



## 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 [ X ]

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)

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)

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	<u>Jolynne Williamson #</u>	Treasurer	<u>Walter R Skinner</u>
Secretary	<u>Margherita L DiManni #</u>	Vice President & Appointed Actuary	<u>Sanford E Penn</u>

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

### DIRECTORS OR TRUSTEES

<u>Raymond J Marra</u>	<u>Jermaine D Jones</u>	<u>Thomas A McInteer</u>
<u>Jolynne I Williamson #</u>		

State of New York SS:  
 County of Nassau County

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 [ X ] No [ ]
- b. If no,
  - 1. State the amendment number.....
  - 2. Date filed ..... 03/02/2014
  - 3. Number of pages attached.....

\_\_\_\_\_  
 Patricia Manbodhe  
 Notary Public  
 February 11, 2017

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE MANAGED DENTALGUARD INC (OHIO)  
**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

Exhibit 3 - Health Care Receivables  
**N O N E**

Exhibit 3A - Health Care Receivables Collected and Accrued  
**N O N E**

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

**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	5,923	1,138	1,176	625	1,595	10,457
0499999. Subtotals	5,923	1,138	1,176	625	1,595	10,457
0599999. Unreported claims and other claim reserves						
0699999. Total amounts withheld						
0799999. Total claims unpaid						10,457
0899999 Accrued medical incentive pool and bonus amounts						

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

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
The Guardian Life Insurance Company of America .....	2,083					2,083	
0199999. Individually listed receivables	2,083	0	0	0	0	2,083	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	2,083	0	0	0	0	2,083	0

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

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
The Guardian Life Insurance Company of America .....	Administrative Services .....	2,824	2,824	
0199999. Individually listed payables		2,824	2,824	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		2,824	2,824	0

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

**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 .....	40,019	33.9	1,524	100.0		40,019
4. Total capitation payments .....	40,019	33.9	1,524	100.0	0	40,019
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	78,109	66.1	XXX	XXX		78,109
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 .....	78,109	66.1	XXX	XXX	0	78,109
13. TOTAL (Line 4 plus Line 12)	118,128	100%	XXX	XXX	0	118,128

24

**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
99999999 Totals				XXX	XXX

**NONE**

Exhibit 8 - Furniture and Equipment Owned

**N O N E**



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 Total	2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid
<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 .....			13,003						13,003			
<b>Total Member Ambulatory Encounters for Year:</b>												
7 Physician .....			242						242			
8 Non-Physician .....			0									
9. Total .....			242	0	0	0	0	0	242	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 Total	Comprehensive (Hospital & Medical) 2 Individual	3 Group	4 Medicare Supplement	5 Vision Only	6 Dental Only		
<b>Total Members at end of:</b>										
1. Prior Year .....			312	0	0	0	0	312	0	0
2. First Quarter .....			1,032	0	0	0	0	1,032	0	0
3. Second Quarter .....			1,215	0	0	0	0	1,215	0	0
4. Third Quarter .....			1,400	0	0	0	0	1,400	0	0
5. Current Year .....			1,524	0	0	0	0	1,524	0	0
6. Current Year Member Months .....			13,003	0	0	0	0	13,003	0	0
<b>Total Member Ambulatory Encounters for Year:</b>										
7 Physician .....			242	0	0	0	0	242	0	0
8. Non-Physician .....			0	0	0	0	0	0	0	0
9. Total .....			242	0	0	0	0	242	0	0
10. Hospital Patient Days Incurred .....			0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions .....			0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....			209,423	0	0	0	0	209,423	0	0
13. Life Premiums Direct .....			0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....			0	0	0	0	0	0	0	0
15. Health Premiums Earned .....			208,812	0	0	0	0	208,812	0	0
16. Property/Casualty Premiums Earned .....			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
18. Amount Incurred for Provision of Health Care Services.....			125,959	0	0	0	0	125,959	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

30.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**

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

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

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama .....	AL					
2. Alaska .....	AK					
3. Arizona .....	AZ					
4. Arkansas .....	AR					
5. California .....	CA					
6. Colorado .....	CO					
7. Connecticut .....	CT					
8. Delaware .....	DE					
9. District of Columbia .....	DC					
10. Florida .....	FL					
11. Georgia .....	GA					
12. Hawaii .....	HI					
13. Idaho .....	ID					
14. Illinois .....	IL					
15. Indiana .....	IN					
16. Iowa .....	IA					
17. Kansas .....	KS					
18. Kentucky .....	KY					
19. Louisiana .....	LA					
20. Maine .....	ME					
21. Maryland .....	MD					
22. Massachusetts .....	MA					
23. Michigan .....	MI					
24. Minnesota .....	MN					
25. Mississippi .....	MS					
26. Missouri .....	MO					
27. Montana .....	MT					
28. Nebraska .....	NE					
29. Nevada .....	NV					
30. New Hampshire .....	NH					
31. New Jersey .....	NJ					
32. New Mexico .....	NM					
33. New York .....	NY					
34. North Carolina .....	NC					
35. North Dakota .....	ND					
36. Ohio .....	OH					
37. Oklahoma .....	OK					
38. Oregon .....	OR					
39. Pennsylvania .....	PA					
40. Rhode Island .....	RI					
41. South Carolina .....	SC					
42. South Dakota .....	SD					
43. Tennessee .....	TN					
44. Texas .....	TX					
45. Utah .....	UT					
46. Vermont .....	VT					
47. Virginia .....	VA					
48. Washington .....	WA					
49. West Virginia .....	WV					
50. Wisconsin .....	WI					
51. Wyoming .....	WY					
52. American Samoa .....	AS					
53. Guam .....	GU					
54. Puerto Rico .....	PR					
55. U.S. Virgin Islands .....	VI					
56. Northern Mariana Islands .....	MP					
57. Canada .....	CAN					
58. Aggregate Other Alien .....	OT					
59. Total .....						

NONE

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

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domestic-ship to Reporting Entity	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
.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		26-4703468				eMoney Advisors, LLC	DE	NIA	eMoney Advisor Holdings, LLC	Ownership	.79.503	Guardian Life Insurance Co. of America	
.0429	Guardian Life Insurance Co. of America		26-3082193	3445956	0001125398		eMoney Advisor Holdings, LLC	DE	NIA	Guardian Life Insurance Co. of America	Ownership	.79.503	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 Svcs 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 Svcs 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	

Asterisk	Explanation

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

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
64246	13-5123390	Guardian Life Insurance Company of America	2,853,920	(98,902,846)			198,077,514	101,927,330		(93,000,000)	110,955,919	(212,785,600)
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.	5,423,280	85,000,000	7,300,000		(130,923,208)	18,674,154		88,000,000	66,174,225	139,419,942
00000	13-2615338	Guardian Investor Services LLC					(9,683,842)				(2,383,842)	
60003	04-2350154	Park Avenue Life Insurance Company					(2,909,831)				(2,909,831)	
00000	95-4326311	Managed Dental Care of California	(2,103,920)				(2,205,469)				(4,309,389)	
11199	22-3849572	Managed DentalGuard Inc. (New Jersey)	(50,000)				(1,092,997)				(1,142,997)	
00000	13-4023176	Park Avenue Securities, LLC		8,000,000			14,583,726				22,583,726	
74004	74-1319784	Family Service Life Insurance Company					(3,235,617)				(3,235,617)	
77119	74-0952935	Sentinel American Life Insurance Company					(569,204)				(569,204)	
00000	22-1947346	Innovative Underwriters, Inc.	(200,000)	(500,000)			(523,222)				(1,223,222)	
00000	75-2154228	First Commonwealth Inc.	5,910,000	(5,400,840)			(95,894)				413,266	
60239	36-4189451	First Commonwealth Insurance Company	(4,600,000)				(17,730,878)				(22,330,878)	
00000	36-3563031	First Commonwealth of Illinois					15,089,876				15,089,876	
11221	36-3691770	First Commonwealth Limited Health Services Corporation (IL)	(160,000)				(158,374)				(318,374)	
47716	43-1501438	First Commonwealth of Missouri, Inc.	(500,000)				(890,027)				(1,390,027)	
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(650,000)				(3,212,322)				(3,862,322)	
71714	75-1277524	Berkshire Life Insurance Company of America					(64,845,673)	(120,601,484)			(185,447,157)	73,365,658
52556	75-2698702	Managed DentalGuard Inc. (Texas)	(500,000)				(961,298)				(1,461,298)	
00000	94-3321067	RS Investment Management Co. LLC					402,465				5,000,000	5,402,465
00000	26-4703468	eMoney Advisor, LLC					1,510,009				1,510,009	
00000	26-3082193	eMoney Advisor Holdings, LLC		4,503,686							4,503,686	
00000	00-0000000	Guardian Baillie Gifford, Ltd.	(5,423,280)				(31,194)				(5,423,280)	
14142	27-4326698	Managed DentalGuard, Inc. (OH)					9,405,462				(31,194)	
00000	84-0733950	Reed Group Ltd.									9,405,462	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2013 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?  | YES |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?                            | YES |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | YES |

**APRIL FILING**

- |  |     |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1?              | YES |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |

**JUNE FILING**

- |   |     |
|---|-----|
| 8. Will an audited financial report be filed by June 1?   | YES |
| 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |

**AUGUST FILING**

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

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**MARCH FILING**

- |  |    |
|--|----|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?   | NO |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?  | NO |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?   | NO |
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?   | NO |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?                              | NO |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?  | NO |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?                                   | NO |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?   | NO |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?   | NO |

**APRIL FILING**

- |  |    |
|--|----|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?  | NO |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?  | NO |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?                  | NO |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?                                      | NO |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |

**AUGUST FILING**

- |  |    |
|--|----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |
|--|----|

Explanations:

- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.
- 21.
- 22.
- 23.
- 24.
- 25.
- 26.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



12. Life Supplement [Document Identifier 205]



13. Property/Casualty Supplement [Document Identifier 207]



14. SIS Stockholder Information Supplement [Document Identifier 420]



15. Participating Opinion for Exhibit 5 [Document Identifier 371]



16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



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



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



19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



ANNUAL STATEMENT FOR THE YEAR 2013 OF THE MANAGED DENTALGUARD INC (OHIO)  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

20. Relief from the Requirements for Audit Committees [Document Identifier 226]



21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit  
[Document Identifier 213]



24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



25. Supplemental Health Care Exhibit's Expense Allocation Report  
[Document Identifier 217]



26. Management's Report of Internal Control Over Financial Reporting  
[Document Identifier 223]



## ALPHABETICAL INDEX

### **ANNUAL STATEMENT BLANK**

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 3 - Special Deposits .....	E28
Schedule E - Verification Between Years .....	SI15

**ANNUAL STATEMENT BLANK (Continued)**

Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14