



HEALTH QUARTERLY STATEMENT  
AS OF MARCH 31, 2012  
OF THE CONDITION AND AFFAIRS OF THE  
MANAGED DENTALGUARD INC

NAIC Group Code 0429 (Current) (Prior) 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, Cleveland , OH 44131  
(Street and Number) (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, New York , NY 10004  
(Street and Number or P.O. Box) (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 Web Site Address www.Guardianlife.com

Statutory Statement Contact Jennifer Althaus, 818-596-5815  
(Name) (Area Code) (Telephone Number)  
Jennifer\_Althaus@glic.com, 818-596-5867  
(E-mail Address) (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 SS:  
County of Los Angeles

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 Jermaine D Jones  
President, CEO & COO Controller

Subscribed and sworn to before me this 23 day of April 2012

a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....05/14/2012  
3. Number of pages attached.....

Alberta Yee  
Notary Public  
July 31, 2015

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	255,690		255,690	255,758
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....42,330 ), cash equivalents (\$ ..... ) and short-term investments (\$ ..... ) .....	42,330		42,330	44,014
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	298,020	0	298,020	299,773
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	462		462	333
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	80		80	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	1,264		1,264	0
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....			0	0
24. Health care (\$ ..... ) and other amounts receivable .....			0	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) .....	299,826	0	299,826	300,106
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	299,826	0	299,826	300,106
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 through 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 through 2503 plus 2598)(Line 25 above)	0	0	0	0

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STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	11		
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	113		
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	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	113	0	0
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....				
10. Other professional services .....		1,733		
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	0
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....	0	1,733	0	0
<b>Less:</b>				
17. Net reinsurance recoveries .....				
18. Total hospital and medical (Lines 16 minus 17) .....	0	1,733	0	0
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ ..... cost containment expenses .....				0
21. General administrative expenses .....	2,239	2,239		
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).....	2,239	3,972	0	0
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(3,859)	0	0
25. Net investment income earned .....		248		106
26. Net realized capital gains (losses) less capital gains tax of \$ .....				
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	248	0	106
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	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	(3,611)	0	106
31. Federal and foreign income taxes incurred .....	XXX	(1,301)		37
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(2,310)	0	69
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	300,069		0
34. Net income or (loss) from Line 32 .....	(2,310)		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		0
41. Change in treasury stock .....	0		0
42. Change in surplus notes .....	0		0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....	0		10
44.2 Transferred from surplus (Stock Dividend).....	0		0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0		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	0
48. Net change in capital & surplus (Lines 34 to 47) .....	(2,310)	0	300,069
49. Capital and surplus end of reporting period (Line 33 plus 48)	297,759	0	300,069
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

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CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance .....	33		0
2. Net investment income .....	188		(188)
3. Miscellaneous income .....	0		0
4. Total (Lines 1 to 3) .....	221	0	(188)
5. Benefit and loss related payments .....	1,000		0
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,232		0
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital gains (losses) .....	0		0
10. Total (Lines 5 through 9) .....	3,232	0	0
11. Net cash from operations (Line 4 minus Line 10) .....	(3,011)	0	(188)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0		0
12.2 Stocks .....	0		0
12.3 Mortgage loans .....	0		0
12.4 Real estate .....	0		0
12.5 Other invested assets .....	0		0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0		0
12.7 Miscellaneous proceeds .....	0		0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0		255,797
13.2 Stocks .....	0		0
13.3 Mortgage loans .....	0		0
13.4 Real estate .....	0		0
13.5 Other invested assets .....	0		0
13.6 Miscellaneous applications .....	0		0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	255,797
14. Net increase (or decrease) in contract loans and premium notes .....	0		0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	0	0	(255,797)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0		0
16.2 Capital and paid in surplus, less treasury stock .....	0		300,000
16.3 Borrowed funds .....	0		0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0		0
16.5 Dividends to stockholders .....	0		0
16.6 Other cash provided (applied) .....	1,326		0
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,326	0	300,000
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) .....	(1,685)	0	44,015
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	44,015		0
19.2 End of period (Line 18 plus Line 19.1) .....	42,330	0	44,015

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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							
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	7					7				
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7 Physician .....	0					0				
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a) .....	113					113				
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	113					113				
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	1,000					1,000				
18. Amount Incurred for Provision of Health Care Services	1,733					1,733				

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

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					0	0
2. Medicare Supplement .....					0	0
3. Dental Only .....	0	1,000	0	733	0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....					0	0
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	0	1,000	0	733	0	0
10. Healthcare receivables (a) .....					0	0
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....					0	0
13. Totals (Lines 9-10+11+12)	0	1,000	0	733	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

## 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 March 31, 2012.

#### 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 Error

None

## NOTES TO FINANCIAL STATEMENTS

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 period ending March 31, 2012.

		<b>2012</b>	<b>2011</b>
Bonds	\$	248	106
Cash and short term investments			
Gross investment income		248	106
Less: investment expenses		-	-
Net investment income	\$	248	106

8. Derivative Instruments  
None

9. Income Taxes

Taxable Income	(3,611)
Taxable Income @ 35%	(1,301)

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.

## NOTES TO FINANCIAL STATEMENTS

At March 31, 2012 the Parent had obligations to the Company in the amount of \$0.

At March 31, 2012 the Company had obligations to the Parent in the amount of \$1,326. This amount relates to amounts due under the management service agreement. These amounts were settled within 15 days.

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 March 31, 2012.

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 March 31, 2012 the Company had no plans to declare a dividend. At March 31, 2012 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

## NOTES TO FINANCIAL STATEMENTS

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
25. Change in Incurred Claims and Claim Adjustment Expenses  
None
26. Intercompany Pooling Arrangements  
None
27. Structured Settlements  
None
28. Health Care Receivables  
None

## **NOTES TO FINANCIAL STATEMENTS**

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

Managed DentalGuard OH Quarterly 2012

# GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ] No [ X ]
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ] No [ ]
- 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 [ X ]
- 2.2

If yes, date of change: .....
3.

Have there been any substantial changes in the organizational chart since the prior quarter end? .....  
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes [ ] No [ X ]
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes [ ] No [ X ]
- 4.2

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
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....  
If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....
- 6.2

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. ....
- 6.3

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). ....
- 6.4

By what department or departments?
- 6.5

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 [ X ]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes [ ] No [ ] N/A [ X ]
- 7.1

Has this 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 [ X ]
- 7.2

If yes, give full information:
- 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 below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), 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 FDIC	6 SEC
Guardian Investor Services, LLC .....	New York, NY .....	NO	NO	NO	YES
Park Avenue Securities, LLC .....	New York, NY .....	NO	NO	NO	YES
RS Investment Management Co. LLC .....	San Francisco, CA .....	NO	NO	NO	YES
Guardian Baillie Gifford Limited .....	Edinburgh, Scotland .....	NO	NO	NO	YES

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GENERAL INTERROGATORIES

9.1

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? (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.

Yes [ X ] No [ ]

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [ ] No [ X ]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ] No [ X ]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [ ] No [ X ]

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$0

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [ ] No [ X ]

11.2

If yes, give full and complete information relating thereto:

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$

13.

Amount of real estate and mortgages held in short-term investments:

\$

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [ ] No [ X ]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$0	\$
14.26 All Other	\$0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [ ] No [ X ]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ] No [ ]

If no, attach a description with this statement.



Managed DentalGuard OH Quarterly 2012

GENERAL INTERROGATORIES

16. 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 [ X ] No [ ]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

- 16.2 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)

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? ..... Yes [ ] No [ X ]
- 16.4 If yes, give full information relating thereto:

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

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/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	2 Name(s)	3 Address

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [ X ] No [ ]
- 17.2 If no, list exceptions:

Managed DentalGuard OH Quarterly 2012

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:
- 1.1 A&H loss percent

1,533.6 %
- 1.2 A&H cost containment percent

0.0 %
- 1.3 A&H expense percent excluding cost containment expenses

1,981.4 %
- 2.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$0
- 2.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$0

Managed DentalGuard OH Quarterly 2012

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

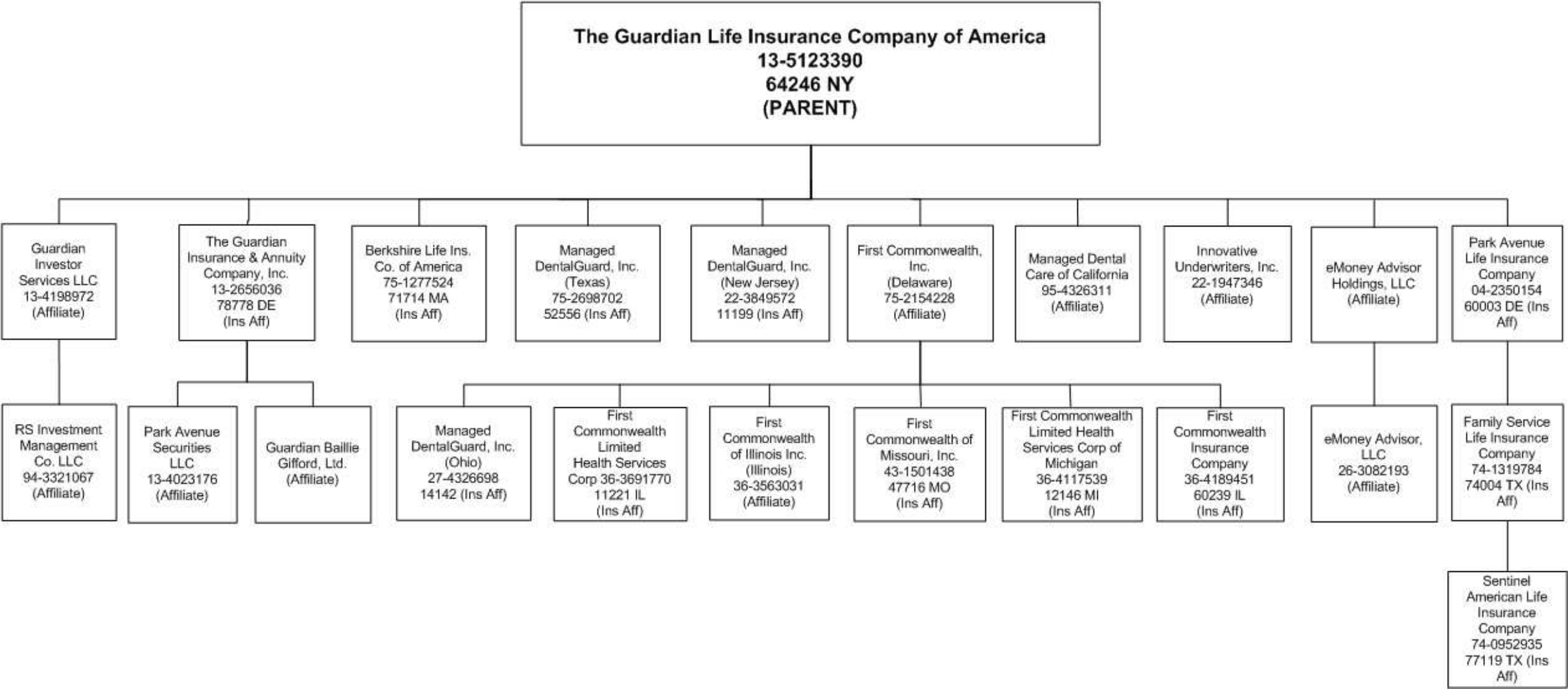
1 NAIC Company Code	2  Federal ID Number	3  Effective Date	4  Name of Reinsurer	5  Domiciliary Jurisdiction	6  Type of Reinsurance Ceded	7  Is Insurer Authorized? (Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1	Direct Business Only							
		2	3	4	5	6	7	8	9
	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama .....	AL							0	
2. Alaska .....	AK							0	
3. Arizona .....	AZ							0	
4. Arkansas .....	AR							0	
5. California .....	CA							0	
6. Colorado .....	CO							0	
7. Connecticut .....	CT							0	
8. Delaware .....	DE							0	
9. District of Columbia .....	DC							0	
10. Florida .....	FL							0	
11. Georgia .....	GA							0	
12. Hawaii .....	HI							0	
13. Idaho .....	ID							0	
14. Illinois .....	IL							0	
15. Indiana .....	IN							0	
16. Iowa .....	IA							0	
17. Kansas .....	KS							0	
18. Kentucky .....	KY							0	
19. Louisiana .....	LA							0	
20. Maine .....	ME							0	
21. Maryland .....	MD							0	
22. Massachusetts .....	MA							0	
23. Michigan .....	MI							0	
24. Minnesota .....	MN							0	
25. Mississippi .....	MS							0	
26. Missouri .....	MO							0	
27. Montana .....	MT							0	
28. Nebraska .....	NE							0	
29. Nevada .....	NV							0	
30. New Hampshire .....	NH							0	
31. New Jersey .....	NJ							0	
32. New Mexico .....	NM							0	
33. New York .....	NY							0	
34. North Carolina .....	NC							0	
35. North Dakota .....	ND							0	
36. Ohio .....	OH	L	113					113	
37. Oklahoma .....	OK							0	
38. Oregon .....	OR							0	
39. Pennsylvania .....	PA							0	
40. Rhode Island .....	RI							0	
41. South Carolina .....	SC							0	
42. South Dakota .....	SD							0	
43. Tennessee .....	TN							0	
44. Texas .....	TX							0	
45. Utah .....	UT							0	
46. Vermont .....	VT							0	
47. Virginia .....	VA							0	
48. Washington .....	WA							0	
49. West Virginia .....	WV							0	
50. Wisconsin .....	WI							0	
51. Wyoming .....	WY							0	
52. American Samoa .....	AS							0	
53. Guam .....	GU							0	
54. Puerto Rico .....	PR							0	
55. U.S. Virgin Islands .....	VI							0	
56. Northern Mariana Islands .....	MP							0	
57. Canada .....	CN							0	
58. Aggregate Other Aliens .....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal .....	XXX	113	0	0	0	0	0	113	0
60. Reporting Entity Contributions for Employee Benefit Plans .....	XXX							0	
61. Totals (Direct Business)	(a) 1	113	0	0	0	0	0	113	0
DETAILS OF WRITE-INS									
5801. ....	XXX								
5802. ....	XXX								
5803. ....	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page .....	XXX	0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898)(Line 58 above) .....	XXX	0	0	0	0	0	0	0	0

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



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				..0.000	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	
..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 Svs Corp	JL	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.	JL	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 Svs 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	JL	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	
..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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

Explanation:

1. Business not written

Bar Code:

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



Managed DentalGuard OH Quarterly 2012

**OVERFLOW PAGE FOR WRITE-INS**

**NONE**



Managed DentalGuard OH Quarterly 2012

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	255,758	0
2. Cost of bonds and stocks acquired .....	0	255,797
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	
6. Deduct consideration for bonds and stocks disposed of .....	0	
7. Deduct amortization of premium .....	68	39
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	255,690	255,758
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	255,690	255,758

Managed DentalGuard OH Quarterly 2012  
**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a) .....	255,758	0	0	(68)	255,690	0	0	255,758
2. Class 2 (a) .....	0	0	0	0	0	0	0	0
3. Class 3 (a) .....	0	0	0	0	0	0	0	0
4. Class 4 (a) .....	0	0	0	0	0	0	0	0
5. Class 5 (a) .....	0	0	0	0	0	0	0	0
6. Class 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	255,758	0	0	(68)	255,690	0	0	255,758
PREFERRED STOCK								
8. Class 1 .....	0	0	0	0	0	0	0	0
9. Class 2 .....	0	0	0	0	0	0	0	0
10. Class 3 .....	0	0	0	0	0	0	0	0
11. Class 4 .....	0	0	0	0	0	0	0	0
12. Class 5 .....	0	0	0	0	0	0	0	0
13. Class 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	255,758	0	0	(68)	255,690	0	0	255,758

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 ;  
NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

Schedule E - Verification - Cash Equivalents

**N O N E**

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**N O N E**

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

## Month End Depository Balances

0599999. Total - Cash	XXX	XXX	0	0	44,031	43,317	42,330	XXX
-----------------------	-----	-----	---	---	--------	--------	--------	-----

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

N O N E