

Form **8963**

(Rev. February 2016)

Department of the Treasury  
Internal Revenue Service**Report of Health Insurance  
Provider Information**Information about Form 8963 and its separate instructions is at [www.irs.gov/form8963](http://www.irs.gov/form8963).  
Read the instructions before you complete Form 8963.

Page 1 of 2

OMB Number  
1545-2249Publicly Available  
Information

Check only one box below (see instructions)

Single-person covered entity:

☐ 1 Single-person covered entity

Designated entity:

☒ 2a Agent of an affiliated group☐ 2b Other☐ Corrected report (see instructions)**1690297**

Employer identification number (EIN)

94-0360524

Number of controlled group members included in  
Schedule A (see instructions)

5

Reporting year

2016

Entity name

CALIFORNIA PHYSICIANS SERVICE

Entity name (continued)

dba BLUE SHIELD OF CALIFORNIA

Address (number and street). If you have a P.O. Box, see instructions.

50 BEALE ST

Address (continued)

City, town, or post office (For foreign addresses, complete fields below - see instructions)

SAN FRANCISCO

State

CA

ZIP code

94105

Foreign country name

Foreign province/state/county

Foreign postal code

**PART I Signature of Official Signing on Behalf of the Single-Person Covered Entity or Designated Entity  
(Agent of an Affiliated Group, or Other Designated Entity) and Consent by the Designated Entity (if  
applicable)**

Under penalties of perjury, I declare that I have examined this report, including accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete. I further certify that I am an officer of the single-person covered entity or the designated entity, and that I am duly authorized to sign this report on behalf of that covered entity.

If box 2a or 2b is checked, I also declare that the above named entity is the agent of an affiliated group or other designated entity (as per the instructions). I understand that the designated entity will receive IRS communications relating to the fee imposed by ACA section 9010 and is to pay this fee to the IRS on behalf of the controlled group. Each person that is a controlled group member at the end of the day on December 31, 2015, is jointly and severally liable for this fee. I further declare that each controlled group member identified on this report consents to the choice of the designated entity indicated on this report. Each person who is a controlled group member at the end of the day on December 31, 2015, and who would qualify as a covered entity in 2016 if it were a single-person covered entity, is jointly and severally liable for any applicable penalty under ACA section 9010. (If the designated entity is selected by the IRS, each controlled group member in this report is deemed to consent to the choice of designated entity.)

**Sign  
Here**Do not sign Form 8963  
for electronically filed  
reports.

Signature of official

Date signed

4/15/16

Business phone number

(415) 229-5000

Business fax number

Printed name of signing official

MICHAEL A. MURRAY

Title of signing official

SVP &amp; CHIEF FINANCIAL OFFICER

**PART II Alternate Contact Person Designee (see instructions)**Do you want to designate an employee to discuss this report with the IRS? ☒ Yes ☐ No

Name of designee

STACY PARSONS

Designee phone number

(415) 229-6904

Title of designee

Designee fax number

File the form electronically using e-File or  
mail Form 8963 to:Internal Revenue Service  
1973 Rulon White Blvd.  
Mail Stop 4916 JPF  
Ogden, UT 84201-0051

Send the forms in a flat mailing envelope (not folded). Do not staple, tear, or tape any of these forms. If you are sending a large number of forms in conveniently sized packages, write your name on each package and number the packages consecutively.

United States postal regulations require forms and packages to be sent by First-Class Mail. However, you may use private delivery services such as FedEx and UPS.

For Paperwork Reduction Act Notice, see the separate instructions.

Page 1 of 2

Cat. No. 37785K

Form 8963 (Rev. 2-2016)

RECEIVED BY IRS-EEFAX 04/15/2016 8:41PM (GMT-04:00)



**Schedule A Single-person covered entity or controlled group member information**

94-0160524

Publicly Available Information

Page 2 of 2

On this first line, list information for the single-person covered entity or designated entity, whichever applies. Next, for a controlled group, separately list information for every person who is a controlled group member at the end of the day on December 31, 2015, and who would qualify as a covered entity in 2016 if it were a single-person covered entity (see instructions).

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Employer identification number (EIN)	Entity name	Address (number & street, city, state, postal (ZIP) code, and country). If you have a P.O. box use a design address, see instructions.	NAIC code	NAIC group code	Direct premiums written	MLR rebates	Stand-alone dental or vision direct premiums written	Net premiums written. Subtract column (g) from column (h) and combine the result with column (i) (f) - (g) + (h)	Amount in column (j) attributable to 501(c)(3), 501(c)(29), 501(c)(25) or 501(c)(28) entities. Enter qualifying paragraph and related premiums
1 94-0160524			47732	2708	12,522,800,175	104,514,748	118,830,173	12,537,115,800	
2 94-8077403	BLUE SHIELD OF CALIFORNIA LIFE & HEALTH INSURANCE COMPANY	50 BEALE ST. SAN FRANCISCO, CA 94105	61557	2708	1,186,358,282	0	24,873,378	1,211,231,688	
3 70-3785731	GEMCARE HEALTH PLAN, INC	4650 CALIFORNIA AVE. STE 100 BAKERSFIELD CA, 93309	524140		0	0	0	0	
4 95-4468482	CARE1ST HEALTH PLAN, INC	601 POTRERO GRANDE DR. MONTEREY PARK, CA 91755	55143		0	0	0	0	
5 57-1165217	CARE1ST HEALTH PLAN ARIZONA, INC	2355 E CAMELBACK DR. STE 300 PHEONIX, AZ 85018			348,463,910			348,463,910	
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14									

Click on the button to add a new member of the controlled group



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(Rev. February 2016)

Department of the Treasury  
Internal Revenue Service**Report of Health Insurance  
Provider Information**Information about Form 8963 and its separate instructions is at [www.irs.gov/form8963](http://www.irs.gov/form8963).  
Read the instructions before you complete Form 8963.OMB Number  
1545-2248Publicly Available  
Information

Check only one box below (see instructions)

Single-person covered entity:

☐ 1 Single-person covered entity

Designated entity:

☒ 2a Agent of an affiliated group☐ 2b Other☒ Corrected report (see instructions)

1690520

Employer identification number (EIN)

94-0360524

Number of controlled group members included in  
Schedule A (see instructions)

5

Reporting year

2016

Entity name

CALIFORNIA PHYSICIANS SERVICE

Entity name (continued)

dba BLUE SHIELD OF CALIFORNIA

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50 BEALE ST

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SAN FRANCISCO

State

CA

ZIP code

94105

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Under penalties of perjury, I declare that I have examined this report, including accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete. I further certify that I am an officer of the single-person covered entity or the designated entity, and that I am duly authorized to sign this report on behalf of that covered entity.

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reports.

Signature of official

Date signed

7/12/16

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MICHAEL A. MURRAY

Title of signing official

SVP &amp; CHIEF FINANCIAL OFFICER

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STACY PARSONS

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**Schedule A Single-person covered entity or controlled group member information**

94-03160524

Publicly Available Information

Page 2 of 2

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Employer identification number (EIN)	Entity name	Address (number & street, city, state, postal ZIP code, and country). If you have a P.O. box or a foreign address, see instructions.	NAIC code	NAIC group code	Direct premiums written	MLR premiums	Direct or indirect premiums written	Net premiums written. Subtract column (g) from column (i) and combine the result with column (h) if (g) + (h)	Amount in column (i) attributable to 501(c)(25), 501(c)(29), 501(c)(28) or 501(c)(23) entities. Enter qualifying paragraph and related premiums
1 94-0160524	BLIFF SHIELD OF CALIFORNIA LIFE & HEALTH INSURANCE COMPANY	50 BEALE ST. SAN FRANCISCO, CA 94105	47732	2798	8,430,527,585	104,514,748	118,830,173	5,444,482,759	
2 94-8077403	HEALTH INSURANCE COMPANY	4550 CALIFORNIA AVE. STE 100 BAKERSFIELD CA 93309	81557	2798	1,108,821,136	0	24,873,376	1,211,494,514	
3 20-3785731	GEMCARE HEALTH PLAN, INC	801 POTRERO GRANDE DR. MONTEREY PARK, CA 91756	524140		0	0	0	0	
4 98-4488482	CARE1ST HEALTH PLAN, INC	2355 E CAMELBACK DR, STE 300 PHEONIX, AZ 85016	18143		0	0	0	0	
5 67-1165217	CARE1ST HEALTH PLAN ARIZONA, INC				348,463,916			348,463,916	
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Click on this button to add a new member of the controlled group