

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

1. MLR Reporting Year	2017
2. Enter DMHC Health Plan ID. Insurers may leave this field blank	0
3. Legal Name	Connecticut General Life Insurance
4. DBA	0
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  
 Connecticut General Life Insurance Company  
 dBA  
 0  
 MLR Reporting Year  
 2017

Federal Tax Exempt  
 No

# Part 1

		Health Insurance Coverage							
		DHMO Products							
		Individual		Small Group		Large Group		Individual	
		Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		1	2	3	4	5	6	7	8
<b>Part 1</b> <b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>									
1.	Premium								
1.1	Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 712,421	\$ 712,568
2.	Claims								
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 380,731	\$ 397,570
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							\$ 20,129	\$ 20,129
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							\$ 14	\$ 14
3.2 b	State premium taxes							\$ (6,862)	\$ (6,862)
3.2 c	Community benefit expenditures							\$ -	\$ -
3.3	Regulatory authority licenses and fees							\$ 46	\$ 46
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,327	\$ 13,327
4.	Non-Claims Costs								
4.1	Direct sales salaries and benefits							\$ (279)	\$ (279)
4.2	Agents and brokers fees and commissions							\$ 41,237	\$ 41,237
4.3	Other taxes								
4.3a	Taxes and assessments (exclude amounts reported in Section 3 or Line 10)							\$ 87	\$ 87
4.3b	Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)							\$ 211	\$ 211
4.4	Other general and administrative expenses							\$ 146,246	\$ 146,246
4.5	Total non-claims costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 187,503	\$ 187,503
5.	Other Indicators or information								
5.1	Number of covered lives							1,443	1,443
5.2	Member months							19,044	19,044
5.3	Number of life-years							1,587	1,587
		Grand Total as of 12/31/2017 for ALL markets in col. 1-12.							
6.	Net investment income and other gain / (loss)	\$ 3,771,107							
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)	\$ 48,889							

**Cell Keys:**  
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Department of Managed Health Care/Department of Insurance  
 Medical Loss Ratio Reporting Form: Dental Coverage  
 Part 1 - Summary of Data

Health Plan ID  
 0  
 Legal Name  
 Connecticut General Life Insurance Company  
 dBA  
 0  
 MLR Reporting Year  
 2017

Part 1 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Health Insurance Coverage			
		DPPO & Indemnity Products			
		Small Group		Large Group	
		Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		9	10	11	12
1.	Premium				
1.1	Total direct premium earned	\$ -	\$ -	\$ 54,340	\$ 65,218
2.	Claims				
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ 62,056	\$ 49,475
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	\$ -	\$ -	\$ 484	\$ 484
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	\$ -	\$ -	\$ 1	\$ 1
3.2 b	State premium taxes	\$ -	\$ -	\$ (628)	\$ (628)
3.2 c	Community benefit expenditures	\$ -	\$ -	\$ -	\$ -
3.3	Regulatory authority licenses and fees	\$ -	\$ -	\$ 4	\$ 4
3.4	Total Federal and State Taxes and fees to be excluded from premium	\$ -	\$ -	\$ (138)	\$ (138)
4.	Non-Claims Costs				
4.1	Direct sales salaries and benefits	\$ -	\$ -	\$ (26)	\$ (26)
4.2	Agents and brokers fees and commissions	\$ -	\$ -	\$ 336	\$ 336
4.3	Other taxes				
4.3a	Taxes and assessments (exclude amounts reported in Section 3 or Line 10)	\$ -	\$ -	\$ 8	\$ 8
4.3b	Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)	\$ -	\$ -	\$ 19	\$ 19
4.4	Other general and administrative expenses	\$ -	\$ -	\$ 13,385	\$ 13,385
4.5	Total non-claims costs	\$ -	\$ -	\$ 13,723	\$ 13,723
5.	Other Indicators or information				
5.1	Number of covered lives	0	0	0	
5.2	Member months	0	0	1,605	1,605
5.3	Number of life-years	-	-	134	134
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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Department of Managed Health Care/Department of Insurance  
 Medical Loss Ratio Reporting Form: Dental Coverage  
 Part 2 - Premium and Claims

Health Plan ID  
 0  
 Legal Name  
 Connecticut General Life Insurance Company  
 dBA  
 0  
 MLR Reporting Year  
 2017

		Health Insurance Coverage					
		DPPO & Indemnity Products					
		Individual		Small Group		Large Group	
		Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		7	8	9	10	11	12
<b>Part 2</b>		<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>					
1.	Premium:						
1.1	Direct premium written	\$ 713,260	\$ 703,554	\$ -	\$ -	\$ 28,353	\$ 36,657
1.2	Unearned premium prior year	\$ 9,502	\$ 9,502	\$ -	\$ -	\$ 28,561	\$ 28,561
1.3	Unearned premium MLR Reporting year	\$ 8,429	\$ -	\$ -	\$ -	\$ 2,574	\$ -
1.4	Premium balances written off	\$ 1,912	\$ 488	\$ -	\$ -	\$ -	\$ -
2.	Claims:						
2.1	Claims Paid						
2.1a	Claims paid during the MLR reporting year regardless of incurred date	\$ 408,636		\$ -		\$ 98,214	
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year		\$ 392,602		\$ -		\$ 49,096
2.2	Direct claim liability						
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date	\$ 23,743		\$ -		\$ 1,811	
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year		\$ 4,968		\$ -		\$ 379
2.3	Direct claim liability prior year	\$ 51,647		\$ -		\$ 37,969	
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	\$ 380,731	\$ 397,570	\$ -	\$ -	\$ 62,056	\$ 49,475

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Health Plan ID  
 Local Name  
 Connecticut General Life Insurance Company  
 dBA  
 MLR Reporting Year  
 2017

### Part 3

Description of Expense Element (by Type)	NEW	Detailed Description of Expense Allocation Methods
<b>1. Incurred Claims</b>		
2. Federal taxes and assessments		
2.a Federal taxes and assessments		
Allocation		Federal income taxes, excluding federal income taxes on net investment income, capital gains and the medical loss rebate liability, were allocated by state and by segment (i.e., individual, small group, large group) based on their pro rata share of pre-federal tax income excluding net investment income, capital gains and the medical loss rebate liability, and to some expenses pooled amortization.
Description		Includes all federal taxes and assessments allocated to health insurance coverage reported under Section 2718 of the Public Health Service Act and excludes federal income taxes on investment income, capital gains and the medical loss rebate liability, fines and penalties of regulatory authorities, and fees for examinations by any Federal departments other than as specified in 45 CFR §158.162(a) as other non-claims costs, that are not included as an adjustment to premium revenue.
2.b State insurance, premium and other taxes		
Allocation		Premium earned by segment by contract situs state is used to allocate state and municipal premium taxes.
Allocation		Property taxes are allocated pro rata based on membership. Once dollars have been allocated to the California sitused other health column based on the methodology noted above, these dollars are then allocated to the individual and large group sizing based on premiums in each of those segments.
Description		Includes State income, excise, business, and other taxes that may be excluded from earned premium under 45 CFR §158.162(b)(1), also includes State premium taxes, and Community Benefit Expenditures.
2.c Community benefit expenditures		
Description		N/A
2.d Regulatory authority licenses and fees		
Allocation		Assessments were allocated by state based on actual payment detail.
Allocation		Assessments were further allocated to segments (i.e., individual, small group, large group) pro rata based on the proportion of membership associated with contracts in each segment situated in a state.
Allocation		Once dollars have been allocated to the California sitused other health column based on the methodology noted above, these dollars are then allocated to the individual and large group sizing based on premiums in each of those segments.
Description		Includes statutory assessments to defray operating expenses of any State or Federal regulatory department, and examination fees in lieu of premium taxes as specified by State law, and excludes fines and penalties of regulatory authorities, and any fees for examinations by any State or Federal regulatory departments other than as specifically included in this Line.
<b>3. Non-claims costs</b>		
3.a Direct sales salaries and benefits		
Allocation		Expenses are allocated pro rata based on the proportion of enrollee months associated with contracts in each segment (i.e., individual, small group, large group) that are situated in a state.
Allocation		Once dollars have been allocated to the California sitused other health column based on the methodology noted above, these dollars are then allocated to the individual and large group sizing based on premiums in each of those segments.
Description		Includes compensation (including but not limited to salary and benefits) to employees engaged in soliciting and generating sales to policyholders for the issuer.
3.b Agents and brokers fees and commissions		
Allocation		Premium earned by segment by contract situs state is used to allocate expenses associated with contracts in the small and large group segment that are situated in a state.
Description		All expenses incurred by the issuer payable to a licensed agent, broker, or producer who is not an employee of the issuer in relation to the sale and solicitation of policies for the company.
3.c Other taxes		
Allocation		Other taxes are specifically identified by state, if specific identification was not possible, remaining taxes were allocated based on a ratio of total specifically identified state tax payments.
Allocation		Expenses are allocated pro rata based on the proportion of enrollee months associated with contracts in each segment (i.e., individual, small group, large group) that are situated in a state.
Allocation		Federal payroll tax is aligned to a product and then allocated on a pro rata basis to the proper segment (i.e., individual, small group, large group) within a state based on membership associated with contracts in each segment situated in each state.
Allocation		Once dollars have been allocated to the California sitused other health column based on the methodology noted above, these dollars are then allocated to the individual and large group sizing based on premiums in each of those segments.
Description		Includes other taxes, fines and penalties of regulatory authorities, and fees for examinations by any State or Federal departments, not already included in other lines.
3.d Other general and administrative expenses		
Allocation		Expenses are allocated pro rata based on the proportion of enrollee months associated with contracts in each segment (i.e., individual, small group, large group) that are situated in a state.
Allocation		Once dollars have been allocated to the California sitused other health column based on the methodology noted above, these dollars are then allocated to the individual and large group sizing based on premiums in each of those segments.
Description		General and Administrative Expenses not already included in other lines.

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Department of Managed Health Care/Department of Insurance  
 Medical Loss Ratio Reporting Form: Dental Coverage  
 Part 4 - MLR Calculation

Health Plan ID  
 0  
 Legal Name  
 Connecticut General Life Insurance Company  
 dBA  
 0  
 MLR Reporting Year  
 2017

# Part 4

		Health Insurance Coverage						
		Individual				DHMO Products		
						Small Group		
		PY2	PY1	CY	Total	PY2	PY1	CY
		1	2	3	4	5	6	7
<b>Part 4</b>								
<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>								
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	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.	3.1 Life-years (Part 1 Line 5.3)			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

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Department of Managed Health Care/Department of Insurance  
 Medical Loss Ratio Reporting Form: Dental Coverage  
 Part 4 - MLR Calculation

Health Plan ID  
 0  
 Legal Name  
 Connecticut General Life Insurance Company  
 dBA  
 0  
 MLR Reporting Year  
 2017

		Large Group					Inc	
<b>Part 4</b>		Total	PY2	PY1	CY	Total	PY2	PY1
<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>		8	9	10	11	12	13	14
1.	Medical Loss Ratio Numerator							
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)						\$ 798,444	\$ 625,172
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ -			\$ -	\$ -	\$ 802,542	\$ 618,707
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 802,542	\$ 618,707
2.	Medical Loss Ratio Denominator							
2.1	Premium earned (Part 1 Line 1.1)	\$ -			\$ -	\$ -	\$ 1,694,277	\$ 1,095,739
2.2	Federal and State taxes and licensing or regulatory fees ( Part 1 Line 3.4)	\$ -			\$ -	\$ -	\$ 409,941	\$ 100,289
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,284,337	\$ 995,450
3.	3.1 Life-years (Part 1 Line 5.3)	0			0	0	3,940	2,494
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					Not Required to Calculate	

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Department of Managed Health Care/Department of Insurance  
 Medical Loss Ratio Reporting Form: Dental Coverage  
 Part 4 - MLR Calculation

Health Plan ID  
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 Connecticut General Life Insurance Company  
 dBA  
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 MLR Reporting Year  
 2017

**Health Insurance Coverage**  
**DPPO & Indemnity Products**

Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.		Individual		Small Group				
		CY	Total	PY2	PY1	CY	Total	PY2
		15	16	17	18	19	20	21
1.	Medical Loss Ratio Numerator							
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)			\$ -	\$ -			\$ 1,643,562
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ 397,570	\$ 1,818,819	\$ -	\$ -	\$ -	\$ -	\$ 1,646,015
1.3	MLR numerator (Line 1.2)	\$ 397,570	\$ 1,818,819	\$ -	\$ -	\$ -	\$ -	\$ 1,646,015
2.	Medical Loss Ratio Denominator							
2.1	Premium earned (Part 1 Line 1.1)	\$ 712,568	\$ 3,502,584	\$ 0	\$ -	\$ -	\$ 0	\$ 1,944,342
2.2	Federal and State taxes and licensing or regulatory fees ( Part 1 Line 3.4)	\$ 13,327	\$ 523,556	\$ 1,187	\$ -	\$ -	\$ 1,187	\$ 8,170
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ 699,241	\$ 2,979,028	\$ (1,187)	\$ -	\$ -	\$ (1,187)	\$ 1,936,173
3.	3.1 Life-years (Part 1 Line 5.3)	1,587	8,021	\$ -	\$ -	0	0	\$ 4,504
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		61.1%				Not Required to Calculate	

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Department of Managed Health Care/Department of Insurance  
 Medical Loss Ratio Reporting Form: Dental Coverage  
 Part 4 - MLR Calculation

Health Plan ID  
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 2017

<b>Large Group</b>

<b>Part 4</b>				
<b>NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.</b>				
		PY1	CY	Total
		22	23	24
1.	Medical Loss Ratio Numerator			
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)	\$ 694,170		
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ 697,375	\$ 49,475	\$ 2,392,865
1.3	MLR numerator (Line 1.2)	\$ 697,375	\$ 49,475	\$ 2,392,865
2.	Medical Loss Ratio Denominator			
2.1	Premium earned (Part 1 Line 1.1)	\$ 805,162	\$ 65,218	\$ 2,814,723
2.2	Federal and State taxes and licensing or regulatory fees ( Part 1 Line 3.4)	\$ 69,663	\$ (138)	\$ 77,694
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ 735,499	\$ 65,356	\$ 2,737,028
3.	3.1 Life-years (Part 1 Line 5.3)	\$ 1,587	134	6,224
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			87.4%

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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

0

Legal Name

Connecticut General Life Insurance Company

dBA

0

MLR Reporting Year

2017

# 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	
Cigna Health and Life Insurance Company	various	

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

**Health Plan ID**

0

**Legal Name**

Connecticut General Life Insurance Company

**dBA**

0

**MLR Reporting Year**

2017

## 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.

Timothy S. Sheridan  
Chief Executive Officer/President

Kathleen M. O'Neil  
Chief Financial Officer