

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

1. MLR Reporting Year	2014
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	
3. Legal Name	The Chesapeake Life Insurance Co
4. DBA	
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

Health Plan ID
 0
 Legal Name
 The Chesapeake Life Insurance Company
 dBA
 0
 MLR Reporting Year
 2014

Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT		Health Insurance Coverage						Health Insurance Coverage							
		Dental Products						Dental Products							
		Individual		Small Group		Large Group		Individual		Small Group		Large Group			
Total as of 12/31/14		Total as of 3/31/15		Total as of 12/31/14		Total as of 3/31/15		Total as of 12/31/14		Total as of 3/31/15		Total as of 12/31/14		Total as of 3/31/15	
		1	2	3	4	5	6	7	8	9	10	11	12		
1.1	Premium: Direct premium written							\$ 2,675,829	\$ 2,675,829						
1.2	Unearned premium prior year							\$ 51,327	\$ 51,327						
1.3	Unearned premium MLR Reporting year							\$ 94,879	\$ 94,879						
1.4	Premium balances written off														
2.1	Claims: 2.1a Claims paid during the MLR reporting year regardless of incurred date							\$ 1,152,212	\$ 1,139,770						
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							\$ 100,940							
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year							\$ 21,895							
2.3	Direct claim liability prior year							\$ 51,799							
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 Reserved in MLR reporting year regardless of incurred date														
2.7b	Reserves 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	Contingent benefit and lawsuit reserves							\$ -	\$ -						
2.11	Total incurred claims	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,201,353	\$ 1,161,665	\$ -	\$ -	\$ -	\$ -		

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Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		
Claim liability		These costs are allocated by state and market based on paid claims data using completion factor where available.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2 a Federal taxes and assessments		
Primarily Federal income taxes		Allocation based on underwriting gain/loss by state
2 b State insurance, premium and other taxes		
Primarily state premium taxes and guaranty fund assessments		Based on actual premium taxes incurred by residence states
2 c Community benefit expenditures		
2 d Regulatory authority licenses and fees		
Primarily other fees charged by state insurance authorities		Based on actual fees incurred by state
3. Non-Claims costs		
3 a Direct sales salaries and benefits		
3 b Agents and brokers fees and commissions		
commissions paid to agents		These cost are a percentage of premiums collected by resident state
3 c Other taxes		
Primarily payroll taxes		Allocation based on claims count, submitted application and certificates info
3 d Other general and administrative expenses		
Primarily cost associated with policy maintenance, overhead and other administrative costs		Allocation based on claims count, submitted application and certificates info

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Part 4

Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage DENTAL PRODUCTS												Health Insurance Coverage NON-DENTAL PRODUCTS											
		Individual				Small Group				Large Group				Individual				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
1.1	Medical Loss Ratio Numerator																								
1.2	Adjusted incurred claims as reported on MLR Form for prior year(s) (Part 1 Line 2.1)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ 1,161,665	\$ 1,161,665			\$ -	\$ -			\$ -	\$ -
1.3	MLR numerator (Line 1.2)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ 1,161,665	\$ 1,161,665			\$ -	\$ -			\$ -	\$ -
2.1	Medical Loss Ratio Denominator			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ 2,632,277	\$ 2,632,277			\$ -	\$ -			\$ -	\$ -
2.2	Premium earned (Part 1 Line 1.1)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ 11,586	\$ 11,586			\$ -	\$ -			\$ -	\$ -
2.3	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ 2,620,691	\$ 2,620,691			\$ -	\$ -			\$ -	\$ -
2.3	MLR Denominator (Line 2.1 - Line 2.2)			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ 2,620,691	\$ 2,620,691			\$ -	\$ -			\$ -	\$ -
3.1	Life-years (Part 1 Line 5.3)			0	0			0	0			0	0			7,631	7,631			0	0			0	0
4.1	MLR Calculation (for Health plans or health insurers with at least 1,000 life years in the Total column of Line 3.1)																44.33%								

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

Health Plan ID

0

Legal Name

The Chesapeake Life Insurance Company

dBA

0

MLR Reporting Year

2014

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