



## 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)			
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)			
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)			
<b>OFFICERS</b>					
President, CEO & COO	Richard A Goren #	Treasurer	Walter R Skinner #		
Secretary	Tracy L Rich #	Vice President & Appointed Actuary	Alexander M Kogan #		
<b>OTHER</b>					
Jermaine D Jones # Controller	Faith M Drennan # Assistant Secretary	Stuart J Shaw # Vice President			
<b>DIRECTORS OR TRUSTEES</b>					
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

Exhibit 2 - A&H Premiums Due and Unpaid  
**N O N E**

Exhibit 3 - Health Care Receivables  
**N O N E**

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus  
**N O N E**

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates  
**N O N E**

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates  
**N O N E**

Exhibit 7 - Part 1 - Summary of Transactions with Providers  
**N O N E**

Exhibit 7 - Part 2  
**N O N E**

Exhibit 8 - Furniture and Equipment Owned  
**N O N E**



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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2011				NAIC Company Code		
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....



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## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF	1	Grand Total		DURING THE YEAR				NAIC Company Code		
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year .....											
6. Current Year Member Months .....											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total .....											
10. Hospital Patient Days Incurred .....											
11. Number of Inpatient Admissions .....											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned .....											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services .....											

(a) For health business: number of persons insured under PPO managed care products .....

and number of persons insured under indemnity only products .....

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....

Schedule S - Part 1 - Section 2

**N O N E**

Schedule S - Part 2

**N O N E**

Schedule S - Part 3 - Section 2

**N O N E**

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 6

**N O N E**

**SCHEDULE T - PART 2**  
**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
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					
59. Total .....						

NONE

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	*
0429	Guardian Life Insurance Co. of America	64246	13-5123390	3081309	0000901849		Guardian Life Insurance Co. of America	NY					Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	60003	04-2350154				Park Avenue Life Insurance Company	DE	JA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	74004	74-1319784				Family Service Life Insurance Company	TX	JA	Park Avenue Life Insurance Company	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	77119	74-0952935				Sentinel American Life Insurance Company	TX	JA	Family Service Life Insurance Company	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	78778	13-2656036		0000044393		Guardian Insurance & Annuity Co., Inc.	DE	JA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America		26-3082193				eMoney Advisors, LLC	DE	NIA	eMoney Advisor Holdings, LLC	Ownership	.65.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America		00-0000000	3445956	0001125398		eMoney Advisor Holdings, LLC	DE	NIA	Guardian Life Insurance Co. of America	Ownership	.65.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America		04-2842018	1458309			American Financial Systems, Inc.	MA	NIA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		13-4023176		0001071640		Park Avenue Securities LLC	DE	NIA	Guardian Insurance & Annuity Co., Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		95-4326311				Managed Dental Care of California	CA	NIA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		22-1947346				Innovative Underwriters Inc.	NJ	NIA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	11221	36-3691770				First Commonwealth Ltd Health Sv Corp	IL	JA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	52036	36-4069714				First Commonwealth Ltd Health Sv Corp.	WI	JA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		36-3563031				First Commonwealth of Illinois Inc.	IL	NIA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	47716	43-1501438				First Commonwealth of Missouri Inc.	MO	JA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	12146	36-4117539				First Commonwealth Ltd Hlth Sv Corp MI	MI	JA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	60239	36-4189451				First Commonwealth Insurance Company	IL	JA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		75-2154228		0001001493		First Commonwealth Inc.	DE	NIA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	71714	75-1277524	2391878			Berkshire Life Ins. Co. of America	MA	JA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	52556	75-2698702				Managed DentalGuard Inc. (Texas)	TX	JA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	11199	22-3849572				Managed DentalGuard Inc. (New Jersey)	NJ	JA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	14142	27-4326698				Managed DentalGuard Inc. (Ohio)	OH	JA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		00-0000000	3089976	0001020174		Guardian Baillie Gifford, Ltd.		NIA	Guardian Insurance & Annuity Co., Inc.	Ownership	.51.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		13-2615338		0000041827		Guardian Investor Services LLC	DE	NIA	Guardian Life Insurance Co. of America	Ownership	100.000	Guardian Life Insurance Co. of America	

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi- ciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
...0000	Guardian Life Insurance Co. of America .....		94-3321067	2709651	0001085256	RS Investments Management Co. LLC .....	CA	NIA	Guardian Investor Services LLC .....	Ownership.....	.71.630	Guardian Life Insurance Co. of America .....		

Asterisk	Explanation

**SCHEDULE Y**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
64246	13-5123390	Guardian Life Insurance Company of America	8,130,080	(4,341,973)	0	0	299,371,314	79,777,098	0	0	382,936,518	1,810,929,316
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.	4,864,699	0	7,000,000	0	(163,859,170)	9,006,062	0	0	(149,988,409)	106,159,122
00000	13-2615338	Guardian Investor Services LLC	0	0	0	0	(35,958,426)	0	0	0	(28,958,426)	0
60003	04-2350154	Park Avenue Life Insurance Company	0	0	0	0	82,506	0	0	0	82,506	0
00000	95-4326311	Managed Dental Care of California	(1,942,080)	0	0	0	(1,549,787)	0	0	0	(3,491,867)	0
11199	22-3849572	Managed DentalGuard Inc. (New Jersey)	(40,000)	0	0	0	(915,009)	0	0	0	(955,009)	0
00000	13-4023176	Park Avenue Securities, LLC	0	0	0	0	12,239,356	0	0	0	12,239,356	0
74004	74-1319784	Family Service Life Insurance Company	0	0	0	0	(30,018)	0	0	0	(30,018)	0
77119	74-0952935	Sentinel American Life Insurance Company	0	0	0	0	217,330	0	0	0	217,330	0
00000	13-4054255	Guardian Trust Company, FSB	0	(3,946,593)	0	0	(67,440)	0	0	0	(4,014,033)	0
00000	22-1947346	Innovative Underwriters, Inc.	(88,000)	0	0	0	(396,816)	0	0	0	(484,816)	0
00000	75-2154228	First Commonwealth Inc.	2,086,477	(200,000)	0	0	(203,977)	0	0	0	1,682,500	0
60239	36-4189451	First Commonwealth Insurance Company	(4,150,000)	0	0	0	(18,722,683)	0	0	0	(22,872,683)	0
00000	36-3563031	First Commonwealth of Illinois	0	0	0	0	15,867,528	0	0	0	15,867,528	0
11221	36-3691770	First Commonwealth Limited Health Services Corporation (IL)	(180,000)	0	0	0	(166,886)	0	0	0	(346,886)	0
52036	36-4069714	First Commonwealth Limited Health Service Corporation (WI)	(2,086,477)	(100,000)	0	0	(3,785)	0	0	0	(2,190,262)	0
47716	43-1501438	First Commonwealth of Missouri, Inc.	(500,000)	0	0	0	(1,046,024)	0	0	0	(1,546,024)	0
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(730,000)	0	0	0	(3,541,271)	0	0	0	(4,271,271)	0
71714	75-1277524	Berkshire Life Insurance Company of America	0	0	0	0	(102,202,137)	(88,783,160)	0	0	(190,985,297)	(1,917,088,438)
52556	75-2698702	Managed DentalGuard Inc. (Texas)	(500,000)	0	0	0	(893,720)	0	0	0	(1,393,720)	0
00000	94-3321067	RS Investment Management Co. LLC	0	0	0	0	1,511,538	0	0	0	1,511,538	0
00000	26-3082193	eMoney Advisor, LLC	0	0	0	0	1,383,911	0	0	0	1,383,911	0
00000	26-3082193	eMoney Advisor Holdings, LLC	0	1,287,566	0	0	0	0	0	0	1,287,566	0
00000	04-2842018	American Financial Systems, Inc.	0	0	0	0	(1,116,299)	0	0	0	(1,116,299)	0
00000	00-0000000	Guardian Baillie Gifford, Ltd.	(4,864,699)	0	0	0	0	0	0	0	(4,864,699)	0
14142	27-4326698	Managed DentalGuard, Inc. (OH)	0	300,000	0	0	(37)	0	0	0	299,963	0
00000	00-0000000	Guardian Distributors, LLC	0	1,000	0	0	0	0	0	0	1,000	0
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Responses

## MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	WAIVED
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES

## APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES

## JUNE FILING

8. Will an audited financial report be filed by June 1?	WAIVED
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION

## AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
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The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

## MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO

## APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

## AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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### Explanations:

9. No outside accountants were used, therefore Accountants Letter of Qualification will not be filed

11.  
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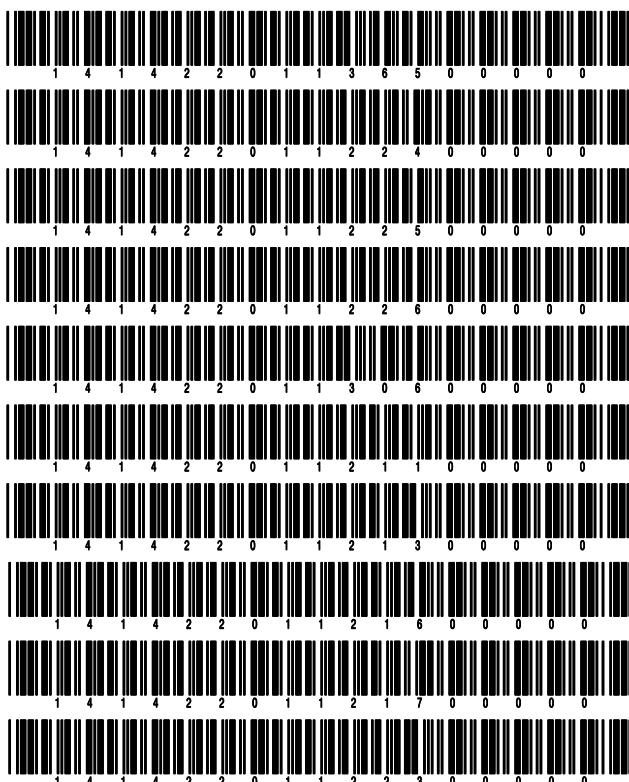
### Bar Codes:

2. Actuarial Opinion [Document Identifier 440]  
  
 8. Audited Financial Report [Document Identifier 220]  
  
 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]  
  
 12. Life Supplement [Document Identifier 205]  
  
 13. Property/Casualty Supplement [Document Identifier 207]  
  
 14. SIS Stockholder Information Supplement [Document Identifier 420]  
  
 15. Participating Opinion for Exhibit 5 [Document Identifier 371]  
  
 16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



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- 17. Medicare Part D Coverage Supplement [Document Identifier 365]
- 18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 20. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 21. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 22. Life Supplement [Document Identifier 211]
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]
- 24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 25. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 26. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



## ALPHABETICAL INDEX

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