



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 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, US 44131
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7 Hanover Square
(Street and Number)
New York, NY, US 10004, (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Mail Address 7 Hanover Square, New York, NY, US 10004
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7 Hanover Square
(Street and Number)
New York, NY, US 10004, (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)

Internet Website 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 Sanford E Penn #

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 Angles

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

Richard A Goren
President, CEO & COO

Jermaine D Jones
Controller

Subscribed and sworn to before me this 11 day of February 2013

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

Joanna Panosian
Notary Public
May 18 2016

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		852				852
0299999. Total group	0	852	0	0	0	852
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)	0	852	0	0	0	852

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
NONE						
0799999 Gross health care receivables						

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	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	1,650	137	290	183	366	2,626
0499999. Subtotals	1,650	137	290	183	366	2,626
0599999. Unreported claims and other claim reserves						
0699999. Total amounts withheld						
0799999. Total claims unpaid						2,626
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.....						
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.....						
0899999 Accrued medical incentive pool and bonus amounts						

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	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	2,834	12.4	312	100.0		2,834
4. Total capitation payments	2,834	12.4	312	100.0	0	2,834
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	19,956	87.6	XXX	XXX		19,956
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	19,956	87.6	XXX	XXX	0	19,956
13. TOTAL (Line 4 plus Line 12)	22,790	100%	XXX	XXX	0	22,790

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
NONE					
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF		Ohio	DURING THE YEAR					2012	(LOCATION)		NAIC Company Code	14142
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year	0													
2. First Quarter	7					7								
3. Second Quarter	108					108								
4. Third Quarter	235					235								
5. Current Year	312					312								
6. Current Year Member Months	1,694					1,694								
Total Member Ambulatory Encounters for Year:														
7. Physician	53					53								
8. Non-Physician	0													
9. Total	53	0	0	0	0	53	0	0	0	0				
10. Hospital Patient Days Incurred	0													
11. Number of Inpatient Admissions	0													
12. Health Premiums Written (b)	26,034					26,034								
13. Life Premiums Direct	0													
14. Property/Casualty Premiums Written	26,034					26,034								
15. Health Premiums Earned	0													
16. Property/Casualty Premiums Earned	26,034					26,034								
17. Amount Paid for Provision of Health Care Services.....	22,790					22,790								
18. Amount Incurred for Provision of Health Care Services	25,416					25,416								

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

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

29, OH



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Cleveland, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR					2012		NAIC Company Code		14142
			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			
			1 Total	2 Individual								3 Group		
Total Members at end of:														
1. Prior Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter	7	0	0	0	0	0	7	0	0	0	0	0	0	0
3. Second Quarter	108	0	0	0	0	0	108	0	0	0	0	0	0	0
4. Third Quarter	235	0	0	0	0	0	235	0	0	0	0	0	0	0
5. Current Year	312	0	0	0	0	0	312	0	0	0	0	0	0	0
6. Current Year Member Months	1,694	0	0	0	0	0	1,694	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:														
7. Physician	53	0	0	0	0	0	53	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Total	53	0	0	0	0	0	53	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	26,034	0	0	0	0	0	26,034	0	0	0	0	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	26,034	0	0	0	0	0	26,034	0	0	0	0	0	0	0
15. Health Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	26,034	0	0	0	0	0	26,034	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	22,790	0	0	0	0	0	22,790	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	25,416	0	0	0	0	0	25,416	0	0	0	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$0

29.GT

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

Schedule S - Part 6

N O N E

Schedule S - Part 7

N O N E

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

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	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	
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	CAN					
58. Aggregate Other Alien	OT					
59. Total						

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE MANAGED DENTALGUARD INC (OHIO)

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)	*
0429	Guardian Life Insurance Co. of America	64246	13-5123390	3081309	0000901849		Guardian Life Insurance Co. of America	NY					Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	60003	04-2350154				Park Avenue Life Insurance Company	DE	IA	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	IA	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	IA	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	IA	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	74.180	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	74.180	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	IL	IA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		36-3563031				First Commonwealth of Illinois Inc.	IL	NIA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	47716	43-1501438				First Commonwealth of Missouri Inc.	MO	IA	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	IA	First Commonwealth Inc.	Ownership	100.000	Guardian Life Insurance Co. of America	
0429	Guardian Life Insurance Co. of America	60239	36-4189451				First Commonwealth Insurance Company	IL	IA	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	IA	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	IA	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	IA	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	IA	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		13-4198972		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	82.180	Guardian Life Insurance Co. of America	
0000	Guardian Life Insurance Co. of America		84-0733950				Reed Group, Ltd	CO	NIA	Reed Intermediate Holdings, Ltd	Ownership	100.000	Guardian Life Insurance Co. of America	

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE MANAGED DENTALGUARD INC (OHIO)

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)	*
...0000 ...	Guardian Life Insurance Co. of America .....	.....	41-2254672 .....	.....	.....	.....	Reed Intermediate Holdings, Ltd .....	...DE.....	.....NIA.....	First Commonwealth Inc.	Ownership.....	..100.000	Guardian Life Insurance Co. of America .....	.....

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE MANAGED DENTALGUARD INC (OHIO)

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
64246	13-5123390	Guardian Life Insurance Company of America	3,565,040	(240,793,096)		201,574	315,260,435	93,587,113		(20,000,000)	151,821,066	1,877,065,740
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.	5,266,227			(201,574)	(166,314,102)	9,014,572		20,000,000	(132,234,877)	117,717,918
00000	13-2615338	Guardian Investor Services LLC		91,207,475			(39,356,561)				51,850,914	
60003	04-2350154	Park Avenue Life Insurance Company					(7,761,246)				(7,761,246)	
00000	95-4326311	Managed Dental Care of California	(2,705,040)				(1,806,096)				(4,511,136)	
11199	22-3849572	Managed DentalGuard Inc. (New Jersey)	(30,000)				(1,009,020)				(1,039,020)	
00000	13-4023176	Park Avenue Securities, LLC		8,000,000			19,489,260				27,489,260	
74004	74-1319784	Family Service Life Insurance Company					(4,105,488)				(4,105,488)	
77119	74-0952935	Sentinel American Life Insurance Company					(536,889)				(536,889)	
00000	22-1947346	Innovative Underwriters, Inc.	(200,000)				(548,613)				(748,613)	
00000	75-2154228	First Commonwealth Inc.	5,870,000	134,579,250			68,360				140,517,610	
60239	36-4189451	First Commonwealth Insurance Company	(4,300,000)				(17,792,351)				(22,092,351)	
00000	36-3563031	First Commonwealth of Illinois					15,130,673				15,130,673	
11221	36-3691770	First Commonwealth Limited Health Services Corporation (IL)	(170,000)				(159,343)				(329,343)	
47716	43-1501438	First Commonwealth of Missouri, Inc.	(500,000)				(974,225)				(1,474,225)	
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(900,000)				(3,240,545)				(4,140,545)	
71714	75-1277524	Berkshire Life Insurance Company of America					(105,614,016)	(102,601,685)			(208,215,701)	(1,994,783,658)
52556	75-2698702	Managed DentalGuard Inc. (Texas)	(630,000)				(926,195)				(1,556,195)	
00000	94-3321067	RS Investment Management Co. LLC					597,016				597,016	
00000	26-3082193	eMoney Advisor, LLC					1,398,364				1,398,364	
00000	26-3082193	eMoney Advisor Holdings, LLC		3,854,155							3,854,155	
00000	04-2842018	American Financial Systems, Inc.		3,152,216			(1,801,490)				1,350,726	
00000	00-0000000	Guardian Baillie Gifford, Ltd.	(5,266,227)								(5,266,227)	
14142	27-4326698	Managed DentalGuard, Inc. (OH)					2,072				2,072	
00000	45-3696877	Guardian Distributors, LLC									0	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE MANAGED DENTALGUARD INC (OHIO)
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	WAIVED
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	WAIVED
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	SEE EXPLANATION
AUGUST FILING	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES









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:

- 9. No outside accountants were used, therefore Accountants Letter of Qualification will be filed
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Bar Codes:

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

17. Medicare Part D Coverage Supplement [Document Identifier 365]	 1 4 1 4 2 2 0 1 2 3 6 5 0 0 0 0 0
18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 4 1 4 2 2 0 1 2 2 2 4 0 0 0 0 0
19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 4 1 4 2 2 0 1 2 2 2 5 0 0 0 0 0
20. Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 4 1 4 2 2 0 1 2 2 2 6 0 0 0 0 0
21. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 4 1 4 2 2 0 1 2 3 0 6 0 0 0 0 0
22. Life Supplement [Document Identifier 211]	 1 4 1 4 2 2 0 1 2 2 1 1 0 0 0 0 0
23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	 1 4 1 4 2 2 0 1 2 2 1 3 0 0 0 0 0
24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 4 1 4 2 2 0 1 2 2 1 6 0 0 0 0 0
25. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 4 1 4 2 2 0 1 2 2 1 7 0 0 0 0 0
26. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 4 1 4 2 2 0 1 2 2 2 3 0 0 0 0 0

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