0 0 *

MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)

NAIC Group Code....572 (To Be Filed By March 1) NAIC Company Code.....54291

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected:					
1.1 Standard Coverage:					
1.11 With Reinsurance Coverage	71,410,170	XXX	11,829,548	XXX	83,239,718
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	17,823	XXX		XXX	17,823
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	(363,535)	XXX	(2,519,029)	XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-Change:					
3.1 Standard Coverage:					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-Change:					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums:					
5.1 Standard Coverage:					
5.11 With Reinsurance Coverage	71,046,635	XXX	9,310,519	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	17,823	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	71,064,458	XXX	9,310,519	XXX	83,257,541
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	58,729,603	XXX	8,330,225	XXX	67,059,828
7.12 Without Reinsurance Coverage		XXX		XXX	0
7.2 Supplemental Benefits		XXX		XXX	0
8. Claim Reserves and Liabilities-Change:					
8.1 Standard Coverage:					
8.11 With Reinsurance Coverage	(19,104)	XXX	2,153	XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Health Care Receivables-Change:					
9.1 Standard Coverage:					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred:					
10.1 Standard Coverage:					
10.11 With Reinsurance Coverage	58,710,499	XXX	8,332,378	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	58,710,499	XXX	8,332,378	XXX	67,059,828
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX	602,685	XXX	79,601	682,286
12.2 Reimbursements Received but Not Applied-Change	XXX		XXX		0
12.3 Reimbursements Receivable-Change	XXX	1,566,780	XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	10,462,158	XXX	1,068,250	XXX	11,530,408
15. Expenses Incurred	10,326,836	XXX	1,067,297	XXX	XXX
16. Underwriting Gain/Loss	2,027,123	XXX	(89,156)	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	3,985,019

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