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ANNUAL STATEMENT

For the Year Ended December 31, 2010

of the Condition and Affairs of the

Blue Care Network of Michigan

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

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

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

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

Statutory Home Office	20500 Civic Center Drive….. Southfield ..... MI ..... 48076 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	20500 Civic Center Drive….. Southfield ..... MI ..... 48076 *(Street and Number) (City or Town, State and Zip Code)*	248-799-6400 *(Area Code) (Telephone Number)*
Mail Address	20500 Civic Center Drive MC C455….. Southfield ..... MI ..... 48076 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	20500 Civic Center Drive….. Southfield ..... MI ..... 48076 *(Street and Number) (City or Town, State and Zip Code)*	248-455-3630 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.mibcn.com	
Statutory Statement Contact	Penny Jean Wall *(Name)*	248-455-3630 *(Area Code) (Telephone Number) (Extension)*
	PWall@bcbsm.com *(E-Mail Address)*	248-455-3639 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Kevin James Klobucar #	President & Chief Executive Officer	2. Julie Concetta Swantek	Secretary
3. Susan Anne Kluge	Chief Financial Officer & Treasurer	4. Marc Darryl Keshishian MD	Chief Medical Officer

OTHER

DIRECTORS OR TRUSTEES

Kedrick David Adkins	Julie Anne Angott	Mark Robert Bartlett	William Harrison Black
James Robert Dietz	Shauna Ryder Diggs MD	Janet Louise Harden	DeMerritte Bonta Hiscoe MD
Valeriah Ann Holmon	Teola Pearl Hunter #	Robert Paul Kelch MD	Kevin James Klobucar #
Karen Marie Knapp	Melvin Lyle Larsen	Donald Glenn Oetman	Calvin Thomas Rapson
Gregory Alan Sudderth	Diana Lynn Watson		

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

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Kevin James Klobucar	Julie Concetta Swantek	Susan Anne Kluge
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & Chief Executive Officer	Secretary	Chief Financial Officer & 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						
0199999. Total individuals	788,024	101,984	583	289,080	289,080	890,591
Federal Employees Health Benefit Plan	3,384,824					3,384,824
City of Detroit	1,451,000	1,440,000				2,891,000
State of Michigan	1,737,329	83,793				1,821,122
UAW Retiree Medical Benefit Trust	1,700,000					1,700,000
0299997. Group subscribers subtotal	8,273,153	1,523,793	0	0	0	9,796,946
0299998. Premiums due and unpaid not individually listed	1,993,045	374,584	7,706	3,758	3,758	2,375,335
0299999. Total group	10,266,198	1,898,377	7,706	3,758	3,758	12,172,281
0399999. Premiums due and unpaid from Medicare entities	3,691,496					3,691,496
0599999. Accident and health premiums due and unpaid (Page 2, Line 15)	14,745,718	2,000,361	8,289	292,838	292,838	16,754,368

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	4,237,108	4,081,836		784,478	784,478	8,318,944
0199999. Total Pharmaceutical Rebate Receivables	4,237,108	4,081,836	0	784,478	784,478	8,318,944
Capitation Arrangement Receivables						
0499998. Capitation Arrangement Receivables Not Listed Individually	12,771				12,771	0
0499999. Total Capital Arrangement Receivables	12,771	0	0	0	12,771	0
Risk Sharing Receivables						
University of Michigan Health System	4,750,000					4,750,000
0599999. Total Risk Sharing Receivables	4,750,000	0	0	0	0	4,750,000
0799999. Total Health Care Receivables	8,999,879	4,081,836	0	784,478	797,249	13,068,944

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	55,411,043	1,012,250	414,128	539,714		57,377,135
0499999. Subtotals	55,411,043	1,012,250	414,128	539,714	0	57,377,135
0599999. Unreported claim and other claim reserves						212,225,987
0699999. Total amounts withheld						9,675,469
0799999. Total claims unpaid						279,278,591
0899999. Accrued medical incentive pool and bonus amounts						55,793,821

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							
BCN Service Company	10,775,853	21,600	18,718			10,816,171	
Blue Cross Blue Shield of Michigan	5,824,929				98,538	5,726,391	
0199999. Individually listed receivables	16,600,782	21,600	18,718	0	98,538	16,542,562	0
0299999. Receivables not individually listed	366,743					366,743	
0399999. Total gross amounts receivable	16,967,525	21,600	18,718	0	98,538	16,909,305	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	Administrative services and pension and postretirement	96,328,744	34,998,879	61,329,865
BCN Service Company		4,993,568	4,993,568	
0199999. Individually listed payables		101,322,312	39,992,447	61,329,865
0299999. Payables not individually listed		67,920	67,920	
0399999. Total gross payables		101,390,232	40,060,367	61,329,865

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	141,404,926	7.0	532,705	100.0		141,404,926
2. Intermediaries	22,645,252	1.1	525,472	98.6		22,645,252
3. All other providers	13,030,610	0.6	525,472	98.6		13,030,610
4. Total capitation payments	177,080,788	8.8	1,583,649	297.3	0	177,080,788
Other Payments:						
5. Fee-for-service	195,394,723	9.7	XXX	XXX		195,394,723
6. Contractual fee payments	1,544,069,453	76.5	XXX	XXX		1,544,069,453
7. Bonus/withhold arrangements - fee-for-service	5,467,708	0.3	XXX	XXX		5,467,708
8. Bonus/withhold arrangements - contractual fee payments	95,267,376	4.7	XXX	XXX		95,267,376
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	1,840,199,260	91.2	XXX	XXX	0	1,840,199,260
13. Total (Line 4 plus Line 12)	2,017,280,048	100.0	XXX	XXX	0	2,017,280,048

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	22,645,252	1,887,104		
9999999. Totals		22,645,252	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	2,247,516		1,992,062	255,454	255,454	0
2. Medical furniture, equipment and fixtures	90,624		87,659	2,965	2,965	0
3. Pharmaceuticals and surgical supplies						0
4. Durable medical equipment						0
5. Other property and equipment	9,795,302		9,609,074	186,228	186,228	0
6. Total	12,133,442	0	11,688,795	444,647	444,647	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	525,226	1,738	463,157	8,911			19,923	31,497		
2. First quarter	522,233	1,910	455,868	13,371			18,976	32,108		
3. Second quarter	525,016	1,995	457,423	11,205			18,930	35,463		
4. Third quarter	527,952	2,062	458,555	12,501			19,044	35,790		
5. Current year	532,705	3,297	467,019	7,233			18,971	36,185		
6. Current year member months	6,289,625	38,677	5,547,367	65,255			227,957	410,369		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,663,617	44,952	2,919,818	72,231			135,895	490,721		
8. Non-physician	677,853	8,177	536,805	19,448			27,521	85,902		
9. Totals	4,341,470	53,129	3,456,623	91,679	0	0	163,416	576,623	0	0
10. Hospital patient days incurred	184,871	2,335	125,011	5,194			4,818	47,513		
11. Number of inpatient admissions	47,638	527	35,540	1,212			1,400	8,959		
12. Health premiums written (b)	2,353,311,887	13,978,379	1,819,213,884	11,231,519			77,960,898	430,927,207		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,352,897,712	13,978,379	1,818,801,328	11,231,519			77,967,306	430,919,180		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,017,280,048	18,214,860	1,569,037,642	8,519,525			70,900,237	350,607,784		
18. Amount incurred for provision of health care services	2,041,461,154	18,154,309	1,585,369,490	10,675,784			71,766,309	355,495,262		

(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 $.....430,927,207

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

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

NAIC Group Code.....572

NAIC Company Code.....95610

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior year	525,226	1,738	463,157	8,911			19,923	31,497		
2. First quarter	522,233	1,910	455,868	13,371			18,976	32,108		
3. Second quarter	525,016	1,995	457,423	11,205			18,930	35,463		
4. Third quarter	527,952	2,062	458,555	12,501			19,044	35,790		
5. Current year	532,705	3,297	467,019	7,233			18,971	36,185		
6. Current year member months	6,289,625	38,677	5,547,367	65,255			227,957	410,369		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,663,617	44,952	2,919,818	72,231			135,895	490,721		
8. Non-physician	677,853	8,177	536,805	19,448			27,521	85,902		
9. Totals	4,341,470	53,129	3,456,623	91,679	0	0	163,416	576,623	0	0
10. Hospital patient days incurred	184,871	2,335	125,011	5,194			4,818	47,513		
11. Number of inpatient admissions	47,638	527	35,540	1,212			1,400	8,959		
12. Health premiums written (b)	2,353,311,887	13,978,379	1,819,213,884	11,231,519			77,960,898	430,927,207		
13. Life premiums direct	0									
14. Property/casualty premiums written	0									
15. Health premiums earned	2,352,897,712	13,978,379	1,818,801,328	11,231,519			77,967,306	430,919,180		
16. Property/casualty premiums earned	0									
17. Amount paid for provision of health care services	2,017,280,048	18,214,860	1,569,037,642	8,519,525			70,900,237	350,607,784		
18. Amount incurred for provision of health care services	2,041,461,154	18,154,309	1,585,369,490	10,675,784			71,766,309	355,495,262		

(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 $.....430,927,207

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 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Location	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

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health - Affiliates						
.....	38-6561862..	..01/01/2010	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust.....	Southfield, Mi.....	.....	11,606,138
0499999.	Total - Affiliates.....				0	11,606,138
0699999.	Total - Accident and Health.....				0	11,606,138
0799999.	Totals - Life, Annuity and Accident and Health.....				0	11,606,138

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 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief 10 Current Year	 11 Prior Year	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Authorized General Account - Affiliates												
	38-6561862	01/01/2010	Blue Care Network Stop-Loss & Casualty Self-Insurance Trust	Southfield, Mi	SSL/L/I	26,794,141						
0199999.	Total - Authorized General Account - Affiliates					26,794,141	0	0	0	0	0	0
0399999.	Total - Authorized General Account					26,794,141	0	0	0	0	0	0
0799999.	Total - Authorized and Unauthorized General Account					26,794,141	0	0	0	0	0	0
1599999.	Totals					26,794,141	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 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums	24,155	24,484	10,864	12,109	7,885
2. Title XVIII - Medicare	2,639	2,804	1,240	254	138
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	23,997	24,412	12,821	13,035	5,913
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	11,606	8,515	5,035	9,520	7,857
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 12)	969,127,347	6,714,831	975,842,178
2.	Accident and health premiums due and unpaid (Line 15)	16,754,368		16,754,368
3.	Amounts recoverable from reinsurers (Line 16.1)			0
4.	Net credit for ceded reinsurance	XXX	2,631,766	2,631,766
5.	All other admitted assets (balance)	42,857,141		42,857,141
6.	Totals assets (Line 28)	1,028,738,856	9,346,597	1,038,085,453
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	267,672,453	11,606,138	279,278,591
8.	Accrued medical incentive pool and bonus payments (Line 2)	55,793,821		55,793,821
9.	Premiums received in advance (Line 8)	37,178,037		37,178,037
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			0
11.	Reinsurance in unauthorized companies (Line 20)			0
12.	All other liabilities (balance)	137,534,315	(2,259,541)	135,274,774
13.	Total liabilities (Line 24)	498,178,626	9,346,597	507,525,223
14.	Total capital and surplus (Line 33)	530,560,230	XXX	530,560,230
15.	Total liabilities, capital and surplus (Line 34)	1,028,738,856	9,346,597	1,038,085,453

	NET CREDIT FOR CEDED REINSURANCE	
16.	Claims unpaid	11,606,138
17.	Accrued medical incentive pool	0
18.	Premiums received in advance	0
19.	Reinsurance recoverable on paid losses	0
20.	Other ceded reinsurance recoverables	(6,714,831)
21.	Total ceded reinsurance recoverables	4,891,307
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	2,259,541
26.	Total ceded reinsurance payables/offsets	2,259,541
27.	Total net credit for ceded reinsurance	2,631,766

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 CN						0
58.	Aggregate Other Alien OT						0
59.	Totals	0	0	0	0	0	0

NONE

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		(10,000,000)			1,161,359,738				1,151,359,738	
95610	38-2359234	Blue Care Network of Michigan					(953,042,333)	(2,796,708)			(955,839,041)	11,606,138
52037	38-2536979	Blue Care of Michigan, Inc.					(298,294)	(996)			(299,290)	
	27-0521030	Accident Fund Holdings	6,000,000				(4,618,102)				1,381,898	
10166	38-3207001	Accident Fund Insurance Company of America					11,274,060		*		11,274,060	(140,869,323)
12304	20-3058200	Accident Fund General Insurance Company	(500,000)				(6,096,446)		*		(6,596,446)	(5,882,000)
12305	20-3058291	Accident Fund National Insurance Company	(1,500,000)				(20,268,151)		*		(21,768,151)	76,394,000
10713	36-4072992	Third Coast Insurance Company					(85,114)				(85,114)	
29157	39-0941450	United Wisconsin Insurance Company	(4,000,000)				(4,473,040)		*		(8,473,040)	149,764,000
	38-6561861	Blue Care Network Medical Malpractice Self-Insurance Trust.					(93,632)				(93,632)	
	38-6561862	Blue Care Network Stop-Loss and Casualty Self-Insurance Tr					(86,959)	3,357,560			3,270,601	(12,148,111)
	38-3134881	BCN Service Company					(174,432,824)	(1,000)			(174,433,824)	
11557	38-0026448	BlueCaid of Michigan					(5,944,300)	(558,856)			(6,503,156)	541,973
	38-2338506	Blue Cross Blue Shield of Michigan Foundation					(833,465)				(833,465)	
12177	20-1117107	CompWest Insurance Company					(1,993,769)				(1,993,769)	(79,406,677)
77720	75-0956156	LifeSecure Insurance Company		10,000,000			(367,369)				9,632,631	
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Pooling Information

10166	Accident Fund Ins. Co. of America	80.00%
29157	United Wisconsin Ins. Co.	10.00%
12305	Accident Fund National Ins. Co.	6.00%
12304	Accident Fund General Ins. Co.	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.

	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?	NO
	APRIL FILING	
18.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
19.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
20.	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
21.	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
22.	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	
23.	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:

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9561020103710000000
9561020103700000000
9561020103650000000
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9561020102110000000
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Overflow Page
NONE

Overflow Page
NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2010
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....572
Address (City, State and Zip Code).....Southfield MI, 48076
Person Completing This Exhibit.....William Cook
Title.....Senior Financial Analyst

NAIC Company Code.....95610

Telephone Number.....248-455-3423

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009 & 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	09-A-141/09-166.....	A.....	.....NO.....	....3,4.....	.12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	149,370	123,085	.....82.4	143
.....YES.....	09-A-141/09-166.....	C.....	.....NO.....	....3,4.....	.12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	1,272,078	1,262,593	.....99.3	805
.....YES.....	09-A-141/09-166.....	F.....	.....NO.....	....3,4.....	.12/01/2009	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	9,758,834	9,232,905	.....94.6	6,186
.....YES.....	10-A-048/10-005-A..	M.....	.....NO.....	....3,4.....	.04/14/2010	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	3,413	8,334	.....244.2	4
.....YES.....	10-A-048/10-005-A..	N.....	.....NO.....	....3,4.....	.04/14/2010	.....	.....	.....	MYBLUE MEDIGAP.....	.....	.....	.....0.0	.....	47,824	48,867	.....102.2	95
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	11,231,519	10,675,784	.....95.1	7,233

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..... 611 Cascade West Parkway Grand Rapids MI 49546
   3.2 Contact person and phone number..... Jayne Fischer 616-977-6109
4. Explain any policies identified as policy type "O".

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