

**Department of Managed Health Care/Department of Insurance
Medical Loss Ratio Reporting Form
Dental Coverage**

| | | |
|-----------|---|---|
| | | |
| 1. | MLR Reporting Year | 2016 |
| 2. | Enter DMHC Health Plan ID. Insurers may leave this field blank | |
| 3. | Legal Name | Renaissance Life & Health Insurance Company of America |
| 4. | DBA | N/A |
| 5. | Federal Tax Exempt Status? Please enter Yes or No | No |

Cell Key:

Blank cells require input from Health plan or Health insurer

Version 4.22.15

Revised Version 5.26.15

Revised Version 4.15.16 corrected dates for Cycle Year
(CY)2015-2016 on TABs Parts 1, 2 and 4.

Revised Version 5.10.17 12/31 and 3/31 Columns years to be
auto populated on TABs Parts 1 and 2.

Health Plan ID
 0
 Legal Name
 Renaissance Life & Health Insurance Company of America
 dBA
 N/A
 MLR Reporting Year
 2016

Federal Tax Exempt
 No

Part 1

| | Health Insurance Coverage DHMO Products | | | | | | Health Insurance Coverage DPPD & Indemnity Products | | | | | |
|---|--|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|--|--------------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| | Individual | | Small Group | | Large Group | | Individual | | Small Group | | Large Group | |
| | Total as of 12/31/2016 | Total as of 3/31/2017 | Total as of 12/31/2016 | Total as of 3/31/2017 | Total as of 12/31/2016 | Total as of 3/31/2017 | Total as of 12/31/2016 | Total as of 3/31/2017 | Total as of 12/31/2016 | Total as of 3/31/2017 | Total as of 12/31/2016 | Total as of 3/31/2017 |
| Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1. Premium | | | | | | | | | | | | |
| 1.1 Total direct premium earned | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 4,423,265 | \$ 4,423,265 | \$ - | \$ - | \$ - | \$ - |
| 2. Claims | | | | | | | | | | | | |
| 2.1 Total incurred claims (MLR Form Part 2, Line 2.11) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 3,241,816 | \$ 3,369,417 | \$ - | \$ - | \$ - | \$ - |
| 3. Federal and State Taxes and Licenses or Regulatory Fees | | | | | | | | | | | | |
| 3.1 Federal taxes and assessments incurred by the reporting health plan or health insurer during the MLR reporting year | | | | | | | \$ 131,182 | \$ 147,017 | | | | |
| 3.1 a Federal income taxes deductible from premium in MLR calculations | | | | | | | | | | | | |
| 3.1 b Other Federal Taxes (other than income tax) and assessments deductible from premium | | | | | | | | | | | | |
| 3.2 State insurance, premium and other taxes incurred by the reporting health plan or health insurer during the MLR reporting year (deductible from premium in MLR calculation) | | | | | | | | | | | | |
| 3.2 a State income, excise, business, and other taxes | | | | | | | | | | | | |
| 3.2 b State premium taxes | | | | | | | \$ 103,962 | \$ 103,962 | | | | |
| 3.2 c Community benefit expenditures | | | | | | | | | | | | |
| 3.3 Regulatory authority licenses and fees | | | | | | | | | | | | |
| 3.4 Total Federal and State Taxes and fees to be excluded from premium | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 235,144 | \$ 260,979 | \$ - | \$ - | \$ - | \$ - |
| 4. Non-Claims Costs | | | | | | | | | | | | |
| 4.1 Direct sales salaries and benefits | | | | | | | \$ 16,241 | \$ 16,241 | | | | |
| 4.2 Agents and brokers fees and commissions | | | | | | | \$ 94,450 | \$ 94,450 | | | | |
| 4.3 Other taxes | | | | | | | | | | | | |
| 4.3a Taxes and assessments (exclude amounts reported in Section 3 or Line 10) | | | | | | | | | | | | |
| 4.3b Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3) | | | | | | | | | | | | |
| 4.4 Other general and administrative expenses | | | | | | | \$ 24,415 | \$ 24,415 | | | | |
| 4.5 Total non-claims costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 135,106 | \$ 135,106 | \$ - | \$ - | \$ - | \$ - |
| 5. Other Indicators or Information | | | | | | | | | | | | |
| 5.1 Number of covered lives | | | | | | | 7,542 | 7,542 | | | | |
| 5.2 Member months | | | | | | | 90,317 | 90,317 | | | | |
| 5.3 Number of life-years | | | | | | | 7,526 | 7,526 | | | | |
| | Grand Total as of 12/31/2016 for ALL markets in col. 1-12. | | | | | | | | | | | |
| 6. Net investment income and other gain / (loss) | | | | | | | \$ | 77,866 | | | | |
| 7. Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b) | | | | | | | \$ | 15,835 | | | | |

Cell Keys:
 Blank cells require input from Health plan or Health insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

Health Plan ID
 0
 Legal Name
 Renaissance Life & Health Insurance Company of America
 dBA
 N/A
 MLR Reporting Year
 2016

Part 2

| | | Health Insurance Coverage | | | | | | Health Insurance Coverage | | | | | | | | | | | | | | | |
|---|---|---------------------------|------|------------------------|------|-----------------------|------|---------------------------|------|-----------------------|------|------------------------|------|-----------------------|------|------|------|------|------|------|------|------|--|
| | | DMCO Products | | | | | | DPPD & Indemnity Products | | | | | | | | | | | | | | | |
| | | Individual | | Small Group | | Large Group | | Individual | | Small Group | | Large Group | | | | | | | | | | | |
| Total as of 12/31/2016 | | Total as of 3/31/2017 | | Total as of 12/31/2016 | | Total as of 3/31/2017 | | Total as of 12/31/2016 | | Total as of 3/31/2017 | | Total as of 12/31/2016 | | Total as of 3/31/2017 | | | | | | | | | |
| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | |
| NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW. | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Premium: | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 | Direct premium written | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 | Unearned premium prior year | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 | Unearned premium MLR Recortina year | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 | Premium balances written off | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Claims: | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 | Claims Paid | | | | | | | | | | | | | | | | | | | | | | |
| 2.1a | Claims paid during the MLR reporting year regardless of incurred date | | | | | | | | | | | | | | | | | | | | | | |
| 2.1b | Claims incurred only during the MLR reporting year, paid through 3/31 of the following year | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 | Direct claim liability | | | | | | | | | | | | | | | | | | | | | | |
| 2.2a | Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date | | | | | | | | | | | | | | | | | | | | | | |
| 2.2b | Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 | Direct claim liability prior year | | | | | | | | | | | | | | | | | | | | | | |
| 2.4 | Direct claim reserves | | | | | | | | | | | | | | | | | | | | | | |
| 2.4a | Reserves as of 12/31 of MLR reporting year for all claims regardless of incurred date | | | | | | | | | | | | | | | | | | | | | | |
| 2.4b | Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year | | | | | | | | | | | | | | | | | | | | | | |
| 2.5 | Direct claim reserves prior year | | | | | | | | | | | | | | | | | | | | | | |
| 2.6 | Experience rating refunds (rate credits) paid | | | | | | | | | | | | | | | | | | | | | | |
| 2.6a | Experience rating refunds, with all incurred dates, paid in the MLR reporting year | | | | | | | | | | | | | | | | | | | | | | |
| 2.6b | Experience rating refunds associated with premium earned only in the reporting year and paid through 3/31 of the following year | | | | | | | | | | | | | | | | | | | | | | |
| 2.7 | Reserve for experience rating refunds (rate credits) | | | | | | | | | | | | | | | | | | | | | | |
| 2.7a | Reserve in MLR reporting year regardless of incurred date | | | | | | | | | | | | | | | | | | | | | | |
| 2.7b | Reserve specific to the MLR reporting year through 3/31 of the following year | | | | | | | | | | | | | | | | | | | | | | |
| 2.8 | Reserve for experience rating refunds (rate credits) prior year | | | | | | | | | | | | | | | | | | | | | | |
| 2.9 | Incurred dental incentive pool and bonuses | | | | | | | | | | | | | | | | | | | | | | |
| 2.9a | Paid dental incentive pools and bonuses MLR Reporting year | | | | | | | | | | | | | | | | | | | | | | |
| 2.9b | Accrued dental incentive pools and bonuses MLR Reporting year | | | | | | | | | | | | | | | | | | | | | | |
| 2.9c | Accrued dental incentive pools and bonuses prior year | | | | | | | | | | | | | | | | | | | | | | |
| 2.10 | Contract benefit and lawsuit reserves | | | | | | | | | | | | | | | | | | | | | | |
| 2.11 | Total incurred claims | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | |

Cell Keys:
 Blank cells require input from Health plan or Health insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

Health Plan ID
 0
 Local Name
 Renaissance Life & Health Insurance Company of America
 dBA
 N/A
 MLR Reporting Year
 2016

Part 3

| Description of Expense Element (by Type) | NEW | Detailed Description of Expense Allocation Methods |
|--|-----|--|
| 1 | 2 | 3 |
| 1. Incurred Claims | | |
| | | Based on actual claims for California. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Cell Keys:
 Blank cells require input from Health plan or Health insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

Health Plan ID
 0
 Local Name
 Renaissance Life & Health Insurance Company of America
 dBA
 NA
 MLR Reporting Year
 2016

Part 4

| Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW | Health Insurance Coverage ERISA Products | | | | | | | | | | | | Health Insurance Coverage ERISA & Industry Products | | | | | | | | | | | |
|--|--|------|------|-------|-------------|------|-------------|-------|-------------|------|------|-------|--|-------|------|-------|-------------|------|-------------|-------|-------------|------|------|-------|
| | Individual | | | | | | Large Group | | | | | | Individual | | | | | | Large Group | | | | | |
| | Small Group | | | | Large Group | | | | Small Group | | | | Large Group | | | | Small Group | | | | Large Group | | | |
| | PY2 | PY1 | CY | Total | PY2 | PY1 | CY | Total | PY2 | PY1 | CY | Total | PY2 | PY1 | CY | Total | PY2 | PY1 | CY | Total | PY2 | PY1 | CY | Total |
| 1 | Medical Loss Ratio Numerator | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 | Adjusted incurred claims as reported on MLR Form for prior year(s) | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 | Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1, Line 2.1) | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 2 | Medical Loss Ratio Denominator | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 | Premium earned (Part 1, Line 1.1) | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 | Federal and State taxes and license or regulatory fees (Part 1, Line 3.4) | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| 3 | Life-years (Part 1, Line 5.3) | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,526 | 7,526 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column of Line 3.1) | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 | MLR | | | | | | | | | | | | | | | | | | | | | | | |
| | Not Required to Calculate | | | | | | | | | | | | 80.8% | | | | | | | | | | | |

Cell Keys:
 Shaded cells require input from Health plan or Health insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 5 - Additional Responses

Health Plan ID

0

Legal Name

Renaissance Life & Health Insurance Company of America
 dBA

N/A

MLR Reporting Year

2016

Part 5

| | | Tax Rate |
|--|------------------------------------|----------|
| 1. If a health plan or health insurer uses the highest premium tax rate in the State, the health plan or health insurer must report applicable highest State health premium tax rate. | | |
| 2. If the health plan or health insurer included deferred experience for prior year and excluded deferred experience for current year, provide the total direct written premium and total incurred claims for the deferred experience by market. | | |
| Deferred experience for prior year | | |
| Deferred experience for current year | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 3. If the health plan or health insurer novated any business in the MLR reporting year effective during the reporting year provide the name of the entity to whom the business was sold or transferred and the date of the sale or transfer. | | |
| Name of Entity to whom business was sold or transferred | Effective date of sale or transfer | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Cell Keys:
 Blank cells require input from Health plan or Health insurer
 Grey cells require no data input
 Pink cells require no data input - locked down
 Blue cells: computed cell (formula cell)

**Department of Managed Health Care
Medical Loss Ratio Reporting Form: Dental Coverage
Attestation**

Health Plan ID

0

Legal Name

Renaissance Life & Health Insurance Company of America

dBA

N/A

MLR Reporting Year

2016

Attestation

Attestation Statement

The officers of this reporting Health plan being duly sworn, each attest that he/she is the described officer of the reporting Health plan, and that this MLR Reporting Form, the Company/Health plan Associations, and any supplemental submission that the Health plan includes are full and true statements of all the elements included therein for the MLR reporting year stated above, and that the MLR Reporting Form has been completed in accordance with the Department of Managed Health Care's guidance and reporting instructions, according to the best of his/her information, knowledge and belief. Furthermore, the scope of this attestation by the described officer includes any related electronic filings and postings for the MLR reporting year stated above and which are required by Department of Managed Health Care.

Chief Executive Officer/President

Chief Financial Officer