

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 Code0429NAIC Company Code14142Employer's ID Number27-4326698

Organized under the Laws ofOhio, State of Domicile or Port of EntryOhio

Country of DomicileUS

Licensed as business type:Dental Service Corporation

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized08/09/2010Commenced Business10/18/2011

Statutory Home OfficeCrown Centre, 5005 Rockside Road #430Independence , OH, US 44131

Main Administrative Office7 Hanover SquareNew York , NY, US 10004

Mail Address7 Hanover SquareNew York , NY, US 10004

Primary Location of Books and Records7 Hanover SquareNew York , NY, US 10004

Internet Website Addresswww.Guardianlife.com

Statutory Statement ContactJermaine Jones212-598-8633

OFFICERS

Chairman, President, CEO & COOJolynne Williamson #TreasurerWalter R Skinner

SecretaryMargherita L DiManni #Vice President & Appointed ActuarySanford E Penn

OTHER

Jermaine D Jones ControllerFaith M Drennan Assistant SecretaryStuart J Shaw Vice President

Richard A Goren Assistant SecretaryJohn A Dolan # Assistant SecretaryTracy L Rich Assistant Secretary

DIRECTORS OR TRUSTEES

Raymond J MarraJermaine D JonesThomas A McInteer

Jolynne I Williamson #

State ofNew YorkSS:

County ofNassau

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 PennVice President & Appointed Actuary

Jermaine D JonesController

Subscribed and sworn to before me this

26 day ofFebruary 2014

Patricia Manbodhe  
Notary Public  
Febuary 11, 2017

a. Is this an original filing? Yes [ ] No [ X ]

b. If no,

1. State the amendment number.....1

2. Date filed .....03/24/2014

3. Number of pages attached..... 3



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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0429		Ohio		2013							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	14142	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>												
1. Prior Year .....		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					
<b>Total Member Ambulatory Encounters for Year:</b>												
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

NAIC Group Code		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2013		(LOCATION)	
0429										NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
			Individual	Group							
Total Members at end of:											
1. Prior Year .....	312	0	0	0	0	0	312	0	0	0	0
2. First Quarter .....	1,032	0	0	0	0	0	1,032	0	0	0	0
3. Second Quarter .....	1,215	0	0	0	0	0	1,215	0	0	0	0
4. Third Quarter .....	1,400	0	0	0	0	0	1,400	0	0	0	0
5. Current Year	1,524	0	0	0	0	0	1,524	0	0	0	0
6. Current Year Member Months	14,527	0	0	0	0	0	14,527	0	0	0	0
Total Member Ambulatory Encounters for Year:											
7. Physician .....	242	0	0	0	0	0	242	0	0	0	0
8. Non-Physician .....	0	0	0	0	0	0	0	0	0	0	0
9. Total	242	0	0	0	0	0	242	0	0	0	0
10. Hospital Patient Days Incurred	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
12. Health Premiums Written (b) .....	209,423	0	0	0	0	0	209,423	0	0	0	0
13. Life Premiums Direct	0	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	0
15. Health Premiums Earned .....	208,812	0	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	0
17. Amount Paid for Provision of Health Care Services .....	118,128	0	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	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