

**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 | Securian Life Insurance Company |
| 4. DBA | |
| 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
 Local Name
 Sicothan Life Insurance Company
 dBA
 0
 MLR Reporting Year
 2014

Part 2

| Part 2 NOTE: REFER TO MLR INSTRUCTIONS FOR IMPORTANT INFORMATION ABOUT | | Health Insurance Coverage Dental Products | | | | | | Health Insurance Coverage Dental 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 | | |
| 1.1 | Direct premium written | | | | | | | | \$ 514,081 | \$ 514,081 | | | |
| 1.2 | Unearned premium prior year | | | | | | | \$ 5,998 | \$ 5,998 | | | | |
| 1.3 | Unearned premium MLR Reporting year | | | | | | | | | | | | |
| 1.4 | Premium balances written off | | | | | | | | | | | | |
| 2 | Claims: | | | | | | | | | | | | |
| 2.1 | Claims Paid | | | | | | | \$ 306,114 | \$ 286,682 | | | | |
| 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 | | | | | | | \$ 19,000 | \$ 6,973 | | | | |
| 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 | | | | | | | \$ 31,000 | | | | | |
| 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 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 294,114 | \$ 293,660 | \$ - | \$ - | | |

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

Health Plan ID _____
 Local Name _____
 Security Life Insurance Company _____
 DBA _____
 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 SP-PLP 2. Regulatory Products | | | | | | | | | | | | Health Insurance Coverage SP-PLP 2. Regulatory 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 |
| 1.1 | 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 | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 | 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) | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | | |
| 3.1 | 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 | | |
| 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

Securian Life Insurance Company

dBA

0

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 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.

The foregoing attestation is hereby modified by deleting the term "health plan" wherever it appears and substituting the word "insurer" in its place.

Chief Executive Officer/President

Chief Financial Officer