

**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>Dearborn National Life Insurance</b>
<b>4. DBA</b>	<b>Health Insurer</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  
 Descom National Life Insurance Company  
 DBA  
 Health Insurer  
 MLR Reporting Year  
 2015

# 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)		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ 852,479	\$ 435,477	\$ 1,192,262		\$ 434,694	\$ 376,966	\$ 257,495	\$ 634,460		\$ 376,966	\$ 257,495	\$ 634,460		\$ 376,966	\$ 257,495	\$ 634,460
1.3	MLR numerator (Line 1.2)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 756,785	\$ 435,477	\$ 1,192,262	\$ 376,966	\$ 257,495	\$ 634,460	\$ 376,966	\$ 257,495	\$ 634,460	\$ 376,966	\$ 257,495	\$ 634,460					
2.1	Medical Loss Ratio Denominator		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ -	\$ -	\$ -		\$ 1,076,466	\$ 709,389	\$ 1,745,755		\$ 377,311	\$ 357,313	\$ 734,643		\$ 377,311	\$ 357,313	\$ 734,643					
2.2	Premium earned (Part 1 Line 1.1)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,322	\$ 16,668	\$ 40,690	\$ 8,914	\$ 8,387	\$ 17,311	\$ 8,914	\$ 8,387	\$ 17,311	\$ 8,914	\$ 8,387	\$ 17,311					
2.3	Federal and State taxes and licensing or regulatory fees (Part 1 Line 3.4)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,012,144	\$ 692,621	\$ 1,704,765	\$ 368,417	\$ 348,916	\$ 717,332	\$ 368,417	\$ 348,916	\$ 717,332	\$ 368,417	\$ 348,916	\$ 717,332					
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	366	643	1,689	651	301	864	651	301	864	651	301	864					
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)	Not Required to Calculate				Not Required to Calculate				Not Required to Calculate				Not Required to Calculate				69.34%				Not Required to Calculate												

Cell Keys:  
 Blank cells require input from Health plan or Health Insurer  
 Grey cells require no data input  
 Pink cells require no data input - locked down  
 Blue cells: computed cell (formula cell)

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

Dearborn National Life Insurance Company

dBA

Health Insurer

MLR Reporting Year

2015

# 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**

0

**Legal Name**

Dearborn National Life Insurance Company

dBA

**Health Insurer**

**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