

The original amount of member months were understated in the original filing which was reported at 13,003.

The revised member months is 14,527



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

MANAGED DENTALGUARD INC

NAIC Group Code 0429 NAIC Company Code 14142 Employer's ID Number 27-4326698
(Current) (Prior)

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

Incorporated/Organized 08/09/2010 Commenced Business 10/18/2011

Statutory Home Office Crown Centre, 5005 Rockside Road #430, Independence, OH, US 44131
(Street and Number) (City or Town, State, Country and Zip Code)

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

(Area Code) (Telephone Number)

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)

(Area Code) (Telephone Number)

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

(Area Code) (Telephone Number)

Internet Website Address www.Guardianlife.com

Statutory Statement Contact Jermaine Jones, 212-598-8633
(Name) (Area Code) (Telephone Number)

jermaine_jones@glic.com, 212-919-2583

(E-mail Address) (FAX Number)

OFFICERS

Chairman, President, CEO & COO Jolynne Williamson # Treasurer Walter R Skinner
Secretary Margherita L DiManni # Vice President & Appointed Actuary Sanford E Penn

OTHER

Jermaine D Jones Controller Faith M Drennan Assistant Secretary Stuart J Shaw Vice President
Richard A Goren Assistant Secretary John A Dolan # Assistant Secretary Tracy L Rich Assistant Secretary

DIRECTORS OR TRUSTEES

Raymond J Marra Jermaine D Jones Thomas A McInteer
Jolynne I Williamson #

State of New York SS:
County of Nassau

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.

Sanford E Penn
Vice President & Appointed Actuary

Jermaine D Jones
Controller

Subscribed and sworn to before me this
26 day of February 2014

a. Is this an original filing? Yes No [X]
 b. If no,
 1. State the amendment number.....1
 2. Date filed03/24/2014
 3. Number of pages attached.....3

Patricia Manbodhe
Notary Public
February 11, 2017



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR					NAIC Company Code	14142	
				1	2	3	4	5			
		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		312						312			
2. First Quarter		1,032						1,032			
3. Second Quarter		1,215						1,215			
4. Third Quarter		1,400						1,400			
5. Current Year		1,524						1,524			
6. Current Year Member Months		14,527						14,527			
Total Member Ambulatory Encounters for Year:											
7 Physician		242						242			
8. Non-Physician		0									
9. Total		242	0	0	0	0	242	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b)		209,423						209,423			
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		208,812						208,812			
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		118,128						118,128			
18. Amount Incurred for Provision of Health Care Services		125,959						125,959			

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	14142	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 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		312	0	0	0	0	312	0	0	0	0
2. First Quarter		1,032	0	0	0	0	1,032	0	0	0	0
3. Second Quarter		1,215	0	0	0	0	1,215	0	0	0	0
4. Third Quarter		1,400	0	0	0	0	1,400	0	0	0	0
5. Current Year		1,524	0	0	0	0	1,524	0	0	0	0
6. Current Year Member Months		14,527	0	0	0	0	14,527	0	0	0	0
Total Member Ambulatory Encounters for Year:											
7 Physician		242	0	0	0	0	242	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0
9. Total		242	0	0	0	0	242	0	0	0	0
10. Hospital Patient Days Incurred		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
12. Health Premiums Written (b)		209,423	0	0	0	0	209,423	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		208,812	0	0	0	0	208,812	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		118,128	0	0	0	0	118,128	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		125,959	0	0	0	0	125,959	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

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

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