



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

MANAGED DENTALGUARD INC

NAIC Group Code	0429 (Current)	NAIC Company Code	14142	Employer's ID Number	27-4326698
Organized under the Laws of	Ohio	State of Domicile or Port of Entry			Ohio
Country of Domicile	US				
Licensed as business type:	Dental Service Corporation				
Is HMO Federally Qualified? Yes [] No [X]					
Incorporated/Organized	08/09/2010		Commenced Business	10/18/2011	
Statutory Home Office	6480 Rockside Woods Boulevard South, Suite 220 (Street and Number)			Cleveland, OH 44131 (City or Town, State and Zip Code)	
Main Administrative Office	7 Hanover Square (Street and Number)				
	New York, NY 10004 (City or Town, State and Zip Code)			(Area Code) (Telephone Number)	
Mail Address	7 Hanover Square (Street and Number or P.O. Box)			New York, NY 10004 (City or Town, State and Zip Code)	
Primary Location of Books and Records	7 Hanover Square (Street and Number)				
	New York, NY 10004 (City or Town, State and Zip Code)			(Area Code) (Telephone Number)	
Internet Website Address	www.Guardianlife.com				
Statutory Statement Contact	Jennifer Althaus (Name)			818-596-5815 (Area Code) (Telephone Number)	
	Jennifer_Althaus@glic.com (E-mail Address)			818-596-5867 (FAX Number)	
OFFICERS					
President, CEO & COO	Richard A Goren #	Treasurer			Walter R Skinner #
Secretary	Tracy L Rich #	Vice President & Appointed Actuary			Alexander M Kogan #
OTHER					
Jermaine D Jones # Controller	Faith M Drennan # Assistant Secretary				Stuart J Shaw # Vice President
DIRECTORS OR TRUSTEES					
Richard A Goren #	Jeffrey M Kolesar #				Thomas McInteer #
Raymond J Marra #					

State of California
County of Los Angeles SS:

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Richard A Goren
President, CEO & COO

Jermaine D Jones
Controller

Subscribed and sworn to before me this
20 day of January 2012

a. Is this an original filing? Yes [X] No []
 b. If no,
 1. State the amendment number.....
 2. Date filed.....
 3. Number of pages attached.....

Alberta F. Yee
Notary Public
July 31, 2015

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	255,758		255,758	
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	
4.2 Properties held for the production of income (less \$ encumbrances)			0	
4.3 Properties held for sale (less \$ encumbrances)			0	
5. Cash (\$ 44,014 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$, Schedule DA)	44,014		44,014	
6. Contract loans, (including \$ premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	299,773	0	299,773	0
13. Title plants less \$ charged off (for Title insurers only)			0	
14. Investment income due and accrued	333		333	
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	
18.2 Net deferred tax asset			0	
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets (\$)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates			0	
24. Health care (\$) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	300,106	0	300,106	0
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	300,106	0	300,106	0
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)				.0
2. Accrued medical incentive pool and bonus amounts				.0
3. Unpaid claims adjustment expenses				.0
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act				.0
5. Aggregate life policy reserves				.0
6. Property/casualty unearned premium reserves				.0
7. Aggregate health claim reserves				.0
8. Premiums received in advance				.0
9. General expenses due or accrued				.0
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			37	37
10.2 Net deferred tax liability				.0
11. Ceded reinsurance premiums payable				.0
12. Amounts withheld or retained for the account of others				.0
13. Remittance and items not allocated				.0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				.0
15. Amounts due to parent, subsidiaries and affiliates				.0
16. Derivatives				.0
17. Payable for securities				.0
18. Payable for securities lending				.0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$0 unauthorized reinsurers)				.0
20. Reinsurance in unauthorized companies				.0
21. Net adjustments in assets and liabilities due to foreign exchange rates				.0
22. Liability for amounts held under uninsured plans				.0
23. Aggregate write-ins for other liabilities (including \$ current)	0	0		0
24. Total liabilities (Lines 1 to 23)	0	37		37
25. Aggregate write-ins for special surplus funds	XXX	XXX		0
26. Common capital stock	XXX	XXX		10
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX		299,990
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		0
31. Unassigned funds (surplus)	XXX	XXX		69
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX		300,069
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX		300,106
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0		0
2309. Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	0	0		0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX		0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX		0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....		
2. Net premium income (including \$ non-health premium income).....	XXX.....		
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....		
4. Fee-for-service (net of \$ medical expenses).....	XXX.....		
5. Risk revenue.....	XXX.....		
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	0	0
Hospital and Medical:			
9. Hospital/medical benefits.....			
10. Other professional services.....			
11. Outside referrals.....			
12. Emergency room and out-of-area.....			
13. Prescription drugs.....			
14. Aggregate write-ins for other hospital and medical.....	0	0	0
15. Incentive pool, withhold adjustments, and bonus amounts.....			
16. Subtotal (Lines 9 to 15).....	0	0	0
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....	0	0	0
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ cost containment expenses.....		0	
21. General administrative expenses.....			
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	
23. Total underwriting deductions (Lines 18 through 22).....	0	0	0
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	0	0
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		106	
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26).....	0	106	0
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....			
29. Aggregate write-ins for other income or expenses.....	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	106	0
31. Federal and foreign income taxes incurred.....	XXX.....	37	
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	69	0
DETAILS OF WRITE-INS			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401.....			
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	0	0
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	0	
34. Net income or (loss) from Line 32	69	
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax		
39. Change in nonadmitted assets		
40. Change in unauthorized reinsurance	0	
41. Change in treasury stock	0	
42. Change in surplus notes	0	
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	10	
44.2 Transferred from surplus (Stock Dividend).....	0	
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	299,990	
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital		
46. Dividends to stockholders		
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	300,069	0
49. Capital and surplus end of reporting period (Line 33 plus 48)	300,069	0
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	0	
2. Net investment income	(188)	
3. Miscellaneous income	0	
4. Total (Lines 1 through 3)	(188)	0
5. Benefit and loss related payments	0	
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	0	
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	
10. Total (Lines 5 through 9)	0	0
11. Net cash from operations (Line 4 minus Line 10)	(188)	0
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	
12.2 Stocks	0	
12.3 Mortgage loans	0	
12.4 Real estate	0	
12.5 Other invested assets	0	
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	
12.7 Miscellaneous proceeds	0	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	255,797	
13.2 Stocks	0	
13.3 Mortgage loans	0	
13.4 Real estate	0	
13.5 Other invested assets	0	
13.6 Miscellaneous applications	0	
13.7 Total investments acquired (Lines 13.1 to 13.6)	255,797	0
14. Net increase (decrease) in contract loans and premium notes	0	
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(255,797)	0
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	
16.2 Capital and paid in surplus, less treasury stock	300,000	
16.3 Borrowed funds	0	
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	
16.5 Dividends to stockholders	0	
16.6 Other cash provided (applied)	0	
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	300,000	0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	44,015	0
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	0	
19.2 End of year (Line 18 plus Line 19.1)	44,015	0

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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Analysis of Operations by Lines of Business
N O N E

Underwriting and Investment Exhibit - Part 1 - Premiums
N O N E

Underwriting and Investment Exhibit - Part 2 - Claims Incurred
N O N E

Underwriting and Investment Exhibit - Part 2A - Claims Liability
N O N E

Underwriting and Investment Exhibit - Part 2B - Analysis of Claims
N O N E

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior	0	0	0	0	0
2. 2007	0	0	0	0	0
3. 2008	XXX	0	0	0	0
4. 2009	XXX	XXX	0	0	0
5. 2010	XXX	XXX	XXX	0	0
6. 2011	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior	0	0	0	0	0
2. 2007	0	0	0	0	0
3. 2008	XXX	0	0	0	0
4. 2009	XXX	XXX	0	0	0
5. 2010	XXX	XXX	XXX	0	0
6. 2011	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2007	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2008	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2009	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0

Underwriting and Investment Exhibit - Part 2D - Reserve for A&H Contracts
N O N E

Part 3 - Expenses
N O N E

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	106
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e)	
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income0	0
10. Total gross investment income	(227)	106
11. Investment expenses	(g)	0
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	0
13. Interest expense	(h)	
14. Depreciation on real estate and other invested assets	(i)	
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		106
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

(a) Includes \$ accrual of discount less \$ 39 amortization of premium and less \$ 189 paid for accrued interest on purchases.

(b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.

(c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.

(g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ interest on surplus notes and \$ interest on capital notes.

(i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds					
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)					
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

NONE

Exhibit of Nonadmitted Assets
N O N E

Exhibit 1 - Enrollment by Product Type for Health Business Only
N O N E

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies
 A. Accounting Practices

Basis of Presentation

The accompanying statutory basis financial statements have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (“ODI”). ODI adopted National Association of Insurance Commissioners’ (“NAIC”) “Accounting Practices and Procedures Manual” (“NAIC SAP”) as the basis of its statutory accounting practices. Prescribed statutory accounting practices include state laws, regulations and general administrative rules, as well as a variety of publications of the NAIC. There are no differences between the company’s capital, surplus and net income (loss) calculated in accordance with ODI and NAIC SAP for the year ended December 31, 2011.

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in accordance with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses for each reporting period. Actual results could differ from those estimates.

C. Accounting Policy

Dental premiums are earned ratably over the terms of the related insurance policies.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. The Company's investments in fixed maturity securities are valued using prices provided by third party pricing vendors. The pricing vendors determine the prices using market inputs, including benchmark yields, reported trades, broker-dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and reference data. Bonds are stated at amortized cost using the interest method.
3. None
4. None
5. None
6. None
7. None
8. None
9. Not Applicable
10. Not Applicable
11. The estimate for incurred but not reported dental claims is based on actuarial projections of costs using historical claims paid data. Estimates are continually monitored and reviewed and, as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent nature of such estimates, the actual liability could differ significantly from the amounts provided. Actual future experience will generally differ from assumptions used to determine claim liabilities.
12. Not Applicable
13. Not Applicable

2. Accounting Changes and Corrections of Errors
 None
3. Business Combinations and Goodwill
 Not Applicable
4. Discontinued Operations
 Not Applicable
5. Investments
 None for all categories
6. Joint Ventures, Partnerships and Limited Liability Companies
 None
7. Investment Income
 Net Investment Income, including accrual of discount and amortization of premium, arose from the following sources for the year ended December 31:

	2011	2010
Bonds	\$ 106	
Cash and short term investments	<hr/>	<hr/>
Gross investment income	106	0
Less: investment expenses	<hr/>	-
Net investment income	<hr/>	0

NOTES TO FINANCIAL STATEMENTS

8. Derivative Instruments
None

9. Income Taxes
A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs)
Not Applicable

B. Unrecognized DTLs
Not Applicable

C. Current Tax and Change in Deferred Tax

Current income taxes incurred consist of the following major components:

<i>Description</i>	<u>12/31/2011</u>	<u>12/31/2010</u>
Current income tax expense	37	-
Prior year underaccrual / (overaccrual)	-	-
Contingent Tax	-	-
Other	-	-
Current Operations Income Taxes	<u>37</u>	<u>-</u>
Current Capital Gains Income Tax expense	-	-
Prior year underaccrual / (overaccrual)	-	-
Current Capital Gains Income Tax	-	-
Total Current Income Taxes	<u>37</u>	<u>-</u>

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes. The significant book to tax adjustments causing this difference were the following:

Description	<u>12/31/2011</u>	<u>Effective Tax Rate</u>
Provision calculated at statutory rate	\$ 37	35.00%
Fines and Penalties		0.00%
Other, net	\$ -	0.00%
Subtotal	<u>\$ 37</u>	<u>35.00%</u>
Return to provision	\$ -	0.00%
Total	<u><u>\$ 37</u></u>	<u><u>35.00%</u></u>
Total Current Income Taxes	\$ 37	35.00%
Change in net deferred income taxes expense/(benefit)	\$ -	0.00%
Total Statutory income taxes	<u><u>\$ 37</u></u>	<u><u>35.00%</u></u>

NOTES TO FINANCIAL STATEMENTS

E. Operating Loss and Tax Credit Carryforwards

(1) The Company did not have any unused operating loss carryforwards to offset against future taxable income.
(2) The Company did not have any unused capital loss carryforwards to offset against capital gains.
(3) The following are income taxes incurred in the current and prior years that are available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2011	\$ 37	0	\$ 37
2010	\$ -	0	\$ -
2009	\$ -	0	\$ -
	\$ 37	\$ -	\$ 37

F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with the following entities:

- Guardian Life Insurance Company of America
- Guardian Insurance & Annuity Company, Inc. and its subsidiaries
- Park Avenue Life Insurance
- Sentinel American Life Insurance
- Family Service Life Insurance Company
- Managed Dental Care of California
- Managed DentalGuard of New Jersey
- Managed DentalGuard of Texas
- Innovative Underwriters Inc.
- Guardian Trust Company
- Berkshire Life Insurance Company of America
- First Commonwealth Inc and its subsidiaries
- American Financial Systems, Inc.

(1) The Company is included in a consolidated federal income tax return with its ultimate parent company, The Guardian. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes.

(2) The Internal Revenue Code limits the amount of non-life insurance losses that may offset life insurance company taxable income. The consolidated income tax liability is allocated among the members of the group pursuant to a tax allocation agreement. In accordance with the tax allocation agreement, each qualifying member of the group computes its tax provision and liability on a separate return basis, but may, where applicable, recognize benefits of net operating losses and capital losses utilized in the consolidated group. Subsidiary tax liabilities/benefits are settled subsequent to the filing of the federal income tax return.

G. Other Information

The availability of Tax -planning strategies resulted in an increase of the Company's adjusted gross DTA and net admitted deferred tax assets by approximately 0% for tax purposes.

10. Information Concerning Parent, Subsidiaries and Affiliates

The Company is a wholly owned subsidiary of First Commonwealth, Inc. (FCW). FCW is a wholly owned subsidiary of The Guardian Life Insurance Company of America (Guardian), therefore by the law of transitive relations, the Company is a wholly owned subsidiary of its ultimate Parent – Guardian.

Management Service Agreement

The Company has entered into a management services agreement with the ultimate Parent. Under this agreement, the Parent performs billing and accounting, claims administration, facilities and personnel, financial, information systems, marketing, member services, underwriting and actuarial and product design and development services for the Company. This agreement may be terminated upon either party giving sixty days written notice.

At December 31, 2011 the Parent had obligations to the Company in the amount of \$0.

At December 31, 2011, the Company had obligations to the Parent in the amount of \$0.

NOTES TO FINANCIAL STATEMENTS

11. Debt

A. Capital Notes
None

B. All Other Debt
None

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions

Common stock, \$1 par value; 10 shares authorized, 10 shares issued and outstanding, as of December 31, 2011.

The State of Ohio statutes and related regulations of the Ohio Department of Insurance require the Company to maintain a minimum net worth of \$250,000. The State of Ohio also requires that the Company maintain a \$75,000 statutory deposit.

As of December 31, 2011 the Company had no plans to declare a dividend. At December 31, 2011 the Company was in compliance with the applicable capital and surplus requirements.

The company has not issued any surplus notes.

14. Contingencies

None for all categories

15. Leases

Not Applicable

16. Information About Financial Instruments

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None for all categories

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None for all categories

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

Not Applicable

21. Other Items

None

22. Events Subsequent

None

23. Reinsurance

None for all categories

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Claims and Claim Adjustment Expenses

None

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

Managed DentalGuard OH Annual 2011
GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
 GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [] No []

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [] No [] N/A []

1.3 State Regulating? New York

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No []

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. _____

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. _____

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). _____

3.4 By what department or departments?
 Ohio Department of Insurance _____

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A []

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A []

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No []
 4.12 renewals? Yes [] No []

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No []
 4.22 renewals? Yes [] No []

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No []

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No []

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No []

7.2 If yes,
 7.21 State the percentage of foreign control; 0.0 %
 7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

Managed DentalGuard OH Annual 2011
GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []
 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
Guardian Investor Services, LLC	New York, NY	NO.....	NO.....	NO.....	NO.....	YES.....
Park Avenue Securities, LLC	New York, NY	NO.....	NO.....	NO.....	NO.....	YES.....
RS Investment Management Co. LLC	San Francisco, CA	NO.....	NO.....	NO.....	NO.....	YES.....
Guardian Baillie Gifford Limited	Edinburgh, Scotland	NO.....	NO.....	NO.....	NO.....	YES.....

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:
 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:
 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain:
 11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved 0
 12.13 Total book/adjusted carrying value \$ 0
 12.2 If, yes provide explanation:
 13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No [] N/A [X]
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.
 14.11 If the response to 14.1 is No, please explain:
 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
 The code has been updated and clarified to make it consistent with other corporate policy and procedures.
 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

Managed DentalGuard OH Annual 2011
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance with a NAIC rating of 3 or below? Yes [] No [X]
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
 17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
 18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): 20.11 To directors or other officers \$ 0
 20.12 To stockholders not officers \$ 0
 20.13 Trustees, supreme or grand (Fraternal Only) \$ 0
 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans): 20.21 To directors or other officers \$ 0
 20.22 To stockholders not officers \$ 0
 20.23 Trustees, supreme or grand (Fraternal Only) \$ 0
 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
 21.2 If yes, state the amount thereof at December 31 of the current year: 21.21 Rented from others \$ 0
 21.22 Borrowed from others \$ 0
 21.23 Leased from others \$ 0
 21.24 Other \$ 0
 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
 22.2 If answer is yes: 22.21 Amount paid as losses or risk adjustment \$ 0
 22.22 Amount paid as expenses \$ 0
 22.23 Other amounts paid \$ 0
 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

24.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.3) Yes [X] No []
 24.2 If no, give full and complete information relating thereto
 24.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
 24.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
 24.5 If answer to 24.4 is yes, report amount of collateral for conforming programs. \$ 0
 24.6 If answer to 24.4 is no, report amount of collateral for other programs. \$ 0
 24.7 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
 24.8 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
 24.9 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.3). Yes [] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21	Subject to repurchase agreements	\$ 0
25.22	Subject to reverse repurchase agreements	\$ 0
25.23	Subject to dollar repurchase agreements	\$ 0
25.24	Subject to reverse dollar repurchase agreements	\$ 0
25.25	Pledged as collateral	\$ 0
25.26	Placed under option agreements	\$ 0
25.27	Letter stock or other securities restricted as to sale	\$ 75,269
25.28	On deposit with state or other regulatory body	\$ 0
25.29	Other	\$ 0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No []

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No []

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
J.P. Morgan Chase Bank	4 New York Plaza, New York, NY 10004

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [] No []

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

GENERAL INTERROGATORIES

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	255,758	256,085	327
30.2 Preferred stocks	0	0	0
30.3 Totals	255,758	256,085	327

30.4 Describe the sources or methods utilized in determining the fair values:

The Company's investments in fixed maturity securities are valued using prices provided by third party pricing vendors. The pricing vendors determine the prices using market inputs, including benchmark yields, reported trades, broker-dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and reference data.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any?\$0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only.	\$ 0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ 0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ 0
1.6	Individual policies:	
	Most current three years:	
1.61	Total premium earned	\$ 0
1.62	Total incurred claims	\$ 0
1.63	Number of covered lives	0
	All years prior to most current three years:	
1.64	Total premium earned	\$ 0
1.65	Total incurred claims	\$ 0
1.66	Number of covered lives	0
1.7	Group policies:	
	Most current three years:	
1.71	Total premium earned	\$ 0
1.72	Total incurred claims	\$ 0
1.73	Number of covered lives	0
	All years prior to most current three years:	
1.74	Total premium earned	\$ 0
1.75	Total incurred claims	\$ 0
1.76	Number of covered lives	0
2.	Health Test:	
	1 Current Year	2 Prior Year
2.1	Premium Numerator	0 0
2.2	Premium Denominator	
2.3	Premium Ratio (2.1/2.2)	0.000 0.000
2.4	Reserve Numerator	0 0
2.5	Reserve Denominator	0 0
2.6	Reserve Ratio (2.4/2.5)	0.000 0.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
5.2	If no, explain: The Company has no liabilities great enough to warrant this type of coverage.	
5.3	Maximum retained risk (see instructions)	
	5.31 Comprehensive Medical	\$ 0
	5.32 Medical Only	\$ 0
	5.33 Medicare Supplement	\$ 0
	5.34 Dental & Vision	\$ 0
	5.35 Other Limited Benefit Plan	\$ 0
	5.36 Other	\$ 0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: There is a hold harmless clause in the contract that requires the dentist to complete any work in progress in the event that the Dental Service Corporation ceases operation for any reason.	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
7.2	If no, give details	
8.	Provide the following information regarding participating providers:	
	8.1 Number of providers at start of reporting year	
	8.2 Number of providers at end of reporting year	
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
9.2	If yes, direct premium earned:	
	9.21 Business with rate guarantees between 15-36 months...\$	0
	9.22 Business with rate guarantees over 36 months\$	0

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21	Maximum amount payable bonuses.....	\$ 0
10.22	Amount actually paid for year bonuses.....	\$ 0
10.23	Maximum amount payable withholds.....	\$ 0
10.24	Amount actually paid for year withholds.....	\$ 0

11.1 Is the reporting entity organized as:

11.12	A Medical Group/Staff Model,	Yes [] No [X]
11.13	An Individual Practice Association (IPA), or,	Yes [] No [X]
11.14	A Mixed Model (combination of above)?	Yes [] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such net worth. Ohio

11.4 If yes, show the amount required. \$ 250,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1	Name of Service Area
	Bay Village, Beachwood, Bedford, Bedford Heights, Bentleyville, Berea, Bratenahl, Brecksville, Broadview Heights, Brook Park, Brooklyn, Brooklyn Heights, Chagrin Falls, Cleveland, Cleveland Heights, Cuyahoga Heights, East Cleveland, Edgewater, Euclid, Fairview Park, Garfield Heights, Gates Mills, Highland Heights, Highland Hills, Independence, Lakewood, Lyndhurst, Maple Heights, Mayfield, Mayfield Heights, Mayfield Village, Middleburg Heights, Moreland Hills, Newburgh Heights, North Olmsted, North Randall, North Royalton, Oakwood Village, Olmsted Falls, Parma, Parma Heights, Pepper Pike, Richmond Heights, Rocky River, Seven Hills, Shaker Heights, Solon, South Euclid, Strongsville, University Heights, Valley View, Walton Hills, Warrensville Heights, Westlake, Woodmere, Concord Twp, Eastlake, Fairport Harbor, Grand River, Kirtland, Lakeline, Madison, Mentor, Mentor on the Lake, Painesville, Perry, Timberlake, Waite Hill, Wickliffe, Willoughby, Willoughby Hills, Willowick, Amherst, Avon, Avon Lake, Columbia Station, Elyria, Grafton, Kipton, Lagrange, Lorain, North Ridgeville, Oberlin, Rochester, Sheffield Lake, Sheffield Village, South Amherst, Vermilion, Wellington

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$ 0

FIVE-YEAR HISTORICAL DATA

	1 2011	2 2010	3 2009	4 2008	5 2007
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	300,106				
2. Total liabilities (Page 3, Line 24)	37				
3. Statutory surplus	250,000				
4. Total capital and surplus (Page 3, Line 33)	300,069				
Income Statement (Page 4)					
5. Total revenues (Line 8)	0				
6. Total medical and hospital expenses (Line 18)	0				
7. Claims adjustment expenses (Line 20)	0				
8. Total administrative expenses (Line 21)					
9. Net underwriting gain (loss) (Line 24)	0				
10. Net investment gain (loss) (Line 27)	106				
11. Total other income (Lines 28 plus 29)	0				
12. Net income or (loss) (Line 32)	69				
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(188)				
Risk-Based Capital Analysis					
14. Total adjusted capital	300,069				
15. Authorized control level risk-based capital	443				
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)					
17. Total members months (Column 6, Line 7)					
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	0.0				
20. Cost containment expenses	0.0				
21. Other claims adjustment expenses	0.0				
22. Total underwriting deductions (Line 23)	0.0				
23. Total underwriting gain (loss) (Line 24)	0.0				
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)					
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]					
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0				
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

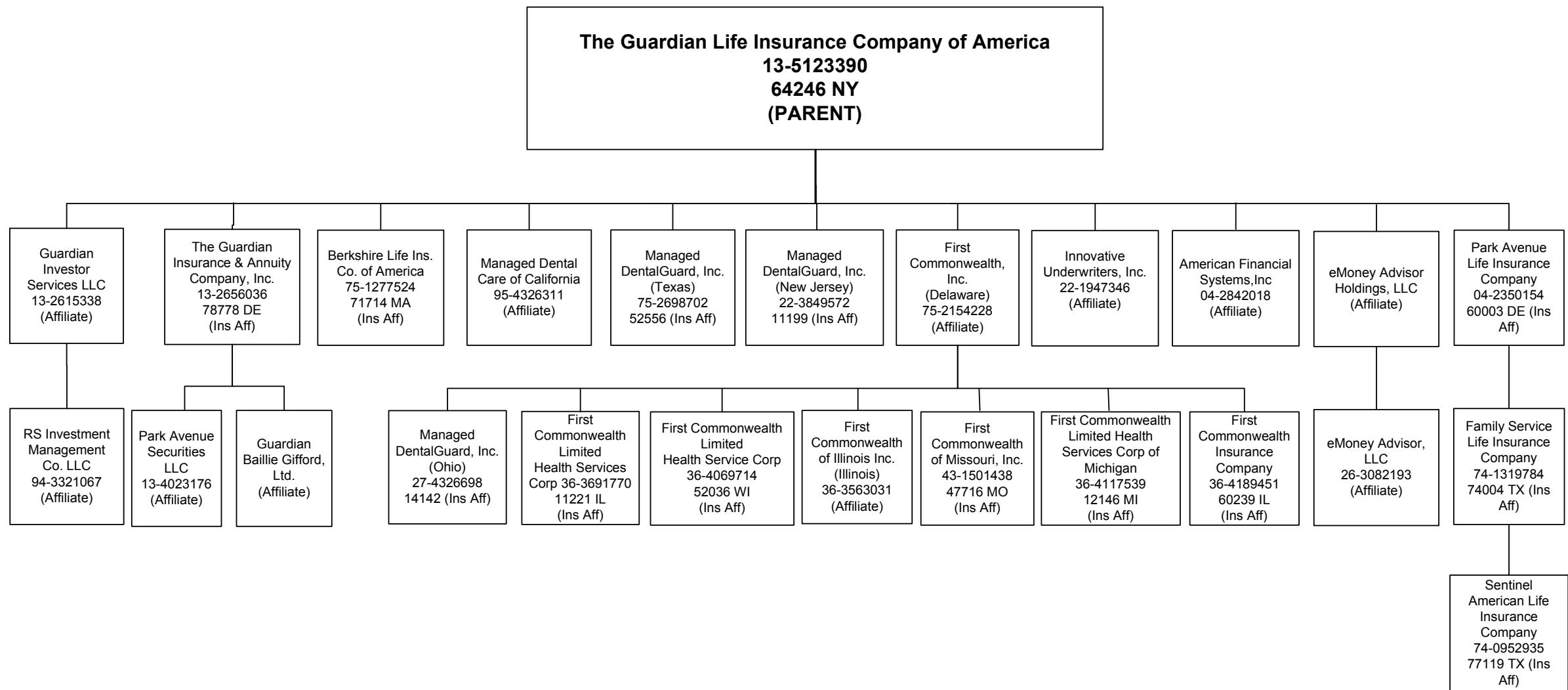
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL								
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN								
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY								
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX								
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CN								
58. Aggregate other alien	OT	XXX							
59. Subtotal		XXX							
60. Reporting entity contributions for Employee Benefit Plans		XXX							
61. Total (Direct Business)	(a)								
DETAILS OF WRITE-INS									
5801.		XXX							
5802.		XXX							
5803.		XXX							
5898. Summary of remaining write-ins for Line 58 from overflow page		XXX							
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)		XXX							

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, premiums by state, etc.

(a) Insert the number of L responses except for Canada and Other Alien.



OVERFLOW PAGE FOR WRITE-INS

NONE

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