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ANNUAL STATEMENT

For the Year Ended December 31, 2009

of the Condition and Affairs of the

BLUE CROSS BLUE SHIELD OF MICHIGAN

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.....Hospital, Medical & Dental Service or Indemnity Is HMO Federally Qualified? Yes [ ] No [X]

Incorporated/Organized..... February 1, 1975 Commenced Business..... January 1, 1975

Statutory Home Office	600 Lafayette East..... Detroit ..... MI ..... 48226 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	600 Lafayette East..... Detroit ..... MI ..... 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 ..... 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 ..... 48226 *(Street and Number) (City or Town, State and Zip Code)*	313-225-9000 *(Area Code) (Telephone Number)*
Internet Website 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)*	313-983-2358 *(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	VP & Corporate Secretary

OTHER

ELIZABETH R. HARR	Senior Vice President	ROBERT MILEWSKI	Senior Vice President
KEVIN L. SEITZ	Executive Vice President	JOSEPH H HOHNER	SVP and Chief Information Officer
THOMAS L. SIMMER	Chief Medical Officer	JEANNE H. CARLSON	Senior Vice President
KENNETH R. DALLAFIOR	Senior Vice President	DARRELL E. MIDDLETON	Senior Vice President

DIRECTORS OR TRUSTEES

JAMES G. AGEE	JON E. BARFIELD	WILLIAM H. BLACK	JOHN E. BODELL D.O.
DIANE R. GODDEERIS RN	TERRY W. BURNS	BRIAN M. CONNOLLY	PATRICK J. DEVLIN
MARK T. GAFFNEY	SARAH W DOYLE	THOMAS J. HADRYCH	JOHN M. HAMILTON
TEOLA P. HUNTER	WALLACE D. RILEY	SPENCER C. JOHNSON	GARY H. TORGOW
MELVIN L. LARSEN	DANIEL J. LOEPP	F. REMINGTON SPRAGUE MD	GARY J. MCINERNEY
LIVIO MEZZA	PETER T. MULLER MD	ROBERT A. PATZER	RENEE C. AXT
CALVIN T. RAPSON	JAMES W. RICHARDS RPH	IRIS K. SALTERS	JAMES U. SETTLES
M ELIZABETH BUNN	EDWIN D SECORD III DDS	GREGORY A. SUDDERTH	S. MARTIN. TAYLOR
EMERY I. KLEIN	JANICE K. UHLIG	JOHN VANDER MOLEN	

State of.....
County of.....

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 of the enclosed statement (except for formatting differences due to electronic filing). 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 _____

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	5,607,216	231,685	52,269			5,891,170
Experience Rated	40,073,748	113,288	7,150	4,993,934		45,188,120
0299997. Group subscribers subtotal	45,680,964	344,973	59,419	4,993,934	0	51,079,290
0299999. Total group	45,680,964	344,973	59,419	4,993,934	0	51,079,290
0399999. Premiums due and unpaid from Medicare entities	36,287,710					36,287,710
0599999. Accident and health premiums due and unpaid (Page 2, Line 13)	81,968,674	344,973	59,419	4,993,934	0	87,367,000

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	49,842,773					49,842,773
0199999. Total Pharmaceutical Rebate Receivables	49,842,773	0	0	0	0	49,842,773
Other Receivables						
Federal Employee Programme Receivables	44,371,000					44,371,000
0699999. Total Other Receivables	44,371,000	0	0	0	0	44,371,000
0799999. Total Health Care Receivables	94,213,773	0	0	0	0	94,213,773

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)						
33						0
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0399999. Aggregate accounts not individually listed - covered	26,577,466	1,757,172	318,864	85,343	24,171	28,763,016
0499999. Subtotals	26,577,466	1,757,172	318,864	85,343	24,171	28,763,016
0599999. Unreported claim and other claim reserves						626,443,650
0799999. Total claims unpaid						655,206,666
0899999. Accrued medical incentive pool and bonus amounts						39,680,581

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 Network of Michigan	91,447,771	6,421,547				97,869,318	
Blue Care of Michigan, Inc.	139	140	140			419	
Accident Fund Insurance Company of America	2,419,464					2,419,464	
LifeSecure	322,046					322,046	
A/R Foundation	293,128		72,637			365,765	
0199999. Individually listed receivables	94,482,548	6,421,687	72,777	0	0	100,977,012	0
0399999. Total gross amounts receivable	94,482,548	6,421,687	72,777	0	0	100,977,012	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	Point of Service and Hospital Settlements	4,905,299	4,905,299	
Accident Fund Insurance Company of America	Tax sharing payable	28,211,235		28,211,235
0199999. Individually listed payables		33,116,534	4,905,299	28,211,235
0399999. Total gross payables		33,116,534	4,905,299	28,211,235

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	14,630,285	0.2				14,630,285
3. All other providers	0	0.0				
4. Total capitation payments	14,630,285	0.2	0		0	14,630,285
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	6,289,163,776	99.0	XXX	XXX		6,289,163,776
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	47,608,502	0.7	XXX	XXX		47,608,502
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	6,336,772,278	99.8	XXX	XXX	0	6,336,772,278
13. Total (Line 4 plus Line 12)	6,351,402,563	100.0	XXX	XXX	0	6,351,402,563

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					
	Quest Diagnostics	3,939,924	328,327		
	Wright & Filippis, Inc.	10,690,361	890,863		
9999999. Totals		14,630,285	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	2,669,954		594,321	2,075,633	2,075,633	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	2,669,954	0	594,321	2,075,633	2,075,633	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....BLUE CROSS BLUE SHIELD OF MICHIGAN 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 Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	1,730,312	196,381	1,074,346	207,067	4,082	19,528	82,797	93,280		52,831
2. First quarter	1,727,099	209,925	1,036,992	212,564	3,442	18,031	82,007	108,011		56,127
3. Second quarter	1,709,851	211,175	1,019,238	211,830	3,598	17,519	82,295	108,165		56,031
4. Third quarter	1,687,076	207,637	996,059	210,665	4,846	19,886	82,507	109,443		56,033
5. Current year	1,667,179	201,128	984,277	209,186	4,327	19,378	82,867	110,168		55,848
6. Current year member months	20,470,544	2,522,949	12,158,879	2,541,378	50,859	229,860	988,885	1,301,570		676,164
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)	6,857,123,722	461,353,216	4,210,991,231	275,650,959	17,169,919	79,030,458	350,705,744	1,181,964,998		280,257,197
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	6,988,179,266	454,361,164	4,356,657,716	265,542,889	18,278,218	82,387,120	348,123,130	1,182,571,832		280,257,197
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	6,352,637,349	474,719,511	3,784,599,909	418,501,012	13,134,553	71,922,091	320,077,829	1,035,497,111		234,185,333
18. Amount incurred for provision of health care services	6,396,986,283	481,832,597	3,801,920,949	414,181,636	12,922,541	71,902,520	322,813,723	1,055,925,696		235,486,621

(a) For health business: number of persons insured under PPO managed care products.....1,233,624 and number of persons insured under indemnity only products.....423,427.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,256,620,445

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION.....BLUE CROSS BLUE SHIELD OF MICHIGAN 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							
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2. First quarter	1,727,099	209,925	1,036,992	212,564	3,442	18,031	82,007	108,011		56,127
3. Second quarter	1,709,851	211,175	1,019,238	211,830	3,598	17,519	82,295	108,165		56,031
4. Third quarter	1,687,076	207,637	996,059	210,665	4,846	19,886	82,507	109,443		56,033
5. Current year	1,667,179	201,128	984,277	209,186	4,327	19,378	82,867	110,168		55,848
6. Current year member months	20,470,544	2,522,949	12,158,879	2,541,378	50,859	229,860	988,885	1,301,570		676,164
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)	6,857,123,722	461,353,216	4,210,991,231	275,650,959	17,169,919	79,030,458	350,705,744	1,181,964,998		280,257,197
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	6,988,179,266	454,361,164	4,356,657,716	265,542,889	18,278,218	82,387,120	348,123,130	1,182,571,832		280,257,197
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	6,352,637,349	474,719,511	3,784,599,909	418,501,012	13,134,553	71,922,091	320,077,829	1,035,497,111		234,185,333
18. Amount incurred for provision of health care services	6,396,986,283	481,832,597	3,801,920,949	414,181,636	12,922,541	71,902,520	322,813,723	1,055,925,696		235,486,621

(a) For health business: number of persons insured under PPO managed care products.....1,233,624 and number of persons insured under indemnity only products.....423,427.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....1,256,620,445

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

Sch. S-Pt. 2
NONE

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
38245	36-6033921	.01/01/2008	BCS Insurance Company	Chicago,Illinois	Quota share	1,785,372						
0299999.	Total - Authorized General Account - Non-Affiliates					1,785,372	0	0	0	0	0	0
0399999.	Total - Authorized General Account					1,785,372	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					1,785,372	0	0	0	0	0	0
1599999.	Totals					1,785,372	0	0	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

NONE

SCHEDULE S - PART 5

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

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums	1,785	1,547			
2. Title XVIII - Medicare					
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	1,235	1,257			
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses					
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	5,081,327,837	(550,586)	5,080,777,251
2.	Accident and health premiums due and unpaid (Line 13)	87,367,000		87,367,000
3.	Amounts recoverable from reinsurers (Line 14.1)			0
4.	Net credit for ceded reinsurance	XXX		0
5.	All other admitted assets (balance)	1,015,951,834	550,586	1,016,502,420
6.	Totals assets (Line 26)	6,184,646,671	0	6,184,646,671
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	655,206,666		655,206,666
8.	Accrued medical incentive pool and bonus payments (Line 2)	39,680,581		39,680,581
9.	Premiums received in advance (Line 8)			0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			0
11.	Reinsurance in unauthorized companies (Line 18)			0
12.	All other liabilities (balance)	2,925,359,416		2,925,359,416
13.	Total liabilities (Line 22)	3,620,246,663	0	3,620,246,663
14.	Total capital and surplus (Line 31)	2,564,400,008	XXX	2,564,400,008
15.	Total liabilities, capital and surplus (Line 32)	6,184,646,671	0	6,184,646,671
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	0		
20.	Other ceded reinsurance recoverables	550,586		
21.	Total ceded reinsurance recoverables	550,586		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets	550,586		
26.	Total ceded reinsurance payables/offsets	550,586		
27.	Total net credit for ceded reinsurance	0		

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	NONE					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 CN						0
58.	Aggregate Other Alien OT						0
59.	Totals	0	0	0	0	0	0

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
54291	38-2069753	Blue Cross Blue Shield of Michigan	-	(8,591,058)	(18,554,506)	-	1,116,746,129			74,731,616	1,164,332,181	
95610	38-2359234	Blue Care Network of Michigan		-			(925,834,378)	(2,876,577)		(74,731,616)	(1,003,442,571)	8,514,823
52037	38-2536979	Blue Care of Michigan, Inc.		-			(6,028,476)	(1,000)			(6,029,476)	
	27-0521030	Accident Fund Holdings	500,000				(491,092)				8,908	
10166	38-3207001	Accident Fund Insurance Company of America	(500,000)	-	18,554,506		(5,642,141)		*		12,412,365	(88,964,092)
12304	20-3058200	Accident Fund General Insurance Company					(6,643,913)		*		(6,643,913)	(12,237,000)
12305	20-3058291	Accident Fund National Insurance Company					(18,443,719)		*		(18,443,719)	60,574,000
		Third Coast Insurance Company					(2,700)				(2,700)	
29157	39-0941450	United Wisconsin Insurance Company					(3,098,281)		*		(3,098,281)	129,799,000
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust.					1,091,520				1,091,520	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Tr					(71,384)	2,714,333			2,642,949	(9,068,550)
	38-3134881	BCN Service Company		-			(137,978,472)	(1,000)			(137,979,472)	
	38-2612298	DenteMax	-	-			(1,494,122)				(1,494,122)	
11557	38-0026448	BlueCaid of Michigan		-			(6,488,570)	164,244			(6,324,326)	553,727
11946	20-0547500	Michigan Health Insurance Company		-			-				0	
	38-2338506	Blue Cross Blue Shield of Michigan Foundation					(933,503)				(933,503)	
12177	20-1117107	CompWest Insurance Company					(4,127,676)				(4,127,676)	(89,171,908)
	20-1420821	LifeSecure Holdings Corporation		-							0	
77720	75-0956156	LifeSecure Insurance Company		8,591,058			(559,222)				8,031,836	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Pooling Information

10166	Accident Fund Insurance Company of America	80.00%
29157	United Wisconsin Insurance Company	10.00%
12305	Accident Fund National Insurance Company	6.00%
12304	Accident Fund General Insurance Company	4.00%

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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the 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

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	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
	APRIL FILING	
17.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
18.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
19.	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

EXPLANATIONS:

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BAR CODE:

5429120092050000

5429120092070000

5429120094200000

5429120093710000

5429120093700000

5429120093060000

5429120092110000

5429120092130000

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
2304. Company Owned Automobile	248,556	248,556	0	
2397. Summary of remaining write-ins for Line 23	248,556	248,556	0	0

Additional Write-ins for Liabilities:

	Current Period 1 Covered	2 Uncovered	3 Total	Prior Year 4 Total
2104. Accounts Payable to Health Care Vendors	70,100,375		70,100,375	26,496,838
2105. Account payable to other plans	17,645,440		17,645,440	12,203,723
2197. Summary of remaining write-ins for Line 21	87,745,815	0	87,745,815	38,700,561

Additional Write-ins for Exhibit of Net Investment Income:

	1 Collected During Year	2 Earned During Year
0904. SWEEP INCOME	44,570	44,570
0997. Summary of remaining write-ins for Line 9	44,570	44,570

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2304. Prepaid Pension Fund		97,052,329	97,052,329
2305. Advances to Providers	14,392,943	90,260,794	75,867,851
2397. Summary of remaining write-ins for Line 23	14,392,943	187,313,123	172,920,180

Overflow Page for Write-Ins

NONE

Supplement for the year 2009 of the **BLUE CROSS BLUE SHIELD OF MICHIGAN**

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2009
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

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

NAIC Company Code.....54291

Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006				Policies Issued in 2007, 2008 & 2009			
										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																	
N/A	4744/4745/4851	P	NO	256	12/29/1980	N/A	01/21/2001	N/A	Medigap Low Option			0.0		1,568,879	3,275,013	208.7	2,455
N/A	4744/4745	P	NO	256	12/29/1980	N/A	01/21/2001	N/A	Medigap High Option			0.0		37,462,792	65,209,425	174.1	26,813
Yes	4290	A	NO	256	08/21/1992	N/A	01/21/2001	N/A	Medigap Plan A			0.0		4,173,232	11,562,133	277.1	9,533
Yes	4291	C	NO	256	08/21/1992	N/A	01/21/2001	N/A	Medigap Plan C			0.0		219,716,597	329,912,388	150.2	167,427
Yes	9802	A	NO	1256	04/29/1999	N/A	01/21/2001	N/A	Medigap Blue Plan			0.0		2,621,389	4,222,678	161.1	2,958
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	265,542,889	414,181,637	156.0	209,186

360.MI

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 53200 Grand River New Hudson MI 48165
   2.2 Contact person and phone number..... Robin Mynhier 248-486-2027
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 27000 W. Eleven Mile Road MI
   3.2 Contact person and phone number..... Terry Keller 248-448-5444
4. Explain any policies identified as policy type "O".

* 5 4 2 9 1 2 0 0 9 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	74,341,701	XXX		XXX	74,341,701
1.12 Without Reinsurance Coverage		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments	314,717	XXX		XXX	314,717
1.2 Supplemental Benefits		XXX		XXX	0
2. Premiums Due and Uncollected-Change:					
2.1 Standard Coverage:					
2.11 With Reinsurance Coverage	(971)	XXX		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	74,340,730	XXX	0	XXX	XXX
5.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
5.13 Risk-Corridor Payment Adjustments	314,717	XXX	0	XXX	XXX
5.2 Supplemental Benefits	0	XXX	0	XXX	XXX
6. Total Premiums	74,655,447	XXX	0	XXX	74,656,418
7. Claims Paid:					
7.1 Standard Coverage:					
7.11 With Reinsurance Coverage	65,136,205	XXX		XXX	65,136,205
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	(563,830)	XXX		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	64,572,375	XXX	0	XXX	XXX
10.12 Without Reinsurance Coverage	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits	0	XXX	0	XXX	XXX
11. Total Claims	64,572,375	XXX	0	XXX	65,136,205
12. Reinsurance Coverage and Low Income Cost Sharing:					
12.1 Claims Paid - Net of Reimbursements Applied	XXX		XXX		0
12.2 Reimbursements Received but Not Applied-Change	XXX	(16,027,633)	XXX		(16,027,633)
12.3 Reimbursements Receivable-Change	XXX		XXX		XXX
12.4 Health Care Receivables-Change	XXX		XXX		XXX
13. Aggregate Policy Reserves-Change					XXX
14. Expenses Paid	14,354,217	XXX		XXX	14,354,217
15. Expenses Incurred	14,514,000	XXX		XXX	XXX
16. Underwriting Gain/Loss	(4,430,928)	XXX	0	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	(20,861,637)

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