

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)
EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

Exhibit 3 - Health Care Receivables
N O N E

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

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered						0
0399999. Aggregate accounts not individually listed-covered	15,313	4,126	2,885	1,450	3,696	27,470
0499999. Subtotals	15,313	4,126	2,885	1,450	3,696	27,470
0599999. Unreported claims and other claim reserves						
0699999. Total amounts withheld						
0799999. Total claims unpaid						27,470
0899999 Accrued medical incentive pool and bonus amounts						

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
The Guardian Life Insurance Company of America	2,960					2,960	
0199999. Individually listed receivables	2,960	0	0	0	0	2,960	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	2,960	0	0	0	0	2,960	0

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

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
The Guardian Life Insurance Company of America	Administrative Services	4,415	4,415	
0199999. Individually listed payables		4,415	4,415	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		4,415	4,415	0

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

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0			0.0	
2. Intermediaries	0	0.0			0.0	
3. All other providers	47,032	26.1	1,894	100.0		47,032
4. Total capitation payments	47,032	26.1	1,894	100.0	0	47,032
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	133,252	73.9	XXX	XXX		133,252
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	133,252	73.9	XXX	XXX	0	133,252
13. TOTAL (Line 4 plus Line 12)	180,284	100%	XXX	XXX	0	180,284

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
99999999 Totals				XXX	XXX

NONE

Exhibit 8 - Furniture and Equipment Owned
N O N E



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR					NAIC Company Code	14142	
				1	2	3	4	5			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		1,524						1,524			
2. First Quarter		1,827						1,827			
3. Second Quarter		1,813						1,813			
4. Third Quarter		1,833						1,833			
5. Current Year		1,894						1,894			
6. Current Year Member Months		21,783					21,783				
Total Member Ambulatory Encounters for Year:											
7 Physician		424					424				
8. Non-Physician		0									
9. Total		424	0	0	0	0	424	0	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b)		329,004					329,004				
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		329,235					329,235				
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services.....		180,284					180,284				
18. Amount Incurred for Provision of Health Care Services.....		197,297					197,297				

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

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



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

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	14142	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:											
1. Prior Year		1,524	0	0	0	0	1,524	0	0	0	0
2. First Quarter		1,827	0	0	0	0	1,827	0	0	0	0
3. Second Quarter		1,813	0	0	0	0	1,813	0	0	0	0
4. Third Quarter		1,833	0	0	0	0	1,833	0	0	0	0
5. Current Year		1,894	0	0	0	0	1,894	0	0	0	0
6. Current Year Member Months		21,783	0	0	0	0	21,783	0	0	0	0
Total Member Ambulatory Encounters for Year:											
7 Physician		424	0	0	0	0	424	0	0	0	0
8. Non-Physician		0	0	0	0	0	0	0	0	0	0
9. Total		424	0	0	0	0	424	0	0	0	0
10. Hospital Patient Days Incurred		0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions		0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)		329,004	0	0	0	0	329,004	0	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		329,235	0	0	0	0	329,235	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		180,284	0	0	0	0	180,284	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		197,297	0	0	0	0	197,297	0	0	0	0

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

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

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

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
0399999. Total - U.S. Affiliates						0	0	0	0	0	0
0699999. Total - Non-U.S. Affiliates						0	0	0	0	0	0
0799999. Total - Affiliates						0	0	0	0	0	0
1099999. Total - Non-Affiliates						0	0	0	0	0	0
1199999. Total U.S. (Sum of 0399999 and 0899999)						0	0	0	0	0	0
1299999. Total Non-U.S. (Sum of 0699999 and 0999999)						0	0	0	0	0	0
9999999 - Totals						0	0	0	0	0	0

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
2199999. Total Accident and Health - Non-Affiliates					0	0
2299999. Total Accident and Health					0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					0	0

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

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999.	Total General Account Authorized						0	0	0	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						0	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0
3499999.	Total General Account Authorized, Unauthorized and Certified						0	0	0	0	0	0	0
3799999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
4099999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
4199999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
4499999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
4599999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0
4899999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
5699999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
6799999.	Total Separate Accounts Certified						0	0	0	0	0	0	0
6899999.	Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0
6999999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						0	0	0	0	0	0	0
7099999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0
9999999.	Totals						0	0	0	0	0	0	0

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

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				0	0	0	0	0	XXX	0	0	0	0	0
2399999. Total General Account				0	0	0	0	0	XXX	0	0	0	0	0
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	0	0	0	XXX	0	0	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	0	0	0	0	XXX	0	0	0	0	0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- niliary Juris- diction	6 Certified Rein- surer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collat- eral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recover- able (Debit)	11 Other Debits	12 Total Recover- able/ Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellane- ous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 Times Col. 8)	Collateral							23 Percent of Collateral Provided for Net Obliga- tion Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	24 Percent Credit Allowed on Net Obliga- tion Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	25 Amount of Credit Allowed for Net Obliga- tion Subject to Collateral (Col. 22 / Col. 14)	26 Liability for Reins- urance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agree- ments	20 Funds Deposited by and Withheld from Reinsurers	21 Other	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)						
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0	
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
2299999. Total General Account Accident and Health				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
2399999. Total General Account				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
3499999. Total Separate Accounts				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0
9999999 - Totals								0	0	0	0	0	0	0	0	0	XXX	0	0	0	0	0	0	XXX	XXX	0	0

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount

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

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums .....	.0				
2. Title XVIII - Medicare .....	.0				
3. Title XIX - Medicaid .....	.0				
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable .....	.0				
8. Reinsurance recoverable on paid losses .....	.0				
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers				XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	.0				
14. Letters of credit (L) .....	.0				
15. Trust agreements (T) .....	.0				
16. Other (O) .....	.0				
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....	.0			XXX	XXX
18. Funds deposited by and withheld from (F) .....	.0			XXX	XXX
19. Letters of credit (L) .....	.0			XXX	XXX
20. Trust agreements (T) .....	.0			XXX	XXX
21. Other (O)	0			XXX	XXX

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	404,261		404,261
2. Accident and health premiums due and unpaid (Line 15)	7,229		7,229
3. Amounts recoverable from reinsurers (Line 16.1)			0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	6,705		6,705
6. Total assets (Line 28)	418,195	0	418,195
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	27,470		27,470
8. Accrued medical incentive pool and bonus payments (Line 2)			0
9. Premiums received in advance (Line 8)	2,745		2,745
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	11,905		11,905
15. Total liabilities (Line 24)	42,120	0	42,120
16. Total capital and surplus (Line 33)	376,075	XXX	376,075
17. Total liabilities, capital and surplus (Line 34)	418,195	0	418,195
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid		0	0
19. Accrued medical incentive pool		0	0
20. Premiums received in advance		0	0
21. Reinsurance recoverable on paid losses		0	0
22. Other ceded reinsurance recoverables		0	0
23. Total ceded reinsurance recoverables		0	0
24. Premiums receivable		0	0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers		0	0
26. Unauthorized reinsurance		0	0
27. Reinsurance with Certified Reinsurers		0	0
28. Funds held under reinsurance treaties with Certified Reinsurers		0	0
29. Other ceded reinsurance payables/offsets		0	0
30. Total ceded reinsurance payables/offsets		0	0
31. Total net credit for ceded reinsurance		0	0

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

Allocated by States and Territories

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

NONE

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0429	The Guardian Life Insurance Co. of America	64246	13-5123390	3081309	0000901849		The Guardian Life Insurance Co. of America	NY					The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	60003	04-2350154				Park Avenue Life Insurance Company	DE	IA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	74004	74-1319784				Family Service Life Insurance Company	TX	IA	Park Avenue Life Insurance Company	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	77119	74-0952935				Sentinel American Life Insurance Company	TX	IA	Family Service Life Insurance Company	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	78778	13-2656036		0000044393		The Guardian Insurance & Annuity Co., Inc.	DE	IA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		26-4703468				eMoney Advisors, LLC	PA	NIA	eMoney Advisor Holdings, LLC	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		26-3082193	3445956	0001125398		eMoney Advisor Holdings, LLC	PA	NIA	The Guardian Life Insurance Co. of America	Ownership	.79.750	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		13-4023176		0001071640		Park Avenue Securities LLC	DE	NIA	The Guardian Insurance & Annuity Co., Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		95-4326311				Managed Dental Care of California	CA	NIA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		22-1947346				Innovative Underwriters Inc.	NJ	NIA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	11221	36-3691770				First Commonwealth Ltd Health Svcs Corp	IL	IA	First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		36-3563031				First Commonwealth of Illinois Inc.	IL	NIA	First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	47716	43-1501438				First Commonwealth of Missouri Inc.	MO	IA	First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	12146	36-4117539				First Commonwealth Ltd Hlth Svcs Corp MI	MI	IA	First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	60239	36-4189451				First Commonwealth Insurance Company	IL	IA	First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		75-2154228		0001001493		First Commonwealth Inc.	DE	NIA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America		71714	75-1277524	2391878		Berkshire Life Ins. Co. of America	MA	IA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	52556	75-2698702				Managed DentalGuard Inc. -Texas)	TX	IA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	11199	22-3849572				Managed DentalGuard Inc. -New Jersey)	NJ	IA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	14142	27-4326698				Managed DentalGuard Inc. -Ohio)	OH	IA	First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		00-0000000	3089976	0001020174		Guardian Baillie Gifford, Ltd.		NIA	The Guardian Insurance & Annuity Co., Inc.	Ownership	.51.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		13-4198972		0000041827		Guardian Investor Services LLC	DE	NIA	The Guardian Life Insurance Co. of America	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		94-3321067	2709651	0001085256		RS Investments Management Co. LLC	CA	NIA	Guardian Investor Services LLC	Ownership	.96.200	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		46-1177352				RS Funds Distributor, LLC	DE	IA	Guardian Investor Services LLC	Ownership	.96.200	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		84-0733950				Reed Group, Ltd	CO	NIA	First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi- niliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Per- cen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0000	The Guardian Life Insurance Co. of America	46-5427804				Hanover Square Funding, LLC	DE	NIA		The Guardian Insurance & Annuity Co., Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	60237	91-1857813			Premier Access Insurance Company	CA	IA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	15494	45-2881632			Access Dental Plan of Utah, Inc.	UT	IA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0429	The Guardian Life Insurance Co. of America	15307	46-2243044			Access Dental Plan of Nevada, Inc.	NV	IA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		47-1373537			Access Professional Dental Care, LLC	DE	NIA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		68-0291842			Access Dental Plan	CA	NIA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		47-1272105			Access Dental Services, LLC	DE	NIA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America					Data Telesis Private Limited	JND	NIA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		27-1771196			Dr. Reza Abbaszadeh Professional Dental Corporation	CA	NIA		Access Dental Services, LLC	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		20-0845081			Abbaszadeh Professional Dental Corporation	CA	NIA		Access Dental Services, LLC	Ownership	.100.000	The Guardian Life Insurance Co. of America	
0000	The Guardian Life Insurance Co. of America		20-0747310			Premier Access Administrators Company	CA	NIA		First Commonwealth Inc.	Ownership	.100.000	The Guardian Life Insurance Co. of America	

Asterisk	Explanation

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.64246	13-5123390	Guardian Life Insurance Company of America	326,025,843	(284,925,874)	326,025,843	(284,925,874)	306,559,641	109,357,930		(176,710,336)	321,407,174	(324,061,178)
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.	272,189	35,000,000	272,189	35,000,000	(178,272,707)	7,918,494		161,000,000	61,190,165	151,766,837
.00000	13-2615338	Guardian Investor Services LLC					(20,617,061)				(20,617,061)	
.60003	04-2350154	Park Avenue Life Insurance Company					(282,163)				(282,163)	
.00000	95-4326311	Managed Dental Care of California	(2,196,400)				(2,495,668)				(6,888,468)	
11199	22-3849572	Managed DentalGuard Inc. -New Jersey)					(1,111,719)				(1,111,719)	
.00000	13-4023176	Park Avenue Securities, LLC		16,000,000		16,000,000	10,396,525				42,396,525	
74004	74-1319784	Family Service Life Insurance Company					(6,860,791)				(6,860,791)	
.77119	74-0952935	Sentinel American Life Insurance Company					(391,221)				(391,221)	
.00000	22-1947346	Innovative Underwriters, Inc.	(346,000)				(385,623)				(1,077,623)	
.00000	75-2154228	First Commonwealth Inc.	6,370,000	220,701,439	6,370,000	220,701,439	169,119				454,311,997	
60239	36-4189451	First Commonwealth Insurance Company	(5,000,000)				(17,280,004)				(27,280,004)	
.00000	36-3563031	First Commonwealth of Illinois, Inc.					14,513,880				14,513,880	
11221	36-3691770	First Commonwealth Limited Health Services Corporation -IL)	(150,000)				(154,907)				(454,907)	
.47716	43-1501438	First Commonwealth of Missouri, Inc.	(500,000)				(904,992)				(1,904,992)	
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(720,000)				(3,271,319)				(4,711,319)	
.71714	75-1277524	Berkshire Life Insurance Company of America	(322,883,443)	(12,116,557)	(322,883,443)	(12,116,557)	(96,662,412)	(117,276,424)		0	(883,938,835)	172,294,341
.52556	75-2698702	Managed DentalGuard Inc. -Texas)	(600,000)				(1,110,668)				(2,310,668)	
.00000	94-3321067	RS Investment Management Co. LLC					206,909				206,909	
.00000	26-4703468	eMoney Advisor, LLC					1,826,962				1,826,962	
.00000	26-3082193	eMoney Advisor Holdings, LLC		1,247,666		1,247,666					2,495,332	
.00000	00-0000000	Guardian Baillie Gifford, Ltd.	(272,189)		(272,189)		(45,332)				(544,378)	
14142	27-4326698	Managed DentalGuard, Inc. -Ohio)					(214,180)				(45,332)	
.00000	84-0733950	Reed Group Ltd.									(214,180)	
.00000	46-5427804	Hanover Square Funding, LLC		5,000,000		5,000,000	(724,820)				24,985,516	0
.00000	68-0291842	Access Dental Plan					(1,187,087)				(1,187,087)	
.00000	20-0845081	Abbaszadeh Professional Dental Corporation					888,680				888,680	
.60237	91-1857813	Premier Access Insurance Company		18,417,712		18,417,712	(3,668,125)				33,167,298	
.00000		Data Telesis Private Limited					945,230				945,230	
.00000	27-1771196	Dr. Reza Abbaszadeh Professional Dental Corporation					758,906				758,906	
15307	46-2243044	Access Dental Plan of Nevada		217,319		217,319	(37,129)				397,508	
15494	45-2881632	Access Dental Plan of Utah		458,295		458,295	(74,402)				842,189	
.00000	47-1373537	Access Professional Dental Care, LLC					197,849				197,849	
.00000	47-1272105	Access Dental Services, LLC					(711,374)				(711,374)	
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0
												0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE MANAGED DENTALGUARD INC (OHIO)
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Responses

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will an actuarial opinion be filed by March 1?	WAIVED
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES

APRIL FILING

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

JUNE FILING

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

AUGUST FILING

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

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

MARCH FILING

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

APRIL FILING

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

AUGUST FILING

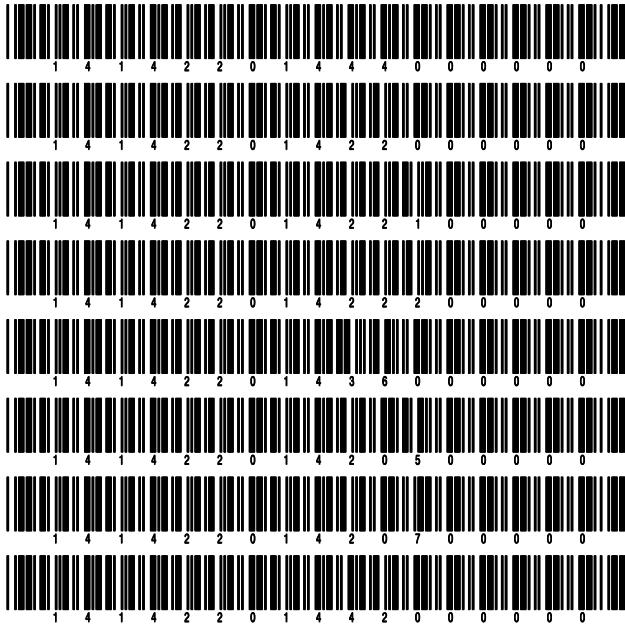
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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Explanations:

- 11.
- 12.
- 13.
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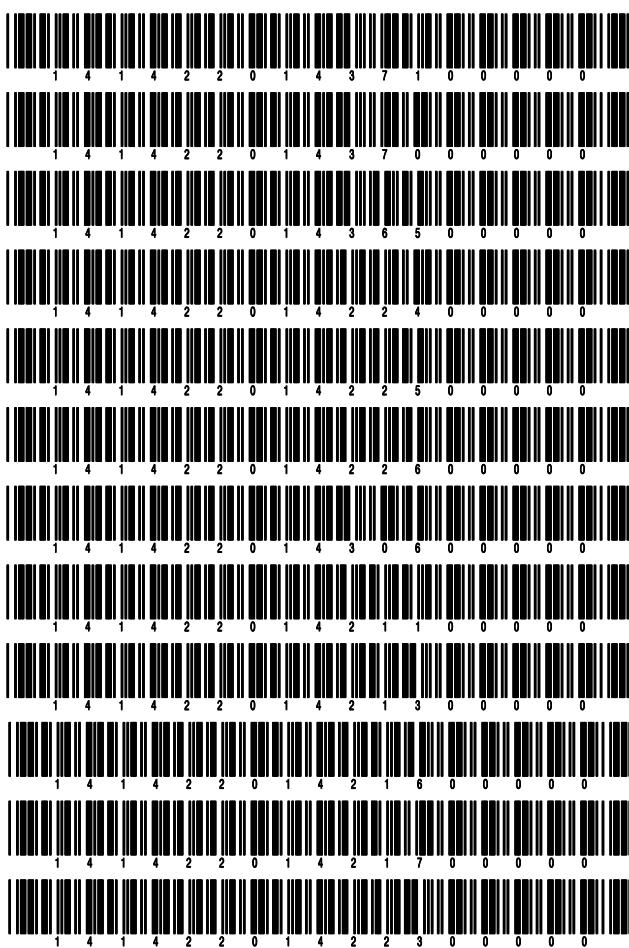
Bar Codes:

2. Actuarial Opinion [Document Identifier 440]
8. Audited Financial Report [Document Identifier 220]
9. Accountants Letter of Qualifications [Document Identifier 221]
10. Communication of Internal Control Related Matters Noted in Audit [Document Identifier 222]
11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12. Life Supplement [Document Identifier 205]
13. Property/Casualty Supplement [Document Identifier 207]
14. SIS Stockholder Information Supplement [Document Identifier 420]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 15. Participating Opinion for Exhibit 5 [Document Identifier 371]
- 16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
- 17. Medicare Part D Coverage Supplement [Document Identifier 365]
- 18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
- 19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
- 20. Relief from the Requirements for Audit Committees [Document Identifier 226]
- 21. Long-Term Care Experience Reporting Forms [Document Identifier 306]
- 22. Life Supplement [Document Identifier 211]
- 23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]
- 24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]
- 25. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]
- 26. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]



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ANNUAL STATEMENT BLANK

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