

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

<b>1. MLR Reporting Year</b>	<b>2015</b>
<b>2. Enter DMHC Health Plan ID. Insurers may leave this field blank</b>	<b>n/a</b>
<b>3. Legal Name</b>	<b>Reliance Standard Life Insurance Company</b>
<b>4. DBA</b>	<b>n/a</b>
<b>5. Federal Tax Exempt Status? Please enter Yes or No</b>	<b>No</b>

**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.



Health Plan ID  
 n/a  
 Legal Name  
 Reliance Standard Life Insurance Company  
 dBA  
 n/a  
 MLR Reporting Year  
 2015

# Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	Health Insurance Coverage						Health Insurance Coverage					
	Individual		Small Group		Large Group		Individual		Small Group		Large Group	
	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16	Total as of 12/31/15	Total as of 3/31/16
	1	2	3	4	5	6	7	8	9	10	11	12
1. Premium:												
1.1 Direct premium written									\$ 2,298,888	\$ 2,335,331	\$ 3,789,009	\$ 3,849,074
1.2 Unearned premium prior year									\$ 303,493		\$ 502,216	
1.3 Unearned premium MLR Reporting year									\$ 226,217		\$ 372,850	
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									\$ 1,612,018		\$ 2,928,695	
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year									\$ 1,601,819		\$ 2,908,178	
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									\$ 103,068		\$ 187,125	
2.4b Reserves for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year									\$ 7,120		\$ 12,938	
2.5 Direct claim reserves prior year									\$ 111,572		\$ 202,564	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,603,514	\$ 1,608,945	\$ 2,911,256	\$ 2,921,116

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 Blue cells: computed cell (formula cell)

Health Plan ID \_\_\_\_\_  
 Local Name \_\_\_\_\_  
 Relevance Standard Life Insurance Company  
 dBA \_\_\_\_\_  
 MLR Reporting Year \_\_\_\_\_  
 2015

# Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
1	2	3
<b>1. Incurred Claims</b>		
Small/Large group claims		The portion of claims from small or large group is estimated based on the average loss ratio for each category measured based on existing definitions for internal metrics.
<b>2. Federal and State Taxes and Licensing or Regulatory Fees</b>		
<b>2.a Federal taxes and assessments</b>		
all categories		Federal taxes were apportioned based on premium. The nationwide average was applied to all categories.
<b>2.b State insurance, premium and other taxes</b>		
all categories		Premium taxes were apportioned based on premium. The state average was applied to all categories.
<b>2.c Community benefit expenditures</b>		
<b>2.d Regulatory authority licenses and fees</b>		
<b>3. Non-Claims costs</b>		
<b>3.a Direct sales salaries and benefits</b>		
all categories		These expenses are included under 3.d.
<b>3.b Agents and brokers fees and commissions</b>		
all categories		Commission splits for small versus large were estimated based on the average ratio of small to large
<b>3.c Other taxes</b>		
<b>3.d Other general and administrative expenses</b>		
all categories		General expenses splits for small versus large were estimated based on the average ratio of small to

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 NA  
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 DBA  
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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	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)		\$	-	\$	-				\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-
1.3	MLR numerator (Line 1.2)		\$	-	\$	-				\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-
2.1	Medical Loss Ratio Denominator		\$	-	\$	-				\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-
2.2	Premium earned (Part 1 Line 1.1)		\$	-	\$	-				\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-
2.3	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)		\$	-	\$	-				\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-
2.3	MLR Denominator (Line 2.1 - Line 2.2)		\$	-	\$	-				\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-		\$	-	\$	-
3.1	Life-years (Part 1 Line 5.3)		0		0		0			0		0			0		0			0		0			0		0			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)																																					

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

Health Plan ID

n/a

Legal Name

Reliance Standard Life Insurance Company

dBA

n/a

MLR Reporting Year

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# 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		
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	

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

**Health Plan ID**

n/a

**Legal Name**

Reliance Standard Life Insurance Company

**dBA**

n/a

**MLR Reporting Year**

2015

## 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.

Per CDI - this tab does not apply to us.

Chief Executive Officer/President

Per CDI - this tab does not apply to us.

Chief Financial Officer