



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
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 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)

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 Kristina Fink # Assistant Secretary Stuart J Shaw Vice President
Richard A Goren Assistant Secretary John A Dolan 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 25 day of February 2015

- 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.....

Patricia Manbodhe
Notary Public
February 11, 2017

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	333,414		333,414	318,556
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	
3.2 Other than first liens			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	
4.2 Properties held for the production of income (less \$ encumbrances)			0	
4.3 Properties held for sale (less \$ encumbrances)			0	
5. Cash (\$(2,152), Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$72,999, Schedule DA)	70,847		70,847	32,956
6. Contract loans, (including \$ premium notes)			0	
7. Derivatives (Schedule DB)			0	
8. Other invested assets (Schedule BA)			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets (Schedule DL)			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	404,261	0	404,261	351,512
13. Title plants less \$ charged off (for Title insurers only)			0	
14. Investment income due and accrued	426		426	480
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	9,255	2,026	7,229	2,631
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon	3,319		3,319	
18.2 Net deferred tax asset	114	114	0	0
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets (\$)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	2,960		2,960	2,083
24. Health care (\$) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	0	0	0	30
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	420,335	2,140	418,195	356,736
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	420,335	2,140	418,195	356,736
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Misc Receivable			0	30
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	30

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	27,470		27,470	10,457
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses.....		698	698	448
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act		380	380	611
5. Aggregate life policy reserves.....			0	
6. Property/casualty unearned premium reserves.....			0	
7. Aggregate health claim reserves.....			0	
8. Premiums received in advance.....		2,745	2,745	1,620
9. General expenses due or accrued.....		6,411	6,411	3,130
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	6,867
10.2 Net deferred tax liability.....			0	
11. Ceded reinsurance premiums payable.....			0	
12. Amounts withheld or retained for the account of others.....		1	1	
13. Remittances and items not allocated.....			0	
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current).....			0	
15. Amounts due to parent, subsidiaries and affiliates.....		4,415	4,415	2,824
16. Derivatives.....			0	
17. Payable for securities.....			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....			0	
20. Reinsurance in unauthorized and certified (\$) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans.....			0	
23. Aggregate write-ins for other liabilities (including \$ current).....	0	0	0	0
24. Total liabilities (Lines 1 to 23).....	27,470	14,650	42,120	25,957
25. Aggregate write-ins for special surplus funds.....	XXX	XXX	0	0
26. Common capital stock.....	XXX	XXX	10	10
27. Preferred capital stock.....	XXX	XXX		
28. Gross paid in and contributed surplus.....	XXX	XXX	299,990	299,990
29. Surplus notes.....	XXX	XXX	0	
30. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	6,087	0
31. Unassigned funds (surplus).....	XXX	XXX	69,988	30,779
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).....	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).....	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32).....	XXX	XXX	376,075	330,779
34. Total liabilities, capital and surplus (Lines 24 and 33).....	XXX	XXX	418,195	356,736
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above).....	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above).....	XXX	XXX	0	0
3001. Est ACA Payable in Subsq Yr	XXX	XXX	6,087	
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above).....	XXX	XXX	6,087	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	21,783	14,527
2. Net premium income (including \$ non-health premium income)	XXX	329,004	209,423
3. Change in unearned premium reserves and reserve for rate credits	XXX	231	(611)
4. Fee-for-service (net of \$ medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	329,235	208,812
Hospital and Medical:			
9. Hospital/medical benefits			
10. Other professional services		197,272	125,899
11. Outside referrals	25	25	60
12. Emergency room and out-of-area			
13. Prescription drugs			
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts			
16. Subtotal (Lines 9 to 15)	25	197,297	125,959
Less:			
17. Net reinsurance recoveries			
18. Total hospital and medical (Lines 16 minus 17)	25	197,297	125,959
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$200 cost containment expenses		2,508	1,257
21. General administrative expenses		57,206	29,396
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)		0	
23. Total underwriting deductions (Lines 18 through 22).....	25	257,011	156,612
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	72,224	52,200
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		2,183	1,256
26. Net realized capital gains (losses) less capital gains tax of \$			
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,183	1,256
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	74,407	53,456
31. Federal and foreign income taxes incurred	XXX	27,131	18,793
32. Net income (loss) (Lines 30 minus 31)	XXX	47,276	34,663
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	330,779	296,164
34. Net income or (loss) from Line 32.....	47,276	34,663
35. Change in valuation basis of aggregate policy and claim reserves.....		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....		
37. Change in net unrealized foreign exchange capital gain or (loss).....		
38. Change in net deferred income tax.....	31	83
39. Change in nonadmitted assets.....	(2,009)	(131)
40. Change in unauthorized and certified reinsurance.....	0	
41. Change in treasury stock.....	0	
42. Change in surplus notes.....	0	
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....		
45.3 Transferred from capital.....		
46. Dividends to stockholders.....		
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	45,298	34,615
49. Capital and surplus end of reporting period (Line 33 plus 48)	376,077	330,779
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	323,553	207,931
2. Net investment income	3,102	1,753
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	326,655	209,684
5. Benefit and loss related payments	180,284	118,128
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	56,183	27,801
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	37,317	13,623
10. Total (Lines 5 through 9)	273,784	159,552
11. Net cash from operations (Line 4 minus Line 10)	52,871	50,132
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	255,000	0
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	255,000	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds	270,723	63,717
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	270,723	63,717
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(15,723)	(63,717)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	743	1,367
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	743	1,367
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	37,891	(12,218)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	32,956	45,174
19.2 End of year (Line 18 plus Line 19.1)	70,847	32,956

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	329,004			329,004						
2. Change in unearned premium reserves and reserve for rate credit	231			231						
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	329,235	0	0	329,235	0	0	0	0	0	0
8. Hospital/medical benefits	0									XXX
9. Other professional services	197,272			197,272						XXX
10. Outside referrals	25			25						XXX
11. Emergency room and out-of-area	0									XXX
12. Prescription drugs	0									XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0									XXX
15. Subtotal (Lines 8 to 14)	197,297	0	0	197,297	0	0	0	0	0	XXX
16. Net reinsurance recoveries	0									XXX
17. Total medical and hospital (Lines 15 minus 16)	197,297	0	0	197,297	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ cost containment expenses	2,508			2,508						
20. General administrative expenses	57,206			57,206						
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	257,011	0	0	257,011	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	72,224	0	0	72,224	0	0	0	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only	329,004			329,004
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	0			0
8. Other health				0
9. Health subtotal (Lines 1 through 8)	329,004	0	0	329,004
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	329,004	0	0	329,004

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	180,284			180,284						
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	180,284	0	0	180,284	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	27,470	0	0	27,470	0	0	0	0	0	0
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	27,470	0	0	27,470	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	10,457	0	0	10,457	0	0	0	0	0	0
8.2 Reinsurance assumed	0									
8.3 Reinsurance ceded	0									
8.4 Net	10,457	0	0	10,457	0	0	0	0	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0									
11. Amounts recoverable from reinsurers December 31, prior year	0									
12. Incurred Benefits:										
12.1 Direct	197,297	0	0	197,297	0	0	0	0	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
12.4 Net	197,297	0	0	197,297	0	0	0	0	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	.0									
1.2 Reinsurance assumed .....	.0									
1.3 Reinsurance ceded .....	.0									
1.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	27,470			27,470						
2.2 Reinsurance assumed .....	.0									
2.3 Reinsurance ceded .....	.0									
2.4 Net	27,470	.0	.0	27,470	.0	.0	.0	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.0									
3.2 Reinsurance assumed .....	.0									
3.3 Reinsurance ceded .....	.0									
3.4 Net .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. TOTALS:										
4.1 Direct	27,470	.0	.0	27,470	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	27,470	0	0	27,470	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only	173,956	6,328	487	26,983	174,443	10,457
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8)	173,956	6,328	487	26,983	174,443	10,457
10. Healthcare receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9 - 10 + 11 + 12)	173,956	6,328	487	26,983	174,443	10,457

(a) Excludes \$ loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)**

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	0	0	0	0	
2.	2010					
3.	2011	XXX				
4.	2012	XXX	XXX	23	24	24
5.	2013	XXX	XXX	XXX	117	123
6.	2014	XXX	XXX	XXX	XXX	174

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	0	0	0	0	
2.	2010					
3.	2011	XXX				
4.	2012	XXX	XXX	25	23	23
5.	2013	XXX	XXX	XXX	127	123
6.	2014	XXX	XXX	XXX	XXX	201

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010				0.0	0	0.0			0	0.0
2. 2011				0.0	0	0.0			0	0.0
3. 2012	26	23		0.0	23	88.5			23	88.5
4. 2013	209	118	1	0.8	119	56.9			119	56.9
5. 2014	329	197	3	1.5	200	60.8	27	1	228	69.3

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

UNDERWRITING AND INVESTMENT EXHIBIT

**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
(000 Omitted)**

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	0	0	0	0	0
2.	2010	0	0	0	0	0
3.	2011	XXX	0	0	0	0
4.	2012	XXX	XXX	23	24	24
5.	2013	XXX	XXX	XXX	117	123
6.	2014	XXX	XXX	XXX	XXX	174

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2010	2 2011	3 2012	4 2013	5 2014
1.	Prior	0	0	0	0	0
2.	2010	0	0	0	0	0
3.	2011	XXX	0	0	0	0
4.	2012	XXX	XXX	25	23	23
5.	2013	XXX	XXX	XXX	127	123
6.	2014	XXX	XXX	XXX	XXX	201

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2010	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2011	0	0	0	0.0	0	0.0	0	0	0	0.0
3. 2012	26	23	0	0.0	23	88.5	0	0	23	88.5
4. 2013	209	118	1	0.8	119	56.9	0	0	119	56.9
5. 2014	329	197	3	1.5	200	60.8	27	1	228	69.3

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	380			380					
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$) for investment income	0								
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	380	0	0	380	0	0	0	0	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	380	0	0	380	0	0	0	0	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)					0
2. Salary, wages and other benefits					0
3. Commissions (less \$ ceded plus \$ assumed)			28,285		28,285
4. Legal fees and expenses					0
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	200	2,308	7,762		10,270
7. Traveling expenses					0
8. Marketing and advertising			4,971		4,971
9. Postage, express and telephone			1,988		1,988
10. Printing and office supplies			2,982		2,982
11. Occupancy, depreciation and amortization					0
12. Equipment					0
13. Cost or depreciation of EDP equipment and software					0
14. Outsourced services including EDP, claims, and other services					0
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate					0
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses					0
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			3,705		3,705
23.2 State premium taxes			4,492		4,492
23.3 Regulatory authority licenses and fees					0
23.4 Payroll taxes					0
23.5 Other (excluding federal income and real estate taxes)			3,021		3,021
24. Investment expenses not included elsewhere					0
25. Aggregate write-ins for expenses	0	0	0	0	0
26. Total expenses incurred (Lines 1 to 25)	200	2,308	57,206	0	(a) 59,714
27. Less expenses unpaid December 31, current year		698	6,411		7,109
28. Add expenses unpaid December 31, prior year		448	3,130		3,578
29. Amounts receivable relating to uninsured plans, prior year					0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	200	2,058	53,925	0	56,183
DETAILS OF WRITE-INS					
2501.					
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0	0

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 2,232	2,181
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) 2	2
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	2,234	2,183
11. Investment expenses		(g) 0
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		0
17. Net investment income (Line 10 minus Line 16)		2,183
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 308 accrual of discount less \$ 1,173 amortization of premium and less \$ 765 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ 2 accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	0	0	0	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans		0	0	0	0
4. Real estate		0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	2,026	48	(1,978)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	114	83	(31)
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other than invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	2,140	131	(2,009)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	2,140	131	(2,009)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	1,524	1,827	1,813	1,833	1,894	21,783
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	1,524	1,827	1,813	1,833	1,894	21,783
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

Basis of Presentation

The accompanying statutory basis financial statements have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (“ODI”). ODI adopted National Association of Insurance Commissioners’ (“NAIC”) “Accounting Practices and Procedures Manual” (“NAIC SAP”) as the basis of its statutory accounting practices. Prescribed statutory accounting practices include state laws, regulations and general administrative rules, as well as a variety of publications of the NAIC. There are no differences between the company’s capital, surplus and net income calculated in accordance with ODI and NAIC SAP for the years ending December 31, 2014 and 2013.

Net Income	State of Domicile	2014	2013
(1) Net Income, state basis (Page 4, Line 32, Columns 2 & 3)	Ohio	\$ 47,274	\$ 34,663
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(3) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(4) Net Income, NAIC SAP (1-2-3=4)	Ohio	<u>\$ 47,274</u>	<u>\$ 34,663</u>
Surplus			
(5) Statutory surplus, state basis (Page 3, Line 33, Columns 3 & 4)	Ohio	\$ 376,075	\$ 330,779
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(7) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(8) Statutory Surplus, NAIC SAP (5-6-7=8)	Ohio	<u>\$ 376,075</u>	<u>\$ 330,779</u>

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in accordance with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of admitted assets and liabilities, disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses for each reporting period. Actual results could differ from those estimates.

C. Accounting Policy

Dental premiums are earned ratably over the terms of the related insurance policies.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. The Company's investments in fixed maturity securities are valued using prices provided by third party pricing vendors. The pricing vendors determine the prices using market inputs, including benchmark yields, reported trades, broker-dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and reference data. Bonds are stated at amortized cost using the interest method.
3. None
4. None
5. None
6. None
7. None
8. None
9. Not Applicable
10. Not Applicable
11. The estimate for incurred but not reported dental claims is based on actuarial projections of costs using historical claims paid data. Estimates are continually monitored and reviewed and, as settlements are made or estimates adjusted, differences are reflected in current operations. Such estimates are subject to the impact of changes in the regulatory environment and economic conditions. Given the inherent nature of such estimates, the actual liability could differ significantly from the amounts provided. Actual future experience will generally differ from assumptions used to determine claim liabilities.
12. Not Applicable
13. Not Applicable
14. Premium revenue is recognized in the period in which the member is entitled to receive dental services.
15. Other Professional Services for Benefits include claims incurred and capitation expense to dental network providers.
16. The provision for federal income taxes is based on income from operations currently taxable. In accordance with the Company’s state of domicile, the Company recognizes deferred income taxes for temporary differences between financial statement carrying amounts of assets and liabilities and their related tax basis. Realized gains and losses are reported net of applicable federal income taxes. Increases or decreases in certain federal income tax assets and liabilities established in prior years are reflected as adjustments to surplus.
17. Net investment income includes interest and dividends received or accrued on investments. It also includes amortization of any purchase premium or discount using the interest method, adjusted retrospectively for any change in estimated yield to maturity. Investment income due and accrued that is deemed uncollectible is charged against net investment income in the period such determination is made.

NOTES TO FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors
None

3. Business Combinations and Goodwill
Not Applicable

4. Discontinued Operations
Not Applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans
The Company owns no mortgage loan assets.

B. Debt Restructuring
The Company owns no investments which have had a debt restructuring.

C. Reverse Mortgages
The Company owns no reverse mortgage assets.

D. Loan-Backed Securities
The Company owns no loan backed securities.

E. Repurchase Agreements and/or Securities Lending Transactions
The Company owns no repurchase agreements. The Company has not entered into any securities lending transactions.

F. Real Estate
The Company owns no real estate assets.

G. Investment in Low Income Housing Tax Credits
The Company owns no investments in low income housing.

H. Restricted Assets
The Company restricted assets in 4Q14 and 4Q13 are as follows:

		1	2	3	4	5
1	Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets
	a Restricted Asset Category: Subject to contractual obligation for which liability is not shown	0.00		0.00		0.000
	b Collateral held under security lending agreements	0.00		0.00		0.000
	c Subject to repurchase agreements	0.00		0.00		0.000
	d Subject to reverse repurchase agreements	0.00		0.00		0.000
	e Subject to dollar repurchase agreements	0.00		0.00		0.000
	f Subject to dollar reverse repurchase agreements	0.00		0.00		0.000
	g Placed under option contracts	0.00		0.00		0.000
	h Letter stock or securities restricted as to sale	0.00		0.00		0.000
	i. On deposit with states	\$ 77,245	\$ 75,064	\$ 2,181	\$ 77,245	2.0%
	j On deposit with other regulatory bodies	0.00		0.00		0.000
	k Pledged as collateral not captured in other categories	0.00		0.00		0.000
	l Other restricted assets	0.00		0.00		0.000
	m Total Restricted Assets	\$ 77,245	\$ 75,064	\$ 2,181	\$ 77,245	2.0%

6. Joint Ventures, Partnerships and Limited Liability Companies
None

NOTES TO FINANCIAL STATEMENTS

7. Investment Income

Net Investment Income, including accrual of discount and amortization of premium, arose from the following sources for the period ending December 31, 2014:

		2014	2013
Bonds	\$	2,181	1,256
Cash and short term investments			
Gross investment income		<u>2,181</u>	<u>1,256</u>
Less: investment expenses		<u>-</u>	<u>-</u>
Net investment income	\$	<u>2,181</u>	<u>1,256</u>

8. Derivative Instruments

None

9. Income Taxes

A. The components of the net DTA recognized in the Company's Assets, Liabilities, Surplus and Other Funds are as follows:

1.

	December 31, 2014		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 114	\$ -	\$ 114
(b) Statutory valuation allowance adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	114	-	114
(d) Deferred Tax Assets Nonadmitted	114	-	114
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	-	-	-
(f) Deferred Tax Liabilities	-	-	-
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ -	\$ -	\$ -
(1e - 1f)			

	December 31, 2013		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 83	\$ -	\$ 83
(b) Statutory valuation allowance adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	83	-	83
(d) Deferred Tax Assets Nonadmitted	83	-	83
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	-	-	-
(f) Deferred Tax Liabilities	-	-	-
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ -	\$ -	\$ -
(1e - 1f)			

	Change		
	Ordinary	Capital	Total
(a) Gross Deferred Tax Assets	\$ 31	\$ -	\$ 31
(b) Statutory valuation allowance adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	31	-	31
(d) Deferred Tax Assets Nonadmitted	31	-	31
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	-	-	-
(f) Deferred Tax Liabilities	-	-	-
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability)	\$ -	\$ -	\$ -
(1e - 1f)			

Deferred income taxes are generally recognized, based on enacted tax rates, when assets and liabilities have different values for financial statement and tax purposes. A valuation allowance is recorded to reduce any portion of the deferred tax asset that is expected to more likely than not be realized. The Company's management has concluded that the deferred income tax assets are more likely than not to be realized. Therefore, no valuation allowance has been provided.

Admission calculation components SSAP No. 101 (Paragraph 11)

NOTES TO FINANCIAL STATEMENTS

	December 31, 2014		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized ....(Excluding The Amount Of Deferred Tax Assets From 2(a) above) ....After Application of the Threshold Limitation. (The Lesser of 2(b)1 ....and 2(b)2 Below)	-	-	-
(1) Adjusted Gross Deferred Tax Assets Expected To Be Realized Following The Balance Sheet Date	-	-	-
(2) Adjusted Gross Deferred Tax Assets Allowed per Limitation ....Threshold.	56,411	-	56,411
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of ....SSAP No. 101.Total (2(a). + 2(b). + 2(c).)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

	December 31, 2013		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized ....(Excluding The Amount Of Deferred Tax Assets From 2(a) above) ....After Application of the Threshold Limitation. (The Lesser of 2(b)1 ....and 2(b)2 Below)	-	-	-
(1) Adjusted Gross Deferred Tax Assets Expected To Be Realized Following The Balance Sheet Date	-	-	-
(2) Adjusted Gross Deferred Tax Assets Allowed per Limitation ....Threshold.	49,617	-	49,617
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of ....SSAP No. 101.Total (2(a). + 2(b). + 2(c).)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

	Change		
	Ordinary	Capital	Total
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized ....(Excluding The Amount Of Deferred Tax Assets From 2(a) above) ....After Application of the Threshold Limitation. (The Lesser of 2(b)1 ....and 2(b)2 Below)	-	-	-
(1) Adjusted Gross Deferred Tax Assets Expected To Be Realized Following The Balance Sheet Date	-	-	-
(2) Adjusted Gross Deferred Tax Assets Allowed per Limitation ....Threshold.	6,794	-	6,794
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of ....SSAP No. 101.Total (2(a). + 2(b). + 2(c).)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

	2014	2013
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount	4033%	1302%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation in 2(b)2 Above	\$ 376,075	\$ 330,779

Impact of Tax Planning Strategies

	December 31, 2014	
	Ordinary	Capital
(a) Determination of adjusted gross deferred assets and net admitted deferred tax assets, by tax character as a percentage of total.		
(1) Adjusted Gross DTAs amount from Note 9A1(c)	\$ 114	\$ -
(2) Percentage of adusted gross DTA's by tax character attributable to the impact of tax planning strategies	0.0%	0.0%
(3) Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	-	-
(4) Percentage of net admitted adjusted Gross DTAs by tax character admitted because of the impact of tax planning	0.0%	0.0%

NOTES TO FINANCIAL STATEMENTS

The change in net deferred income taxes is comprised of the following:

	<u>December 31, 2014</u>	<u>December 31, 2013</u>	<u>Change</u>
Adjusted gross deferred tax assets	\$ 114	\$ 83	\$ 31
Total Deferred Tax Liabilities	-	-	-
Net deferred tax assets (liabilities)	<u>114</u>	<u>83</u>	<u>31</u>
Tax effect of unrealized gains (losses)			-
Change in net deferred income tax			<u>\$ 31</u>

D. The provision for federal and foreign income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing the difference are as follows:

<u>Description</u>	<u>December 31, 2014</u>	<u>Effective Tax Rate</u>
Net gain from operations after dividends to policyholders and before Federal income tax @ 35%	\$ 26,043	35.00%
Net realized capital gains (losses) @ 35%	\$ -	35.00%
Provision calculated at statutory rate	26,043	35.00%
Tax effect of:		
Other	1,057	1.42%
Subtotal	27,100	36.42%
Contingent Taxes	0	0.00%
Return to provision		0.00%
Foreign Tax		0.00%
Total statutory income taxes	<u>\$ 27,100</u>	<u>36.42%</u>
Federal and foreign income taxes incurred	\$ 27,131	18.82%
Change in net deferred income taxes	(31)	-0.04%
Total statutory income taxes	<u>\$ 27,100</u>	<u>18.78%</u>

E. Operating Loss and Tax Credit carryforwards

(1) As of December 31, 2014, the Company has no net ordinary loss carryforwards

(2) The following are income taxes incurred in prior years that will be available for recoupment in the event of future net losses:

<u>Year</u>	<u>Ordinary</u>	<u>Capital</u>	<u>Total</u>
2014	27,131	-	27,131
2013	18,793	-	18,793
2012	-	-	-
Total	<u>45,924</u>	<u>-</u>	<u>45,924</u>

F. Consolidated Federal Income Tax Return

The Company's federal income tax return is consolidated with the following entities:

- Guardian Life Insurance Company of America;
- Guardian Insurance & Annuity Company, Inc. and its subsidiaries;
- Park Avenue Life Insurance Company;
- Sentinel American Life Insurance Company;
- Family Service Life Insurance Company;
- Managed Dental Care of California;
- Managed DentalGuard of Texas;
- Managed DentalGuard of New Jersey;
- Innovative Underwriters Inc.;
- Berkshire Life Insurance Company of America; and,
- First Commonwealth Inc and its subsidiaries.

(1) The Company is included in a consolidated federal income tax return with its parent company. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes.

(2) The Internal Revenue Code limits the amount of non-life insurance losses that may offset life insurance company taxable income. The consolidated income tax liability is allocated among the members of the group pursuant to a tax allocation agreement. In accordance with the tax allocation agreement, each qualifying member of the group computes its tax provision and liability on a separate return basis, but may, where applicable, recognize benefits of net operating losses and capital losses utilized in the consolidated group. Subsidiary tax liabilities/benefits are settled subsequent to the filing of the federal income tax return.

G. The Company has no Federal or foreign income tax loss contingencies.

NOTES TO FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

A.B.C The Company is a wholly owned subsidiary of First Commonwealth, Inc. (FCW). FCW is a wholly owned subsidiary of The Guardian Life Insurance Company of America (Guardian), therefore by the law of transitive relations, the Company is a wholly owned subsidiary of its ultimate Parent – Guardian.

The Company has entered into a management services agreement with the Parent. Under this agreement, the Parent performs billing and accounting, claims administration, facilities and personnel, financial, information systems, marketing, member services, underwriting and actuarial and product design and development services for the Company. This agreement may be terminated upon either party giving sixty days written notice.

D. At December 31, 2014 the Parent had obligations to the Company in the amount of \$2,960. This amount relates to advance premiums collected by the Parent on behalf of the Company and administrative expenses. These amounts were settled within 15 days. At December 31, 2014, the Company had obligations to the Parent in the amount of \$4,415. This amount relates to amounts due under the management services agreement. These amounts were settled within 15 days.

E. Not applicable

F. The Company has entered into a management services agreement with the Parent. Under this agreement, the Parent performs billing and accounting, claims administration, facilities and personnel, financial, information systems, marketing, member services, underwriting, actuarial and product design and development services for the Company. For these services, the Company was charged \$18,203 as of December 31, 2014. This agreement may be terminated upon sixty days written notice.

G. Not applicable

H. Not applicable

I. Not applicable

J. Not applicable

K. Not applicable

L. Not applicable

M. Not applicable

11. Debt

A. Capital Notes
None

B. All Other Debt
None

12. Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions

(1) Common stock, \$1 par value; 10 shares authorized, 10 shares issued and outstanding, as of December 31, 2014.

(2) The Company has no preferred stock outstanding.

(3) Not Applicable

(4) The Company had no plans to declare a dividend for the year ending December 31, 2014.

(5) An ordinary dividend cannot exceed the net income of the year just ended.

(6) The health insurance industry assessment mandated by the Patient Protection and Affordable Care Act of 2010 will be levied on health insurers based on a ratio of an insurer's net health insurance premiums written for the previous calendar year compared to the total premiums written by U.S. health insurance industry for that year. The Company has established a special surplus reserve of \$6,087 in December 31, 2014 in compliance with this regulation. The State of Ohio statutes and related regulations of the Ohio Department of Insurance require the Company to maintain a minimum net worth of \$250,000. The State of Ohio also requires that the Company maintain a \$75,000 statutory deposit.

(7) Not Applicable

(8) Not Applicable

(9) Not Applicable

(10) Not Applicable

(11) The company has not issued any surplus notes

(12) Not Applicable

(13) Not Applicable

14. Contingencies

None

NOTES TO FINANCIAL STATEMENTS

15. Leases

None

16. Information About Financial Instruments

None

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None for all categories

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

None for all categories

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None

20. Fair Value Measurements

Not Applicable

21. Other Items

A. Extraordinary Items
Not Applicable.

B. Troubled Debt Restructuring: Debtors
Not Applicable.

C. Other Disclosures

1. Revenue Recognition
None

2. Other Professional Services for Benefits
None

3. Federal Income Taxes
None

4. Net Investment Income
None

5. Supplemental Health Care Exhibit

The Company only writes dental business, it does not write comprehensive major medical health business. Therefore, the Company is not required to file the Supplemental Health Care Exhibit.

6. The Company has non-admitted assets in uncollected premiums of \$2,026 in December 31, 2014. The Company routinely assesses the collectability of these receivables.

D. Business Interruption Insurance Recoveries
Not Applicable.

E. State Transferable and Non-transferable Tax Credits
Not Applicable.

F. Subprime-Mortgage- Related Risk Exposure
Not Applicable.

G. Retained Assets
Not Applicable

H. Offsetting and Netting of Assets and Liabilities
Not Applicable

I. Joint and Several Liabilities
Not Applicable

J. Risk Sharing Provisions of the Affordable Care Act

The risk sharing provisions of the Affordable Care Act do not apply to any of the Guardian current products as we do not offer medical insurance coverage on the exchange.

NOTES TO FINANCIAL STATEMENTS

22. Events Subsequent

Type I – Recognized Subsequent Events
Not Applicable

Type II – Nonrecognized Subsequent Events

On January 1, 2015, the Company will be subject to an annual fee under Section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity’s net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity’s portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2014, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2015, and estimated its portion of the annual health insurance industry fee to be payable on September 30, 2015 to be \$6,087. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 0. Reporting the ACA assessment as of December 31, 2014, would not have triggered an RBC action level.

	<u>Current year</u>	<u>Prior Year</u>
A. ACA fee assessment payable for the upcoming year	\$ 6,087	\$ -
B. ACA fee assessment paid	\$ 3,021	\$ -
C. Premium written subject to ACA 9010 assessment	\$ 329,004	\$ -
D. Total Adjusted Capital before surplus adjustment	\$ 376,075	\$ -
E. Authorized Control Level before surplus adjustment	\$ 9,324	\$ -
F. Total Adjusted Capital after surplus adjustment	\$ 369,988	\$ -
G. Authorized Control Level after surplus adjustment	\$ 9,324	\$ -
H. Would reporting the ACA assessment as of December 31, 2014 have triggered an RBC level (Yes/No)?		No

23. Reinsurance

None for all categories

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2014 were \$27,470. As of 12/31/2014, \$6,328 was paid for incurred claims for dental services provided in 2013 or prior. Reserves remaining for prior years are now \$798 as a result of re-estimation of unpaid claims. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The 12/31/2014 reserve is \$11,094 (162.7%) higher than 12/31/2013 reserve.

The Company’s claims liability, claims incurred, claims payments and other professional services for benefits, including capitation, for the period ending December 31, 2014 and December 31, 2013 are as follows:

	<u>12/31/2014</u>	<u>12/31/2013</u>
Claims unpaid, beginning of year	\$10,457	\$2,626
Incurred related to:		
Current year	200,939	127,666
Prior year	(3,642)	(1,707)
Total incurred	197,297	125,959
Paid related to:		
Current year	173,956	117,290
Prior year	6,328	838
Total paid	180,284	118,128
Claims unpaid, end of year	\$27,470	\$10,457

26. Intercompany Pooling Arrangements

None

NOTES TO FINANCIAL STATEMENTS

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? New York
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).
- 3.4 By what department or departments?
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Guardian Investor Services, LLC	New York, NY	NO	NO	NO	YES
Park Avenue Securities, LLC	New York, NY	NO	NO	NO	YES
RS Investment Management Co. LLC	San Francisco, CA	NO	NO	NO	YES
Guardian Baillie Gifford Limited	Edinburgh, Scotland	NO	NO	NO	YES
RS Funds Distributer LLC	San Francisco	NO	NO	NO	YES

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
.....
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
.....
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved
- 12.13 Total book/adjusted carrying value \$
- 12.2 If, yes provide explanation:
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
.....
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.11 To directors or other officers.....\$
 - 20.12 To stockholders not officers.....\$
 - 20.13 Trustees, supreme or grand (Fraternal Only).....\$
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 20.21 To directors or other officers.....\$
 - 20.22 To stockholders not officers.....\$
 - 20.23 Trustees, supreme or grand (Fraternal Only).....\$
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- 21.21 Rented from others.....\$
 - 21.22 Borrowed from others.....\$
 - 21.23 Leased from others.....\$
 - 21.24 Other.....\$
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- 22.21 Amount paid as losses or risk adjustment \$
 - 22.22 Amount paid as expenses.....\$
 - 22.23 Other amounts paid.....\$
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 2,960

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.....	\$	0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.....	\$	0
24.103 Total payable for securities lending reported on the liability page.....	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)..... Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$ 77,245
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?..... Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?..... Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?..... Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year..... \$

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?..... Yes [X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase	270 Park Avenue, Floor 41, New York, NY 10017

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?..... Yes [] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	406,413	405,511	(902)
30.2 Preferred stocks	0	0	0
30.3 Totals	406,413	405,511	(902)

- 30.4 Describe the sources or methods utilized in determining the fair values:
Prices are determined by various external pricing services or third party broker quotes.
- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any?\$

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 1.2 If yes, indicate premium earned on U.S. business only. \$ _____
 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? \$ _____
 1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above \$ _____
 1.5 Indicate total incurred claims on all Medicare Supplement Insurance. \$ _____ 0

1.6 Individual policies: Most current three years:
 1.61 Total premium earned \$ _____ 0
 1.62 Total incurred claims \$ _____ 0
 1.63 Number of covered lives 0
All years prior to most current three years:
 1.64 Total premium earned \$ _____ 0
 1.65 Total incurred claims \$ _____ 0
 1.66 Number of covered lives 0

1.7 Group policies: Most current three years:
 1.71 Total premium earned \$ _____ 0
 1.72 Total incurred claims \$ _____ 0
 1.73 Number of covered lives 0
All years prior to most current three years:
 1.74 Total premium earned \$ _____ 0
 1.75 Total incurred claims \$ _____ 0
 1.76 Number of covered lives 0

2. Health Test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	329,004	209,423
2.2 Premium Denominator	329,004	209,423
2.3 Premium Ratio (2.1/2.2)	1.000	1.000
2.4 Reserve Numerator	27,850	11,068
2.5 Reserve Denominator	27,850	11,068
2.6 Reserve Ratio (2.4/2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes [X] No []

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes [] No []

5.1 Does the reporting entity have stop-loss reinsurance? Yes [] No [X]

5.2 If no, explain:

The Company has no liabilities great enough to warrant this type of coverage

5.3 Maximum retained risk (see instructions) 5.31 Comprehensive Medical \$ _____
5.32 Medical Only \$ _____
5.33 Medicare Supplement \$ _____
5.34 Dental & Vision \$ _____ 2,000
5.35 Other Limited Benefit Plan \$ _____
5.36 Other \$ _____

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
 The is a hold harmless clause in the contract that requires the dentist to complete any work in progress in the event that the DHMO ceases operation for any reason

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis? Yes [X] No []

7.2 If no, give details

8. Provide the following information regarding participating providers: 8.1 Number of providers at start of reporting year 164
8.2 Number of providers at end of reporting year 206

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes [] No [X]

9.2 If yes, direct premium earned: 9.21 Business with rate guarantees between 15-36 months.. \$ _____
9.22 Business with rate guarantees over 36 months \$ _____

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes:

10.21 Maximum amount payable bonuses.....\$

10.22 Amount actually paid for year bonuses.....\$

10.23 Maximum amount payable withholds.....\$

10.24 Amount actually paid for year withholds.....\$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]

11.13 An Individual Practice Association (IPA), or, .. Yes [] No [X]

11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such net worth. Ohio

11.4 If yes, show the amount required. \$ 125,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Ohio
.....

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written\$

15.2 Total Incurred Claims\$

15.3 Number of Covered Lives

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	418,195	356,736	303,342	300,106	
2. Total liabilities (Page 3, Line 24)	42,120	25,957	7,178	37	
3. Statutory surplus	125,000	250,000	250,000	250,000	
4. Total capital and surplus (Page 3, Line 33)	376,075	330,779	296,164	300,069	
Income Statement (Page 4)					
5. Total revenues (Line 8)	329,235	208,812	26,034	0	
6. Total medical and hospital expenses (Line 18)	197,297	125,959	25,416	0	
7. Claims adjustment expenses (Line 20)	2,508	1,257	0	0	
8. Total administrative expenses (Line 21)	57,206	29,396	7,594		
9. Net underwriting gain (loss) (Line 24)	72,224	52,200	(6,976)	0	
10. Net investment gain (loss) (Line 27)	2,183	1,256	999	106	
11. Total other income (Lines 28 plus 29)	0	0	0	0	
12. Net income or (loss) (Line 32)	47,276	34,663	(3,905)	69	
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	52,871	50,132	1,815	(188)	
Risk-Based Capital Analysis					
14. Total adjusted capital	376,075	330,779	296,164	300,069	
15. Authorized control level risk-based capital	9,324	25,402	28,447	443	
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	1,894	1,524	312		
17. Total members months (Column 6, Line 7)	21,783	14,527	1,694		
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	59.9	60.3	97.6	0.0	
20. Cost containment expenses	0.1	0.0	0.0	0.0	
21. Other claims adjustment expenses	0.7	0.6	0.0	0.0	
22. Total underwriting deductions (Line 23)	78.1	75.0	126.8	0.0	
23. Total underwriting gain (loss) (Line 24)	21.9	25.0	(26.8)	0.0	
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	174,443	919	0		
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	10,457	2,626	0		
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)		0		0	
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0				
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
 If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)
SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	L	329,004						329,004	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		329,004	0	0	0	0	0	329,004	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 1		329,004	0	0	0	0	0	329,004	0
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

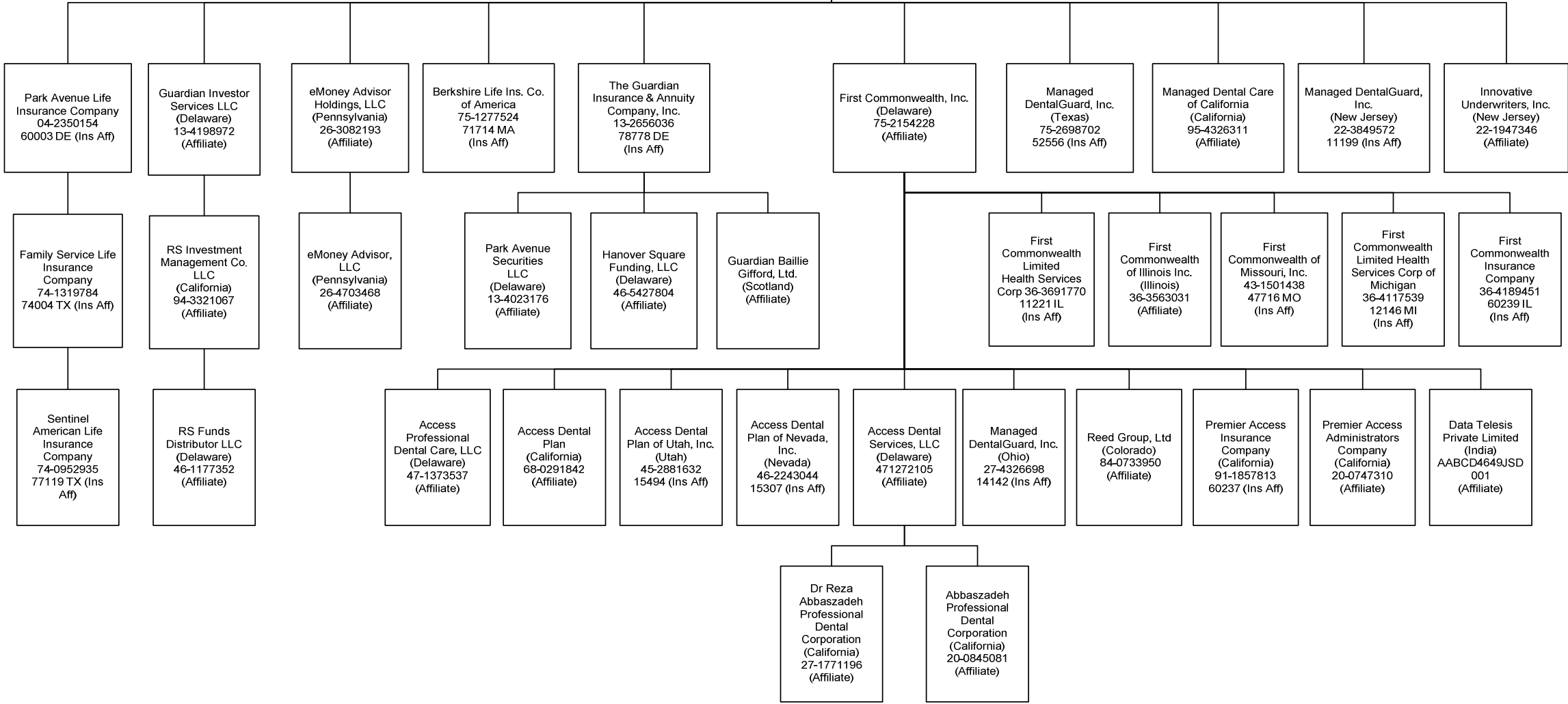
Explanation of basis of allocation by states, premiums by state, etc.

Premiums are allocated on the basis of the address which has been designated by the policyholder for premium notice purposes.

(a) Insert the number of L responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)

The Guardian Life Insurance Company of America
13-5123390
64246 NY
(PARENT)



OVERFLOW PAGE FOR WRITE-INS

NONE

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