

**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	
3. Legal Name	Unimerica Insurance Company
4. DBA	Unimerica Life Insurance Compan
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.

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

Health Plan ID _____
 Legal Name _____
 Unimerica Insurance Company
 dBA _____
 Unimerica Life Insurance Company
 MLR Reporting Year _____
 2017

Federal Tax Exempt
 No

Part 1

		Health Insurance Coverage							
		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
Part 1									
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.									
1.	Premium								
1.1	Total direct premium earned	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2.	Claims								
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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								
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4.	Non-Claims Costs								
4.1	Direct sales salaries and benefits								
4.2	Agents and brokers fees and commissions								
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
5.	Other Indicators or information								
5.1	Number of covered lives								
5.2	Member months								
5.3	Number of life-years	-	-	-	-	-	-	-	-
		Grand Total as of 12/31/2017 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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Department of Managed Health Care/Department of Insurance
 Medical Loss Ratio Reporting Form: Dental Coverage
 Part 1 - Summary of Data

Health Plan ID

Legal Name

Unimerica Insurance Company

dba

Unimerica Life Insurance Company

MLR Reporting Year

2017

Part 1		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
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.					
1.	Premium				
1.1	Total direct premium earned	\$ 3,289,352	\$ 3,286,943	\$ 1,409,722	\$ 1,408,690
2.	Claims				
2.1	Total incurred claims (MLR Form Part 2, Line 2.11)	\$ 2,438,569	\$ 2,454,276	\$ 1,045,101	\$ 1,051,833
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	\$ 210,470	\$ 210,470	\$ 90,201	\$ 90,201
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	\$ (62,768)	\$ (62,768)	\$ (26,900)	\$ (26,900)
3.2 b	State premium taxes	\$ (39,370)	\$ (39,370)	\$ (16,873)	\$ (16,873)
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	\$ 108,332	\$ 108,332	\$ 46,428	\$ 46,428
4.	Non-Claims Costs				
4.1	Direct sales salaries and benefits	\$ 25,756	\$ 25,756	\$ 11,038	\$ 11,038
4.2	Agents and brokers fees and commissions				
4.3	Other taxes				
4.3a	Taxes and assessments (exclude amounts reported in Section 3 or Line 10)	\$ 6,308	\$ 6,308	\$ 2,703	\$ 2,703
4.3b	Fines and penalties of regulatory authorities (exclude amounts reported in Line 3.3)				
4.4	Other general and administrative expenses	\$ 309,973	\$ 309,973	\$ 132,846	\$ 132,846
4.5	Total non-claims costs	\$ 342,037	\$ 342,037	\$ 146,587	\$ 146,587
5.	Other Indicators or information				
5.1	Number of covered lives	7,755	7,755	3,324	3,324
5.2	Member months	98,735	98,735	42,315	42,315
5.3	Number of life-years	8,228	8,228	3,526	3,526
6.	Net investment income and other gain / (loss)				
7.	Other Federal income taxes (exclude taxes on Line 3.1a and 3.1b)				

Cell Keys:

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Health Plan ID _____
 Legal Name _____
 Unimerica Insurance Company _____
 dBA _____
 Unimerica Life Insurance Company _____
 MLR Reporting Year _____
 2017 _____

Part 2

		Health Insurance Coverage						Health Insurance Coverage		
		DHMO Products						DPPO & Indemnity		
		Individual		Small Group		Large Group		Individual		Small 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	Total as of 12/31/2017	Total as of 3/31/2018	Total as of 12/31/2017
		1	2	3	4	5	6	7	8	9
Part 2		NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.								
1.	Premium:									
	1.1 Direct premium written									\$ 3,289,352
	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									\$ 2,474,693
	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									\$ 194,400
	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									\$ 230,524
	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,438,569

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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 _____
 Legal Name _____
 Unimerica Insurance Company _____
 dBA _____
 Unimerica Life Insurance Company _____
 MLR Reporting Year _____
 2017 _____

		Dental Coverage		
		Individual Products		
		Group	Large Group	
		Total as of 3/31/2018	Total as of 12/31/2017	Total as of 3/31/2018
		10	11	12
Part 2				
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.				
1.	Premium:			
1.1	Direct premium written	\$ 3,286,943	\$ 1,409,722	\$ 1,408,690
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		\$ 1,060,583	
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	\$ 2,422,685		\$ 1,038,294
2.2	Direct claim liability			
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date		\$ 83,314	
2.2b	Liability for claims incurred only during the MLR reporting year, calculated as of 3/31 of the following year	\$ 31,591		\$ 13,539
2.3	Direct claim liability prior year		\$ 98,796	
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	\$ 2,454,276	\$ 1,045,101	\$ 1,051,833

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Part 3

Description of Expense Element by Type	MLR	Detailed Description of Expense Allocation Methods
1	2	3
1. Incurred Claims		
Paid Claims - Adjusted claim activity for fee for service claims from source system.		Transactions are allocated to legal entity, state, product, and group size (where applicable) directly from policy/member information obtained during case escalation.
Change in IBNR - Incurred but not reported claim activity (IBNR) for service claims not yet adjudicated for current and prior periods.		Reserves for IBNR are developed using historical fee for service claims development triangles at a legal entity, state, product, and group size (where applicable) level.
Capitation - Payments to dental care providers and clinical risk bearing entities (as defined in HHS Guidance) for patient services.		Capitation payments recorded to legal entity, state, product, and group size based on actual membership (group) within these aggregations who have access to those services.
Provider Settlements - Provider settlement cost for specifically known and identified in-network and out-of-network provider settlements payable/reserve due to extra-contractual negotiated settlements, fee schedule errors, contracts with disputed calculations, etc.		Settlement expense is allocated to legal entity, state, product, and group size in the following manner: Paid and known payables are based on membership, while the IBNR component is allocated based on paid claims, or there is a direct charge and no allocation is required.
State Assessments		Assessment is calculated and allocated to the legal entity, state, product, and group size for which the assessment applies. Allocation based on legal entity, state, product, and group size membership or fee for service claim experience, depending on assessment type.
2. Federal and State Taxes and Licensing or Regulatory Fees		
2.a Federal taxes and assessments		
Federal Income Tax		Federal income tax, excluding tax on investment income and the MLR rebate, is allocated across each state and column (line of business) based on the respective portion of pre-tax income or loss to the issuer's total pre-tax income or loss.
Other Federal Taxes (other than income tax) and assessments deductible from premium		These taxes are booked to the legal entity or are included in the management fees paid to the contract company. They are allocated within the legal entity to the various states and columns based on membership, revenue, or largest financial cross section depending on the legal entity.
2.b State insurance, premium and other taxes		
State income, excise, business, and other taxes		State income tax (where applicable), excluding tax on the MLR rebate, is allocated first to states that impose income tax and then to the columns (lines of business) based on the respective portion of pre-tax income or loss to the issuer's total pre-tax income or loss in that state.
State premium taxes		Premium tax (where applicable), excluding premium tax on the MLR rebate, is calculated based on member ship and reconfigured to be reported based on employer state.
2.c Community benefit expenditures		
Community Benefit Expenditures		Not applicable.
2.d Regulatory authority licenses and fees		
Regulatory authority licenses and fees		Regulatory authority licenses and fees are direct charges incurred by the legal entity from various regulatory agencies. These expenses are recorded to the legal entity charged and then allocated within the legal entity to the various states and columns based on membership, revenue, or largest financial aggregation depending on the legal entity.
3. Non-Claims costs		
3.a Direct sales salaries and benefits		
Direct sales salaries and benefits		Direct sales salaries and benefits are part of the management fees paid to the contract company. Direct sales salaries and benefits were allocated to each state and column through multiple drivers which include programs, employees, revenue, selling, general, and administrative expenses, and membership.
3.b Agents and brokers fees and commissions		
Agents and brokers fees and commissions		Agents and brokers fees and commissions expenses are booked at the various states and columns based on policy level information and/or membership.
3.c Other taxes		
Other Taxes		Other taxes are direct charges incurred by the legal entity. These expenses are booked to the legal entity charged and then allocated within the legal entity to the various states and columns based on membership, revenue, or largest financial aggregation depending on the legal entity.
3.d Other general and administrative expenses		
Other general and administrative expenses		Other general and administrative expenses are part of vendor services paid either to the regulated entities contract company, UnitedHealth Group Incorporated (UnitedHealth Group) affiliates or non-affiliated external vendors. Management fee other general and administrative expenses were allocated to each state and column through multiple drivers which include claims volume, call volume, program employees, revenue, medical expense, selling, general, and administrative expenses, and membership. Any general and administrative expenses provided through direct arrangements with UnitedHealth Group affiliates or non-affiliates are based on the vendor provided percentage of overall spending purchased by this entity for each state and line of business.

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Health Plan ID

Legal Name
 Unimerica Insurance Company
dBA
 Unimerica Life Insurance Company
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
Part 4 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.								
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

Legal Name
 Unimerica Insurance Company
dBA
 Unimerica Life Insurance Company
MLR Reporting Year
 2017

		Large Group					Inc	
		Total	PY2	PY1	CY	Total	PY2	PY1
		8	9	10	11	12	13	14
Part 4								
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.								
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					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

Legal Name
 Unimerica Insurance Company
dba
 Unimerica Life Insurance Company
MLR Reporting Year
 2017

		Health Insurance Coverage						
		DPPO & Indemnity Products						
		Individual		Small Group				
		CY	Total	PY2	PY1	CY	Total	PY2
		15	16	17	18	19	20	21
Part 4								
NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.								
1.	Medical Loss Ratio Numerator							
1.1	Adjusted incurred claims as reported on MLR Form for prior year(s)			\$ 2,114,984	\$ 2,710,465			\$ 1,730,442
1.2	Adjusted incurred claims as of 3/31 of the year following the MLR reporting year (Part 1 Line 2.1)	\$ -	\$ -	\$ 2,114,984	\$ 2,710,465	\$ 2,454,276	\$ 7,279,725	\$ 1,730,442
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ 2,114,984	\$ 2,710,465	\$ 2,454,276	\$ 7,279,725	\$ 1,730,442
2.	Medical Loss Ratio Denominator							
2.1	Premium earned (Part 1 Line 1.1)	\$ -	\$ -	\$ 3,068,352	\$ 3,651,845	\$ 3,286,943	\$ 10,007,140	\$ 2,510,470
2.2	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ -	\$ -	\$ 324,044	\$ 372,294	\$ 108,332	\$ 804,670	\$ 265,127
2.3	MLR Denominator (Line 2.1 - Line 2.2)	\$ -	\$ -	\$ 2,744,308	\$ 3,279,551	\$ 3,178,611	\$ 9,202,469	\$ 2,245,343
3.	3.1 Life-years (Part 1 Line 5.3)	0	0	6,669	8,989	8,228	23,886	5,457
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				79.1%

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

Health Plan ID

Legal Name

Unimerica Insurance Company

DBA

Unimerica Life Insurance Company

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.


Chief Executive Officer/President

Chief Financial Officer

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

Health Plan ID

Legal Name

Unimerica Insurance Company

dba

Unimerica Life Insurance Company

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.

Chief Executive Officer/President



Chief Financial Officer