

**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	ACE American Insurance Company
4. DBA	60-710-4221
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  
 ACE American Insurance Company  
 ACE American Insurance Company  
 dBA  
 60-710-4221  
 MLR Reporting Year  
 2014

Federal Tax Exempt  
 No

# Part 1

Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage DHMO Products						Health Insurance Coverage DPPPO & Indemnity 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	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.	Premium												
1.1	Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 328,342	\$ 328,342
2.	Claims												
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 193,487	\$ 219,996
3.	Federal and State Taxes and Licensing or Regulatory Fees												
3.1	Federal taxes and assessments incurred by the reporting health plan or health insurer during the MLR reporting year												
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											\$ 7,716	\$ 7,716
3.2 c	Community benefit expenditures											\$ 9,430	\$ 9,430
3.3	Regulatory authority licenses and fees											\$ -	\$ -
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 9,430	\$ 9,430
4.	Non-Claims Costs												
4.1	Direct sales salaries and benefits											\$ -	\$ -
4.2	Agents and brokers fees and commissions											\$ 60,351	\$ 60,351
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											\$ -	\$ -
4.5	Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,351	\$ 60,351
5.	Other Indicators or Information												
5.1	Number of covered lives											560	560
5.2	Member months											6,053	6,053
5.3	Number of life-years											504	504
		Grand Total as of 12/31/12 for ALL markets in col. 1-12											
6.	Net investment income and other gain / (loss)												
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)												

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 Pink cells require no data input - locked down  
 Blue cells: computed cell (formula cell)

Health Plan ID  
 0  
 Legal Name  
 ACE American Insurance Company  
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 60-710-4221  
 MLR Reporting Year  
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# Part 2

Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT	Health Insurance Coverage DHMO Products						Health Insurance Coverage DPPO & Indemnity 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	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. Premium:												
1.1 Direct premium written											\$ 328,342	\$ 328,342
1.2 Unearned premium prior year											\$ -	\$ -
1.3 Unearned premium MLR Reporting 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											\$ 195,107	\$ -
2.1b Claims incurred only during the MLR reporting year, paid through 3/31 of the following year											\$ -	\$ 219,996
2.2 Direct claim liability												
2.2a Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date											\$ 96,159	\$ -
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											\$ 97,779	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 193,467	\$ 219,996

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Health Plan ID  
 0  
 Legal Name  
 ACE American Insurance Company  
 dBA  
 60770-4221  
 MLR Reporting Year  
 2014

# 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 DPPD & Indemnity 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24		
1	Medical Loss Ratio Numerator																								
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)																								
1.2			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ -	\$ -			\$ 219,996	\$ 219,996	
1.3	MLR numerator (Line 1.2)																								
2	Medical Loss Ratio Denominator																								
2.1	Premium earned (Part 1 Line 1.1)																								
2.2	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	Life-years (Part 1 Line 5.3)																								
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																								

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

**Health Plan ID**

0

**Legal Name**

ACE American Insurance Company

**dBA**

60-710-4221

**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

Chief Executive Officer/President

\_\_\_\_\_  
Senior Vice President

\_\_\_\_\_  
Chief Financial Officer

\_\_\_\_\_  
Assistant Secretary