



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 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 PennJermaine D Jones

Vice President & Appointed ActuaryController

Subscribed and sworn to before me this26day ofFebruary 2014

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

b. If no,

1. State the amendment number.....

2. Date filed03/02/2014

3. Number of pages attached.....

Patricia Manbodhe
Notary Public
Febuary 11, 2017

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

Exhibit 3 - Health Care Receivables
N O N E

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

21

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	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

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	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 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	
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		13,003					13,003					
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

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	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	13,003	0	0	0	0	13,003	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 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

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					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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	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 Loca-tion	Relation-ship 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		26-4703468				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 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	

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	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	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			(130,923,208)	18,674,154		88,000,000	66,174,225	139,419,942
00000	13-2615338	Guardian Investor Services LLC		7,300,000			(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)								(5,423,280)	
14142	27-4326698	Managed DentalGuard, Inc. (OH)					(31,194)				(31,194)	
00000	84-0733950	Reed Group Ltd.					9,405,462				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]	

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>141422013226000000</div>
21.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>141422013306000000</div>
22.	Life Supplement [Document Identifier 211]	 <div>141422013211000000</div>
23.	Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	 <div>141422013213000000</div>
24.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>141422013216000000</div>
25.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>141422013217000000</div>
26.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>141422013223000000</div>

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