

**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>3. Legal Name</b>	<b>American National Life Insurance</b>
<b>4. DBA</b>	<b>American National Life Insurance</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: 0  
 Local Name: American National Life Insurance Company of Texas  
 dBA: American National Life Insurance Company of Texas  
 MLR Reporting Year: 2015

# 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 12/31/15		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									\$ 825,545	\$ 825,545				
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									\$ 486,884	\$ 486,884				
2.1b	Claims incurred only during the MLR reporting year, paid through 3/31 of the following year									\$ 409,258	\$ 409,258				
2.2	Direct claim liability:														
2.2a	Liability as of 12/31 of MLR reporting year for all claims regardless of incurred date									\$ 120,078	\$ 120,078				
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									\$ 164,595	\$ 164,595				
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 442,367	\$ 409,258	\$ -	\$ -		

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

Health Plan ID  
 0  
 Local Name  
 American National Life Insurance Company of Texas  
 dBA  
 American National Life Insurance Company of Texas  
 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>		
Claim Liability		Allocated based on paid claims and/or earned premium
Paid Claims		Not Allocated
<b>2. Federal and State Taxes and Licensing or Regulatory Fees</b>		
2.a Federal taxes and assessments		
Federal Taxes and Assessments		Allocated by state and spread to columns using direct premium earned
2.b State insurance, premium and other taxes		
State insurance, premium and other taxes		Allocated by state and spread to columns using direct premium earned
2.c Community benefit expenditures		
N/A		N/A
2.d Regulatory authority licenses and fees		
Regulatory Authority licenses and fees		Allocated by state and spread to columns using direct premium earned
<b>3. Non-Claims costs</b>		
3.a Direct sales salaries and benefits		
N/A		N/A
3.b Agents and brokers fees and commissions		
Commissions and fees		Not Allocated
3.c Other taxes		
Federal Income Taxes		Allocated by underwriting gain/loss plus net investment income
3.d Other general and administrative expenses		
Other general/admin expenses		Allocated by direct earned premium

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Health Plan ID  
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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 - Health Plan Products												Health Insurance Coverage - Health Plan 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 2.3)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
3.1	Life-years (Part 1 Line 5.3)		0	0	0		0	0	0		0	0	0		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  
Medical Loss Ratio Reporting Form: Dental Coverage  
Attestation**

**Health Plan ID**

0

**Legal Name**

**American National Life Insurance Company of Texas  
dBA**

**American National Life Insurance Company of Texas**

**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.

Chief Executive Officer/President

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