



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2011

OF THE CONDITION AND AFFAIRS OF THE

UDC Ohio, Inc.

NAIC Group Code 0019 (Current) 0019 (Prior) NAIC Company Code 52022 Employer's ID Number 74-2609036
Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes No

Incorporated/Organized 04/20/1990 Commenced Business 05/17/1990

Statutory Home Office 312 Elm Street, Suite 1500, Cincinnati, OH 45202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 2323 Grand Boulevard, Kansas City, MO 64108
(Street and Number) (City or Town, State and Zip Code) 816-474-2345
(Area Code) (Telephone Number)

Mail Address P.O. Box 419052, Kansas City, MO 64141-6052
(Street and Number or P.O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 500 Bielenberg Drive, Suite 400, Woodbury, MN 55125
(Street and Number) (City or Town, State and Zip Code) 651-361-5286
(Area Code) (Telephone Number)

Internet Website Address N/A

Statutory Statement Contact Amy Bronk, 651-361-5286
(Name) amy.bronk@assurant.com, 651-361-5356
(E-mail Address) (FAX Number)

OFFICERS

President Stacia Nalani Almquist
Secretary Kenneth Dale Bowen

Treasurer Amy Jo Goerke

OTHER

James Vernon Barrett DMD # Vice President

DIRECTORS OR TRUSTEES

Stacia Nalani Almquist

State of Missouri
County of Jackson 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.

Stacia Nalani Almquist
President

Kenneth Dale Bowen
Secretary

Amy Jo Goerke
Treasurer

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

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

Yes [X] No []

Connie J. Turnipseed
Notary Public
03/07/2014

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals..... | | | | | | |
| Group Subscribers: | | | | | | |
| 0299998. Premiums due and unpaid not individually listed | 11,430 | 3,140 | 1,614 | 1,581 | 1,581 | 16,184 |
| 0299999. Total group | 11,430 | 3,140 | 1,614 | 1,581 | 1,581 | 16,184 |
| 0399999. Premiums due and unpaid from Medicare entities | | | | | | |
| 0499999. Premiums due and unpaid from Medicaid entities | | | | | | |
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| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 11,430 | 3,140 | 1,614 | 1,581 | 1,581 | 16,184 |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed | | | | | | |
| 0199999. Total Pharmaceutical Rebate Receivables | | | | | | |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed | | | | | | |
| 0299999. Total Claim Overpayment Receivables | | | | | | |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed | | | | | | |
| 0399999. Total Loans and Advances to Providers | | | | | | |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed | 40,852 | | | | 40,852 | |
| 0499999. Total Capitation Arrangement Receivables | 40,852 | | | | 40,852 | |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed | | | | | | |
| 0599999. Total Risk Sharing Receivables | | | | | | |
| 0699998. Aggregate Other Receivables Not Individually Listed | | | | | | |
| 0699999. Total Other Receivables | | | | | | |
| 0799999 Gross health care receivables | 40,852 | | | | 40,852 | |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported) | | | | | | |
| 0199999. Individually listed claims unpaid | | | | | | |
| 0299999. Aggregate accounts not individually listed- uncovered | | | | | | |
| 0399999. Aggregate accounts not individually listed-covered | 7,048 | 7,011 | | | | 14,059 |
| 0499999. Subtotals | 7,048 | 7,011 | | | | 14,059 |
| 0599999. Unreported claims and other claim reserves | | | | | | 5,356 |
| 0699999. Total amounts withheld | | | | | | |
| 0799999. Total claims unpaid | | | | | | 19,415 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|--|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| Union Security Insurance Company | 15,863 | | | | | | 15,863 |
| 0199999. Individually listed receivables | 15,863 | | | | | | 15,863 |
| 0299999. Receivables not individually listed | | | | | | | |
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| 0399999 Total gross amounts receivable | 15,863 | | | | | | 15,863 |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current |
|---|---------------------------------|-------------|--------------|------------------|
| Assurant, Inc. | Normal course of Business | 403 | 403 | |
| 0199999. Individually listed payables | | 403 | 403 | |
| 0299999. Payables not individually listed | | | | |
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| 0399999 Total gross payables | | 403 | 403 | |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|--|----------------------------------|---|---|--|
| Capitation Payments: | | | | | | |
| 1. Medical groups | | | | | | |
| 2. Intermediaries | | | | | | |
| 3. All other providers | 676,432 | 93.7 | 9,516 | 100.0 | | 676,432 |
| 4. Total capitation payments | 676,432 | 93.7 | 9,516 | 100.0 | | 676,432 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | | | XXX | XXX | | |
| 6. Contractual fee payments | | | XXX | XXX | | 45,620 |
| 7. Bonus/withhold arrangements - fee-for-service | | | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | | | XXX | XXX | | |
| 9. Non-contingent salaries | | | XXX | XXX | | |
| 10. Aggregate cost arrangements | | | XXX | XXX | | |
| 11. All other payments | | | XXX | XXX | | |
| 12. Total other payments | 45,620 | 6.3 | XXX | XXX | | 45,620 |
| 13. TOTAL (Line 4 plus Line 12) | 722,052 | 100% | XXX | XXX | | 722,052 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|-----------------|---------------------------|----------------------|---------------------------------------|---|--|
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| 99999999 Totals | | | XXX | XXX | XXX |

Exhibit 8 - Furniture and Equipment Owned
N O N E



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UDC Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

| NAIC Group Code | 0019 | BUSINESS IN THE STATE OF | Ohio | | DURING THE YEAR | | | | NAIC Company Code | 52022 | |
|---|------|--------------------------|------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|
| | | | 1 | Comprehensive (Hospital & Medical) | 4 | 5 | 6 | 7 | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | 10,185 | | | | | | 10,185 | | | |
| 2. First Quarter | | 10,077 | | | | | | 10,077 | | | |
| 3. Second Quarter | | 9,817 | | | | | | 9,817 | | | |
| 4. Third Quarter | | 9,707 | | | | | | 9,707 | | | |
| 5. Current Year | | 9,516 | | | | | | 9,516 | | | |
| 6. Current Year Member Months | | 117,333 | | | | | | 117,333 | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | |
| 8. Non-Physician | | 1,144 | | | | | | 1,144 | | | |
| 9. Total | | 1,144 | | | | | | 1,144 | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | 1,109,896 | | | | | | 1,109,896 | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | 1,112,128 | | | | | | 1,112,128 | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | 722,052 | | | | | | 722,052 | | | |
| 18. Amount Incurred for Provision of Health Care Services | | 723,719 | | | | | | 723,719 | | | |

(a) For health business: number of persons insured under PPO managed care products 9,516 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 \$



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

UDC Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

| NAIC Group Code | 0019 | BUSINESS IN THE STATE OF | Grand Total | | DURING THE YEAR | | | 2011 | NAIC Company Code | 52022 | |
|---|------|--------------------------|-----------------|------------------------------------|------------------------|----------------|----------------|--|------------------------------|----------------------------|-------------|
| | | | 1 | Comprehensive (Hospital & Medical) | 4 | 5 | 6 | | | | |
| | | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | 10,185 | | | | | | 10,185 | | | |
| 2. First Quarter | | 10,077 | | | | | | 10,077 | | | |
| 3. Second Quarter | | 9,817 | | | | | | 9,817 | | | |
| 4. Third Quarter | | 9,707 | | | | | | 9,707 | | | |
| 5. Current Year | | 9,516 | | | | | | 9,516 | | | |
| 6. Current Year Member Months | | 117,333 | | | | | | 117,333 | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | | | | | | | | | | | |
| 8. Non-Physician | | 1,144 | | | | | | 1,144 | | | |
| 9. Total | | 1,144 | | | | | | 1,144 | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | 1,109,896 | | | | | | 1,109,896 | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | 1,112,128 | | | | | | 1,112,128 | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | 722,052 | | | | | | 722,052 | | | |
| 18. Amount Incurred for Provision of Health Care Services | | 723,719 | | | | | | 723,719 | | | |

(a) For health business: number of persons insured under PPO managed care products 9,516 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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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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 1,072,076 | | 1,072,076 |
| 2. Accident and health premiums due and unpaid (Line 15) | 16,184 | | 16,184 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | | | |
| 4. Net credit for ceded reinsurance | XXX | | |
| 5. All other admitted assets (Balance) | 49,399 | | 49,399 |
| 6. Total assets (Line 28) | 1,137,659 | | 1,137,659 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 19,415 | | 19,415 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | | | |
| 9. Premiums received in advance (Line 8) | 13,110 | | 13,110 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19) | | | |
| 11. Reinsurance in unauthorized companies (Line 20) | | | |
| 12. All other liabilities (Balance) | 156,570 | | 156,570 |
| 13. Total liabilities (Line 24) | 189,095 | | 189,095 |
| 14. Total capital and surplus (Line 33) | 948,564 | XXX | 948,564 |
| 15. Total liabilities, capital and surplus (Line 34) | 1,137,659 | | 1,137,659 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 16. Claims unpaid | | | |
| 17. Accrued medical incentive pool | | | |
| 18. Premiums received in advance | | | |
| 19. Reinsurance recoverable on paid losses | | | |
| 20. Other ceded reinsurance recoverables | | | |
| 21. Total ceded reinsurance recoverables | | | |
| 22. Premiums receivable | | | |
| 23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | | | |
| 24. Unauthorized reinsurance | | | |
| 25. Other ceded reinsurance payables/offsets | | | |
| 26. Total ceded reinsurance payables/offsets | | | |
| 27. Total net credit for ceded reinsurance | | | |

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

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

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 Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| ...0019 | Assurant, Inc. | 00000 | 39-1126612 | 3251018 | 0001267238 | N | Assurant, Inc. | DE | UIP | | | | | |
| ...0019 | Assurant, Inc. | 00000 | 58-2315775 | | | | Family Considerations, Inc. | GA | NIA | Assurant, Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | | | | | FamilySide, Inc. | CN | NIA | Assurant, Inc. | Ownership, Board | 1.00 | Assurant, Inc. | 1 |
| ...0019 | Assurant, Inc. | 00000 | 13-3896525 | | | | Florida Office Corp. | DE | NIA | Assurant, Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 13-3882719 | | | | GP Legacy Place, Inc. | DE | NIA | Assurant, Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 33-0658229 | 3160129 | | | Insureco, Inc. | CA | NIA | Assurant, Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 13-3036467 | 3160316 | 0001063399 | | Interfinancial Inc. | GA | UDP | Assurant, Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 81477 | 13-2699219 | 3163335 | 0000914804 | | Union Security Life Insurance Company of New York | NY | JA | Assurant, Inc. | Ownership, Board, Ownership, Management | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 03-0387721 | | | | Assurant Reinsurance of Turks & Caicos, Ltd. | TC | JA | Insureco, Inc. | | 1.00 | Assurant, Inc. | 1 |
| ...0019 | Assurant, Inc. | 00000 | 95-3097622 | 3163782 | | | Insureco Agency & Insurance Services, Inc. (CA) | CA | NIA | Insureco, Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | | | | | ALOC Holdings ULC | CN | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 59-1985922 | 1624878 | 0000350571 | | American Bankers Insurance Group | FL | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 67989 | 46-0260270 | 3160428 | | | American Memorial Life Insurance Company | SD | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 42978 | 58-1529575 | 3160437 | | | American Security Insurance Company | DE | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 12880 | 59-3063687 | 3163438 | | | Denticare of Alabama, Inc. | AL | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 01-0483086 | 3162794 | | | Disability Reinsurance Management Services, Inc. | DE | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 59-2519974 | 3164798 | | | Guardian Travel, Inc. | FL | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 59-2840712 | 3163072 | 0000926419 | | John Alden Financial Corporation | DE | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 20-0101110 | | | | Mortgage Group Reinsurance, Ltd. | BM | NIA | Interfinancial Inc. | | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 38-3357459 | 3163269 | | | SSDC Services Corp. | DE | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 69477 | 39-0658730 | 3162963 | | | Time Insurance Company | WI | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 33-0388029 | | | | TrackSure Insurance Agency, Inc. | CA | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 52031 | 33-0360239 | 3163559 | | | UDC Dental California, Inc. | CA | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 52022 | 74-2609036 | 3163540 | | | UDC Ohio, Inc. | OH | | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 58-1909945 | 3163483 | | | Union Security DentalCare of Georgia, Inc. | GA | NIA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 11244 | 52-1565653 | 3163465 | | | Union Security DentalCare of New Jersey, Inc. | NJ | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 70408 | 81-0170040 | 3162785 | 0000823533 | | Union Security Insurance Company | KS | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 47708 | 86-0517444 | 3163586 | | | United Dental Care of Arizona, Inc. | AZ | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 52032 | 86-0631335 | 3163595 | | | United Dental Care of Colorado, Inc. | CO | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 11111 | 38-2833988 | 3163616 | | | United Dental Care of Michigan, Inc. | MI | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 47044 | 75-2481527 | 3163625 | | | United Dental Care of Missouri, Inc. | MO | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 47042 | 86-0384270 | 3163652 | | | United Dental Care of New Mexico, Inc. | NM | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 95142 | 75-2076282 | 3163661 | | | United Dental Care of Texas, Inc. | TX | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 95450 | 75-2635404 | 3163698 | | | United Dental Care of Utah, Inc. | UT | JA | Interfinancial Inc. | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | | | | | Assurant Life of Canada | CN | JA | ALOC Holdings ULC | Ownership, Board | 1.00 | Assurant, Inc. | 1 |
| ...0019 | Assurant, Inc. | 42986 | 58-1529579 | 3163278 | | | Standard Guaranty Insurance Company | DE | JA | American Security Insurance Company | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 65080 | 41-0999752 | 1333161 | | | John Alden Life Insurance Company | WI | JA | John Alden Financial Corporation | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 65-0416844 | | | | NSM Sales Corporation | NV | NIA | John Alden Financial Corporation | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 59-2394561 | 1333406 | | | North Star Marketing Corporation | OH | NIA | John Alden Life Insurance Company | Ownership, Board | 1.00 | Assurant, Inc. | |
| ...0019 | Assurant, Inc. | 00000 | 83-0408679 | | | | National Insurance Institute, LLC | WI | NIA | Time Insurance Company | Ownership, Management | 1.00 | Assurant, Inc. | |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

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 | Domiciliary 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 Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| ..0019 | Assurant, Inc. | 00000 | 13-3830846 | 3170315 | | | Dental Health Alliance, L.L.C. | DE | NIA | Union Security Insurance Company | Ownership, Management | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | | | | | ABI International | KY | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | | | | | American Bankers Dominicana, S.A. | DO | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 10111 | 59-0593886 | 3056576 | 0000004588 | | American Bankers Insurance Company of Florida | FL | JA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 60275 | 59-0676017 | 3160400 | | | American Bankers Life Assurance Company of Florida | FL | JA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 65-0597010 | | | | American Bankers Management Company, Inc | FL | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 19615 | 41-0735002 | 3164837 | | | American Reliable Insurance Company | AZ | JA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 26-3914986 | | | | Assurant Service Protection, Inc. | OK | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | | | | | Assurant Services Canada Inc. | CN | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | 98-0152782 | | | | Bankers Atlantic Reinsurance Company | TC | JA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | 36-3596362 | 3163193 | | | Federal Warranty Service Corporation | IL | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 59-2720545 | | | | Guardian Investment Services, Inc. | FL | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 75-2533456 | | | | International Financial Group, Inc. | TX | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 64-0660045 | | | | MSDiversified Corp. | MS | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 59-1357775 | | | | National Insurance Agency | FL | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 59-1414202 | 3163223 | | | Assurant Payment Services, Inc. (fka Quail Roost Properties, Inc.) | FL | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 47-0876083 | | | | Signal Holdings LLC | PA | NIA | American Bankers Insurance Group, Inc. | Ownership, Management | 0.490 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 59-1532747 | | | | Sureway, Inc. | DE | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 30-0080387 | | | | TS Holdings, Inc. | DE | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 59-1236556 | 3164707 | | | Voyager Group, Inc. | FL | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | 59-2675787 | 3164686 | | | Voyager Service Warranties, Inc. | FL | NIA | American Bankers Insurance Group, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| ..0019 | Assurant, Inc. | 00000 | | | | | Assurant Argentina Compania de Seguros Sociedad Anonima | AR | JA | ABIG Holding de Espana, S.L. | Ownership, Board | 0.970 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | | | | | Assurant Services Argentina, S.A. | AR | NIA | ABIG Holding de Espana, S.L. | Ownership, Board | 0.950 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | | | | | Assurant Holding de Puerto Rico, Inc. | PR | NIA | ABIG Holding de Espana, S.L. | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | | | | | Assurant Seguradora S.A. | BR | JA | ABIG Holding de Espana, S.L. | Ownership, Board | 0.990 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | | | | | Assurant Services Brasil, Limitada | BR | NIA | ABIG Holding de Espana, S.L. | Ownership, Board | 0.990 | Assurant, Inc. | 1 |
| ..0019 | Assurant, Inc. | 00000 | | | | | Assurant Services de Chile, SpA | CL | NIA | ABIG Holding de Espana, S.L. | Ownership, Board | 1.000 | Assurant, Inc. | 1 |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

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 Percent-age | Ultimate Controlling Entity(ies)/Person(s) | * |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Servicios de Mexico, S.A. de CV | MX | NIA | ABIG Holding de Espana, S.L. | Ownership, Board | 0.980 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Rolim Consult S.A. | BR | NIA | ABIG Holding de Espana, S.L. | Ownership, Board | 0.990 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Group, Limited | GB | NIA | ABI International | Ownership, Management | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | 66-0568288 | | | American Bankers International Division, Inc. | PR | NIA | ABI International | Ownership, Board | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Solutions Holdings | KY | NIA | ABI International | Ownership, Board | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Protection Holding Cayman | KY | NIA | ABI International | Ownership, Board | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 28843 | 74-2289453 | 3163308 | | Reliable Lloyds Insurance Company | TX | JA | American Bankers General Agency, Inc. | Attorney-In-Fact | | Assurant, Inc. | | |
| ..0019 | Assurant, Inc. | 00000 | 74-2135158 | 3160389 | | American Bankers General Agency, Inc. | TX | NIA | American Bankers Insurance Company of Florida | Ownership, Board | 1.000 | Assurant, Inc. | | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Argentina Compania de Seguros Sociedad Anonima | AR | JA | American Bankers International Division, Inc. | Ownership, Board | 0.030 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Services Argentina, S.A. | AR | NIA | American Bankers International Division, Inc. | Ownership, Board | 0.050 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Danos Mexico S.A. | MX | JA | American Bankers International Division, Inc. | Ownership, Board | 0.490 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Seguradora S.A. | BR | NIA | American Bankers International Division, Inc. | Ownership, Board | 0.010 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Services Brasil, Limitada | BR | NIA | Division, Inc. | Ownership, Management | 0.010 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Servicios de Mexico, S.A. de CV | MX | NIA | American Bankers International Division, Inc. | Ownership, Board | 0.020 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | 66-0520042 | | | Assurant Services of Puerto Rico, Inc. | PR | NIA | American Bankers International Division, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Vida Mexico S.A. | MX | JA | American Bankers International Division, Inc. | Ownership, Board | 0.490 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 30590 | 66-0481184 | | | Caribbean American Property Insurance Company | PR | JA | American Bankers International Division, Inc. | Ownership, Board | 0.740 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | ABIG Holding de Espana, S.L. | ES | NIA | American Bankers International Division, Inc. | Ownership, Management | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 73156 | 66-0448783 | | | Caribbean American Life Assurance Company | PR | JA | American Bankers International Division, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Rolim Consult S.A. | BR | NIA | American Bankers International Division, Inc. | Ownership, Board | 0.010 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | 65-0597011 | 3164921 | | Consumer Assist Network Association, Inc. | DE | NIA | American Bankers Management Company, Inc. | Ownership, Board | 1.000 | Assurant, Inc. | | |
| ..0019 | Assurant, Inc. | 00000 | 59-3717622 | | | U.S. Insurance Services, Inc. | FL | NIA | American Reliable Insurance Company | Ownership, Board | 1.000 | Assurant, Inc. | | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Direct Limited | GB | NIA | Assurant Group LTD | Ownership, Management | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant General Insurance Limited | GB | JA | Assurant Group LTD | Ownership, Management | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Life Limited | GB | JA | Assurant Group LTD | Ownership, Management | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Services (UK) Limited | GB | NIA | Assurant Group LTD | Ownership, Management | 1.000 | Assurant, Inc. | 1 | |
| ..0019 | Assurant, Inc. | 00000 | | | | Assurant Intermediary Ltd. | GB | NIA | Assurant Group LTD | Ownership, Management | 1.000 | Assurant, Inc. | 1 | |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

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 | Domiciliary 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 Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Deutschland GmbH | DE | NIA | Assurant Group LTD | Ownership, Management | 1.000 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Italia Agenzia di Assicurazioni s.r.l. | IT | NIA | Assurant Group LTD | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Services Italia s.r.l. | IT | NIA | Assurant Group LTD | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Solutions Spain, S.A. | ES | NIA | Assurant Group LTD | Ownership, Board | 1.000 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Services Limited | IE | NIA | Assurant Group LTD | Ownership, Management | 1.000 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Danos Mexico S.A. | MX | JA | Assurant Holding de Puerto Rico, Inc. | Ownership, Board | 0.510 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Vida Mexico S.A. | MX | JA | Assurant Holding de Puerto Rico, Inc. | Ownership, Board | 0.510 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 30590 | 66-0481184 | | | | Caribbean American Property Insurance Company | PR | JA | Caribbean American Life Assurance Company | Ownership, Board | 0.260 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | 61-1455870 | 3320204 | | | Service Delivery Advantage, LLC | IL | NIA | Federal Warranty Service Corporation | Ownership, Board | 0.800 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 64-0906751 | 3173839 | | | United Service Protection Corporation | DE | NIA | MS Diversified Corp. | Ownership, Board | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 59-1794848 | 3162664 | | | United Service Protection, Inc. | FL | NIA | MS Diversified Corp. | Ownership, Board | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 04-3706805 | | | | CWork Solutions, LP | PA | NIA | Signal Holdings LLC | Ownership, Management | 0.999 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 47-0876082 | | | | Signal GP LLC | DE | NIA | Signal Holdings LLC | Ownership, Management | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 36-4553652 | | | | Signal Northwest LLC | DE | NIA | Signal Holdings LLC | Ownership, Management | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 22-2623205 | | | | The Signal LP | PA | NIA | Signal Holdings LLC | Ownership, Management | 0.999 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 23-3055804 | | | | TeleCom Re, Inc. | FL | NIA | Signal Holdings LLC | Ownership, Board | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 20-3810453 | | | | CWork Financial Management LLC | DE | NIA | CWork Solutions, LP | Ownership, Management | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 04-3706805 | | | | CWork Solutions, LP | PA | NIA | Signal GP LLC | Ownership, Management | 0.001 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 22-2623205 | | | | The Signal LP | PA | NIA | Signal GP LLC | Ownership, Management | 0.001 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | | | | | Assurant Consulting Company, Limited | CA | NIA | Sureway, Inc. | Ownership,, Management | 1.000 | Assurant, Inc. | 1 |
| 0019 | Assurant, Inc. | 00000 | 20-3810532 | | | | Signal Financial Management LLC | DE | NIA | The Signal LP | Ownership, Management | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | 47-0876083 | | | | Signal Holdings LLC | PA | NIA | Telecom Re, Inc. | Ownership, Management | 0.510 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 40428 | 58-1455416 | 3164716 | | | Voyager Indemnity Insurance Company | GA | JA | Voyager Group Inc. | Ownership, Board | 1.000 | Assurant, Inc. | |
| 0019 | Assurant, Inc. | 00000 | | | | | Solutions Cayman | KY | NIA | Solutions Holding | Ownership, Board | 1.000 | Assurant, Inc. | 1 |

39.3

| Asterisk | Explanation |
|----------|--------------------------------|
| 1 | Reflects international country |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

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) |
|------------------------------|---------------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|---------------|---|
| | | | | | | | | | | | Totals | |
| | 39-1126612 | Assurant, Inc. | 454,380,668 | (71,488,757) | | | 490,523,362 | | | | 873,415,273 | |
| | 58-2315775 | Family Considerations, Inc. | | | | | (7,443) | | | | (7,443) | |
| | 59-1985922 | American Bankers Insurance Group | | | | | 6,683,438 | | | | 6,683,438 | |
| | 33-0658229 | FamilySide, Inc. | | | | | (8,067) | | | | (8,067) | |
| | 81477 | Insureco, Inc. | | | | | 237,903 | | | | 237,903 | |
| | 13-2699219 | Union Security Life Insurance Company of New York | (4,380,668) | 2,127,088 | | | (7,865,604) | (39,840) | | | (10,159,024) | 2,090 |
| | 03-0387721 | Assurant Reinsurance of Turks & Caicos, Ltd. | | | | | | 27,500,929 | | | 27,500,929 | 29,085,265 |
| | | ALOC Holdings ULC | | | | | 308,077 | | | | 308,077 | |
| | 67989 | American Memorial Life Insurance Company | (10,000,000) | 12,065,943 | | | (25,632,865) | | | | (23,566,922) | |
| | 42978 | American Security Insurance Company | (295,000,000) | 21,392,086 | | | (161,444,866) | (26,197,170) | | | (461,249,950) | (25,302,656) |
| | 12880 | Denticare of Alabama, Inc. | | | | | (26,620) | | | | (26,620) | |
| | 01-0483086 | Disability Reinsurance Management Services, Inc. | | | | | 21,137,136 | | | | 21,137,136 | |
| | 59-2840712 | John Alden Financial Corporation | | | | | (90) | | | | (90) | |
| | 38-3357459 | SSDC Services Corp. (fka SSDC Corp.) | | | | | 400,666 | | | | 400,666 | |
| | 69477 | Time Insurance Company | (21,000,000) | 6,546,656 | | | 13,090,292 | (39,078) | | | (1,402,130) | 90,645 |
| | 33-0388029 | TrackSure Insurance Agency, Inc. | | | | | 49,333 | | | | 49,333 | |
| | 52031 | 33-0360239 UDC Dental California, Inc. | | | | | (192,392) | | | | (192,392) | |
| | 52022 | 74-2609036 UDC Ohio, Inc. | | | 24 | | (284,560) | | | | (284,536) | |
| | 58-1909945 | Union Security DentalCare of Georgia, Inc. | | | | | (411,751) | | | | (411,751) | |
| | 11244 | 52-1565653 Union Security DentalCare of New Jersey, Inc. | | | | | 45,653 | | | | 45,653 | |
| | 70408 | 81-0170040 Union Security Insurance Company | (32,000,000) | 21,576,901 | | | (86,592,050) | 8,041,062 | | | (88,974,087) | 1,598,944 |
| | 47708 | 86-0517444 United Dental Care of Arizona, Inc. | | | | | (966,478) | | | | (966,478) | |
| | 52032 | 86-0631335 United Dental Care of Colorado, Inc. | | | | | (406,763) | | | | (406,763) | |
| | 11111 | 38-2833988 United Dental Care of Michigan, Inc. | | | | | (148,439) | | | | (148,439) | |
| | 47044 | 75-2481527 United Dental Care of Missouri, Inc. | | | | | (414,127) | | | | (414,127) | |
| | 47042 | 86-0384270 United Dental Care of New Mexico, Inc. | | | | | (75,679) | | | | (75,679) | |
| | 95142 | 75-2076282 United Dental Care of Texas, Inc. | | | 27 | | (3,105,091) | | | | (3,105,064) | |
| | 95450 | 75-2635404 United Dental Care of Utah, Inc. | | | | | (147,955) | | | | (147,955) | |
| | | Assurant Life of Canada | | | | | (10,196,200) | | | | (10,196,200) | |
| | 42986 | 58-1529579 Standard Guaranty Insurance Company | (30,000,000) | 1,537,075 | | | (50,158,631) | 1,404,755 | | | (77,216,801) | 8,588,901 |
| | 65080 | 41-0999752 John Alden Life Insurance Company | (9,000,000) | | | | (84,468,778) | | | | (93,468,778) | |
| | 59-2394561 | North Star Marketing Corporation | | | | | (845,429) | | | | (845,429) | |
| | 13-3830846 | Dental Health Alliance, LLC | | | | | (270,343) | | | | (270,343) | |
| | 10111 | 59-0593886 American Bankers Insurance Company of Florida | (15,000,000) | 10,870,777 | 86,919,577 | | (10,512,067) | 25,196,558 | | | 97,474,845 | (92,154,750) |
| | 60275 | 59-0676017 American Bankers Life Assurance Company of Florida | (17,000,000) | (8,762,737) | | | 33,812,158 | (66,552,986) | | | (58,503,565) | (4,155,690) |
| | 65-0597010 | American Bankers Management Company, Inc. | | | | | (32,863,587) | | | | (32,863,587) | |
| | 41-0735002 | American Reliable Insurance Company | (10,000,000) | 3,249,510 | | | (5,100,337) | 61,051,973 | | | 49,201,146 | 74,822,918 |

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

SCHEDULE Y

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

40.1

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? YES
 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? YES
 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? YES

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

Explanations:

11. Not Applicable
 12. Not Applicable
 13. Not Applicable
 14. Not Applicable
 15. Not Applicable
 16. Not Applicable
 17. Not Applicable
 18. Not Applicable
 19. Not Applicable
 20. Not Applicable
 21. Not Applicable
 22. Not Applicable
 23. Not Applicable
 24. Not Applicable
 25. Not Applicable
 26. Not Applicable

Bar Codes:

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]



17. Medicare Part D Coverage Supplement [Document Identifier 365]

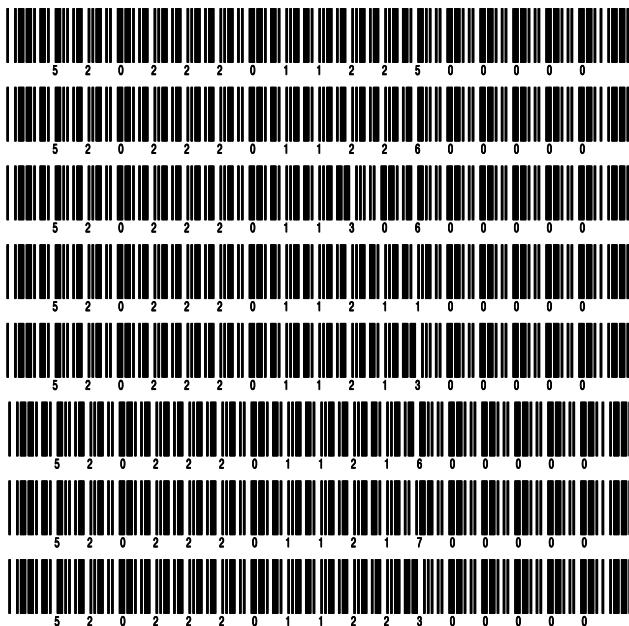


18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE UDC OHIO, INC.

- 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]



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