



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2015
OF THE CONDITION AND AFFAIRS OF THE

UDC Ohio, Inc.

NAIC Group Code 0019 (Current) 0019 (Prior) NAIC Company Code 52022 Employer's ID Number 74-2609036

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Licensed as business type: Other

Is HMO Federally Qualified? Yes No

Incorporated/Organized 04/20/1990 Commenced Business 05/17/1990

Statutory Home Office 312 Elm Street, Suite 1500 (Street and Number) Cincinnati, OH, US 45202 (City or Town, State, Country and Zip Code)

Main Administrative Office 2323 Grand Boulevard (Street and Number) Kansas City, MO, US 64108 (City or Town, State, Country and Zip Code) 816-474-2345 (Area Code) (Telephone Number)

Mail Address P.O. Box 419052 (Street and Number or P.O. Box) Kansas City, MO, US 64141-6052 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 500 Bielenberg Drive, Suite 400 (Street and Number) Woodbury, MN, US 55125 (City or Town, State, Country and Zip Code) 651-361-5286 (Area Code) (Telephone Number)

Internet Website Address www.assurantemployeebenefits.com
Statutory Statement Contact Valerie Dano (Name) 651-361-4138 (Area Code) (Telephone Number)
valerie.dano@assurant.com (E-mail Address) 651-361-4635 (FAX Number)

OFFICERS

President Stacia Nalani Almquist Treasurer Amy Jo Goerke
Secretary Kenneth Dale Bowen Actuary Eric Steven Vandenberg

OTHER

James Vernon Barrett DMD Vice President Gary Louis Lau Vice President

DIRECTORS OR TRUSTEES

Stacia Nalani Almquist

State of Missouri
County of Jackson SS:

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.

Stacia Nalani Almquist

Stacia Nalani Almquist
President

Kenneth Dale Bowen

Kenneth Dale Bowen
Secretary

Amy Jo Goerke

Amy Jo Goerke
Treasurer

Subscribed and sworn to before me this

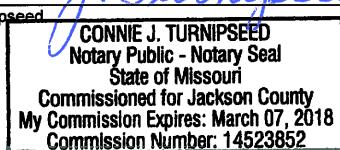
23rd

day of July, 2015

Yes No

- a. Is this an original filing?
b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

Connie J. Turnipseed
Notary Public
03/07/2018



STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	199,844		199,844	875,583
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)				
4.2 Properties held for the production of income (less \$0 encumbrances)				
4.3 Properties held for sale (less \$0 encumbrances)				
5. Cash (\$39,698), cash equivalents (\$834,751)	874,449		874,449	220,062
6. Contract loans (including \$0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	1,074,293		1,074,293	1,095,645
13. Title plants less \$0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,779		1,779	426
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,231	1,146	6,085	23,373
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans				
18.1 Current federal and foreign income tax recoverable and interest thereon				1,210
18.2 Net deferred tax asset	3,928		3,928	4,282
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	94		94	8,060
24. Health care (\$0) and other amounts receivable	36,964	36,964		
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,124,289	38,110	1,086,179	1,132,996
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	1,124,289	38,110	1,086,179	1,132,996
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	15,029		15,029	16,550
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	153		153	167
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	18,617		18,617	20,957
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	.6,414		6,414	9,892
9. General expenses due or accrued	33,991		33,991	97,672
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))	.8,390		8,390	
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	.86		.86	402
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)	525		525	525
24. Total liabilities (Lines 1 to 23)	83,205		83,205	146,165
25. Aggregate write-ins for special surplus funds	XXX	XXX	7,612	17,441
26. Common capital stock	XXX	XXX	100	100
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	865,537	865,537
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	129,725	103,753
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26)	XXX	XXX		
32.2 \$ 0 shares preferred (value included in Line 27)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,002,974	986,831
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,086,179	1,132,996
DETAILS OF WRITE-INS				
2301. Unclaimed funds	525		525	525
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	525		525	525
2501. Surplus appropriated for CY ACA Section 9010 Fee	XXX	XXX	7,612	17,441
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	7,612	17,441
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	45,134	49,463	97,041
2. Net premium income (including \$ 0 non-health premium income)	XXX	431,098	474,904	937,667
3. Change in unearned premium reserves and reserve for rate credits	XXX	2,340	2,607	1,422
4. Fee-for-service (net of \$ 0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	433,438	477,511	939,089
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services		302,945	298,898	602,808
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		302,945	298,898	602,808
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		302,945	298,898	602,808
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ 282 cost containment expenses		2,137	2,177	4,579
21. General administrative expenses		89,984	157,334	309,080
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		395,066	458,409	916,467
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	38,372	19,102	22,622
25. Net investment income earned		807	907	1,510
26. Net realized capital gains (losses) less capital gains tax of \$ 83		(83)	158	158
27. Net investment gains (losses) (Lines 25 plus 26)		724	1,065	1,668
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]				
29. Aggregate write-ins for other income or expenses				
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	39,096	20,167	24,290
31. Federal and foreign income taxes incurred	XXX	17,949	11,777	13,282
32. Net income (loss) (Lines 30 minus 31)	XXX	21,147	8,390	11,008
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	986,831	975,369	975,369
34. Net income or (loss) from Line 32	21,147	8,390	11,008
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	0		
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax	(354)	(580)	(978)
39. Change in nonadmitted assets	(4,650)	533	1,432
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend).....			
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in			
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			
48. Net change in capital & surplus (Lines 34 to 47)	16,143	8,343	11,462
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,002,974	983,712	986,831
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)			

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	445,628	480,374	933,951
2. Net investment income	185	785	2,539
3. Miscellaneous income			
4. Total (Lines 1 to 3)	445,813	481,159	936,490
5. Benefit and loss related payments	304,466	302,017	605,778
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	161,186	150,336	310,417
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	8,432	(20,578)	(14,660)
10. Total (Lines 5 through 9)	474,084	431,775	901,535
11. Net cash from operations (Line 4 minus Line 10)	(28,271)	49,384	34,955
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	734,999	853,268	928,301
12.2 Stocks			
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			
12.8 Total investment proceeds (Lines 12.1 to 12.7)	734,999	853,268	928,301
13. Cost of investments acquired (long-term only):			
13.1 Bonds	59,991	792,031	841,822
13.2 Stocks			
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications		90,000	
13.7 Total investments acquired (Lines 13.1 to 13.6)	59,991	882,031	841,822
14. Net increase (or decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	675,008	(28,763)	86,479
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	7,650	16,116	13,154
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	7,650	16,116	13,154
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)	654,387	36,737	134,588
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	220,062	85,474	85,474
19.2 End of period (Line 18 plus Line 19.1)	874,449	122,211	220,062

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

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	7,829						7,829			
2. First Quarter	7,541						7,541			
3. Second Quarter	7,450						7,450			
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	45,134						45,134			
Total Member Ambulatory Encounters for Period:										
7. Physician										
8. Non-Physician	557						557			
9. Total	557						557			
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (a)	431,098						431,098			
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	433,438						433,438			
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	304,466						304,466			
18. Amount Incurred for Provision of Health Care Services	302,945						302,945			

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

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

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

Aging Analysis of Unpaid Claim

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental Only	3,038	301,428	144	14,885	3,182	16,550
4. Vision Only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare						
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	3,038	301,428	144	14,885	3,182	16,550
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9-10+11+12)	3,038	301,428	144	14,885	3,182	16,550

(a) Excludes \$ 36,964 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of UDC Ohio, Inc. (the "Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance ("ODI").

The ODI recognizes only statutory practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' ("NAIC") *Accounting Practices and Procedures Manual* ("SAP") has been adopted as a component of prescribed or permitted practices by the state of Ohio. The state has adopted certain prescribed accounting practices that differ from those found in NAIC SAP. There were no differences between the Company's financial statements prepared according to the NAIC SAP or practices prescribed by the state of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is shown below:

	June 30, 2015	December 31, 2014
(1) Net Income Ohio state basis	\$ 21,147	\$ 11,008
(2) State Prescribed Practices (Income) - None	-	-
(3) State Permitted Practices (Income) - None	-	-
(4) Net Income, NAIC SAP	<u><u>\$ 21,147</u></u>	<u><u>\$ 11,008</u></u>
(5) Statutory Surplus Ohio basis	\$ 1,002,974	\$ 986,831
(6) State Prescribed Practices (Surplus) - None	-	-
(7) State Permitted Practices (Surplus) - None	-	-
(8) Statutory Surplus, NAIC SAP	<u><u>\$ 1,002,974</u></u>	<u><u>\$ 986,831</u></u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expense during the period. Actual results could differ from those estimates.

C. Accounting Policy

Premiums billed to individual and group subscribers are recognized as revenue in the month in which subscribers are entitled to receive dental care. Uncollected premiums over 90 days past due are nonadmitted and excluded from surplus. The Company contracts with dentists (providers) for dental services to be provided to its subscribers. Provider capitation consists of monthly fees paid to providers and is expensed in the month in which the provider is obligated to render dental services. Emergency services to members while temporarily out of their provider's area, as well as specialty services not covered by capitation fees, are recorded as incurred.

(6) The Company has no investments in loan-backed securities.

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

5. Investments

D. Loan-Backed Securities

(1) - (5) The Company does not have any loan-backed or structured securities.

E. Repurchase Agreements and/or Securities Lending Transactions

(3) The Company has not accepted any collateral that is permitted by contract or custom to sell or repledge.

I. Working Capital Finance Investments

(2) & (3) The Company has no working capital finance programs.

J. Offsetting and Netting of Assets and Liabilities

The Company has no offsetting or netting of assets and liabilities.

6. Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

7. Investment Income

No significant change.

8. Derivative Instruments

No significant change.

NOTES TO FINANCIAL STATEMENTS

9. **Income Taxes**
No significant change.
10. **Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**
No significant change.
11. **Debt**
B. FHLB (Federal Home Loan Bank) Agreements
The Company has no Federal Home Loan Bank agreements.
12. **Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**
A. Defined Benefit Plan
(4) The Company has no defined benefit plan. The Company does not have employees.
13. **Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**
No significant change.
14. **Liabilities, Contingencies and Assessments**
No significant change.
15. **Leases**
No significant change.
16. **Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**
No significant change.
17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**
B. Transfer and Servicing of Financial Assets
(2) The Company does not have any servicing of assets or liabilities.
(4) a. & b. The Company does not have any securitizations, asset-backed financing agreements or transfers accounted for as sales where the Company has continuing involvement.
C. Wash Sales
The Company had no wash sales for the six month period ending on June 30, 2015.
18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**
No significant change.
19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**
No significant change.
20. **Fair Value Measurements**
A. Assets Measured at Fair Value
(1) The Company has no financial instruments measured and reported at fair value.
C. Aggregate Fair Value Disclosures and Level Within the Fair Value Hierarchy
Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company has categorized its financial instruments into a three-level fair value hierarchy based on the priority of the inputs to the valuation technique.
The levels of the fair value hierarchy are described below:
Level 1 inputs utilize quoted prices (unadjusted) in active markets for identical financial instruments that the Company can access.
Level 2 inputs utilize other than quoted prices included in Level 1 that are observable for the financial instrument, either directly or indirectly, for substantially the full term of the financial instrument. Level 2 inputs include quoted prices for similar financial instruments in active markets, quoted prices for identical or similar financial instruments in markets that are not active and inputs other than quoted prices that are observable in the marketplace for the financial instrument. The observable inputs are used in valuation models to calculate the fair value for the financial instrument.
Level 3 inputs are unobservable but are significant to the fair value measurement for the financial instrument, and include situations where there is little, if any, market activity for the financial instrument. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the financial instrument.
The narrative and table below provide information regarding the fair value of financial instruments.
Bonds
Fair values for bonds are based on quoted prices in active markets.
Cash and short-term investments
The reported carrying value approximates fair value because of the short maturity of the instruments.

NOTES TO FINANCIAL STATEMENTS

The following table summarizes the aggregate fair value of financial instruments and the level within the fair value hierarchy as of June 30, 2015:

Type of financial instrument	Aggregate Fair Value	Carrying Value	Level 1	Level 2
Financial assets:				
Bonds	\$ 200,591	\$ 199,844	\$ -	\$ 200,591
Cash and short-term investments	874,449	874,449	113,325	761,124
Total financial assets	<u>\$ 1,075,040</u>	<u>\$ 1,074,293</u>	<u>\$ 113,325</u>	<u>\$ 961,715</u>

The Company did not have any Level 3 financial instruments.

D. Not Practicable to Estimate Fair Value

The Company held no financial instruments where it was not practicable to estimate fair value.

21. Other Items

No significant change.

22. Events Subsequent

The Company evaluated subsequent events through August 7, 2015 for the statutory statement of June 30, 2015 and determined there were none.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

E. Risk Sharing Provisions of the Affordable Care Act

The Company has no risk sharing provisions for the Affordable Care Act.

25. Change in Incurred Claims and Claims Adjustment Expenses

Reserves as of December 31, 2014 were \$16,717. As of June 30, 2015, \$3,069 has been paid in 2015 for incurred claims and claim adjustment expenses attributable to insured events of 2014 and prior years. Reserves remaining for prior years are now \$145 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$13,503 favorable prior-year development from December 31, 2014 to June 30, 2015.

26. Intercompany Pooling Arrangements

No significant change.

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

No significant change.

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]
- 1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []
- 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 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? If yes, complete Schedule Y, Parts 1 and 1A. Yes [X] No []
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
Solutions Cayman ownership is split 70% by Solutions Holdings and 30% by ABI International. Assurant Co., Ltd and Assurant Services Korea Limited are newly formed. I.Q. Data International, Inc. and Assurant Solutions Comercio e Servicos de Equipamentos Electronicos Ltda. are newly acquired. North Star Marketing Corporation and NSM Sales Corporation ownership transferred from Interfinancial Inc. to John Alden Financial Corporation. ABIG Holding de Espana S.L. 5% ownership transferred from American Bankers Insurance Group, Inc. to Protection Holding Cayman.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 4.2 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
.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 6.2 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. 12/31/2010
- 6.3 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). 03/14/2012
- 6.4 By what department or departments?
Ohio Department of Insurance
- 6.5 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]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 7.1 Has this 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]
- 7.2 If yes, give full information:
- 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 [] No [X]
- 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
.....

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.
GENERAL INTERROGATORIES

- 9.1 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 [] 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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? Yes [] No []
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
 The Code of Ethics was amended to include a message from new CEO Alan Colberg. Additionally, the Code was amended to update the following sections: (1) Mission, Vision, and Purpose; (2) Compliance Contacts; (3) Charitable Contributions; and (4) Political Activity. The updates were minor and did not require prior approval of the Board.
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 94

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
 13. Amount of real estate and mortgages held in short-term investments: \$

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$	\$
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
 If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.
GENERAL INTERROGATORIES

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

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

17. 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 [] No []

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

1 Name of Custodian(s)	2 Custodian Address
BMO Harris Bank N.A.	111 East Kilbourn Ave., Suite 200, Milwaukee, WI 53202

17.2 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)
.....

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No []

17.4 If yes, give full information relating thereto:

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

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/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	2 Name(s)	3 Address
Not a Registered Advisor	Assurant Asset Management	28 Liberty Street, New York, NY 10005

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [] No []

18.2 If no, list exceptions:

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

1.1 A&H loss percent	69.9 %
1.2 A&H cost containment percent	0.1 %
1.3 A&H expense percent excluding cost containment expenses	21.2 %
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$.....
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$.....

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.
SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NON E

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

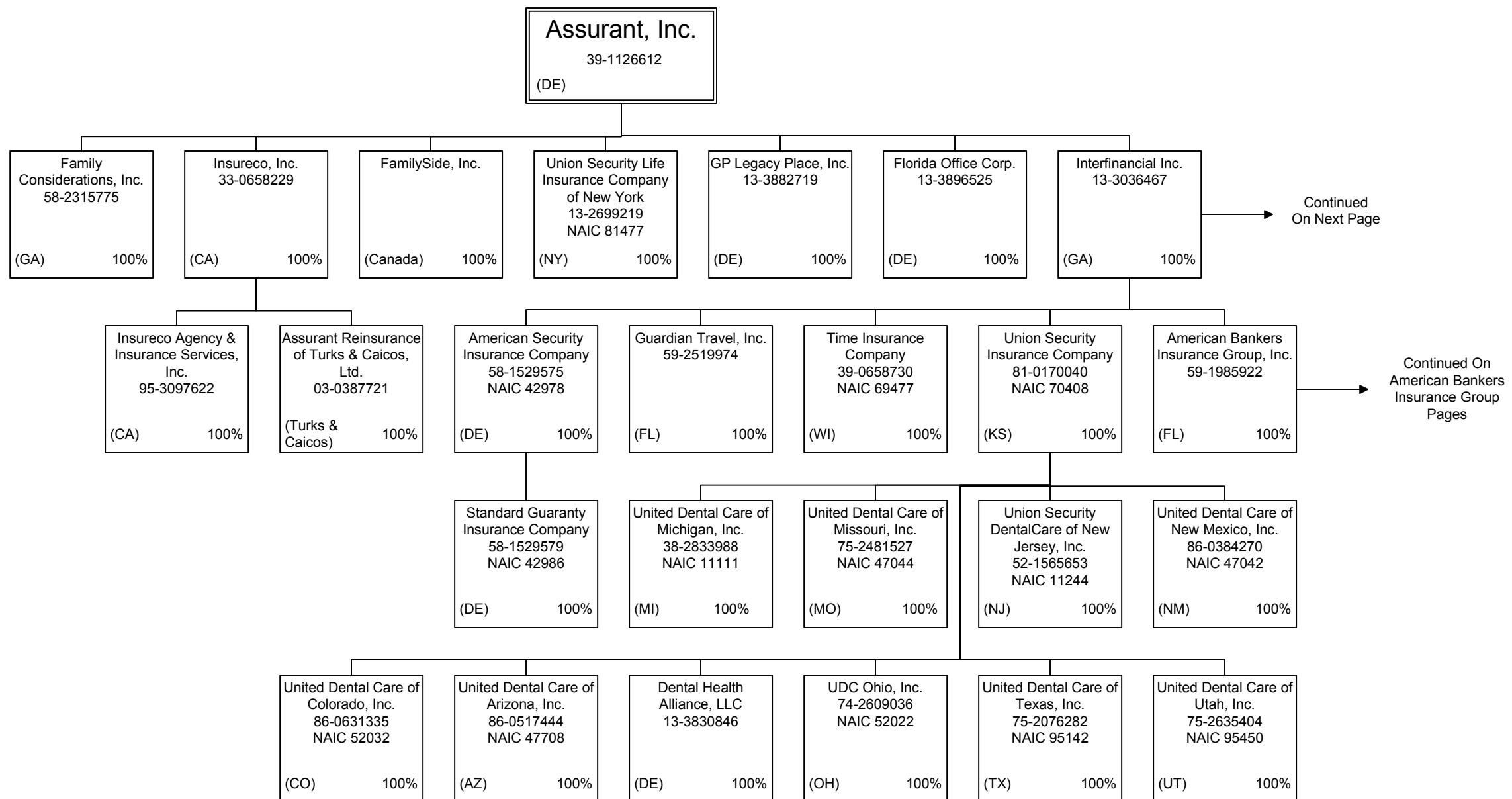
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	L							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	L	431,098					431,098	
37. Oklahoma	OK	N							
38. Oregon	OR	N							
39. Pennsylvania	PA	N							
40. Rhode Island	RI	N							
41. South Carolina	SC	N							
42. South Dakota	SD	N							
43. Tennessee	TN	N							
44. Texas	TX	N							
45. Utah	UT	N							
46. Vermont	VT	N							
47. Virginia	VA	N							
48. Washington	WA	N							
49. West Virginia	WV	N							
50. Wisconsin	WI	N							
51. Wyoming	WY	N							
52. American Samoa	AS	N							
53. Guam	GU	N							
54. Puerto Rico	PR	N							
55. U.S. Virgin Islands	VI	N							
56. Northern Mariana Islands	MP	N							
57. Canada	CAN	N							
58. Aggregate Other Aliens	OT	XXX							
59. Subtotal		XXX	431,098					431,098	
60. Reporting Entity Contributions for Employee Benefit Plans		XXX							
61. Totals (Direct Business)	(a) 2	431,098						431,098	
DETAILS OF WRITE-INS									
58001		XXX							
58002		XXX							
58003		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX							
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX							

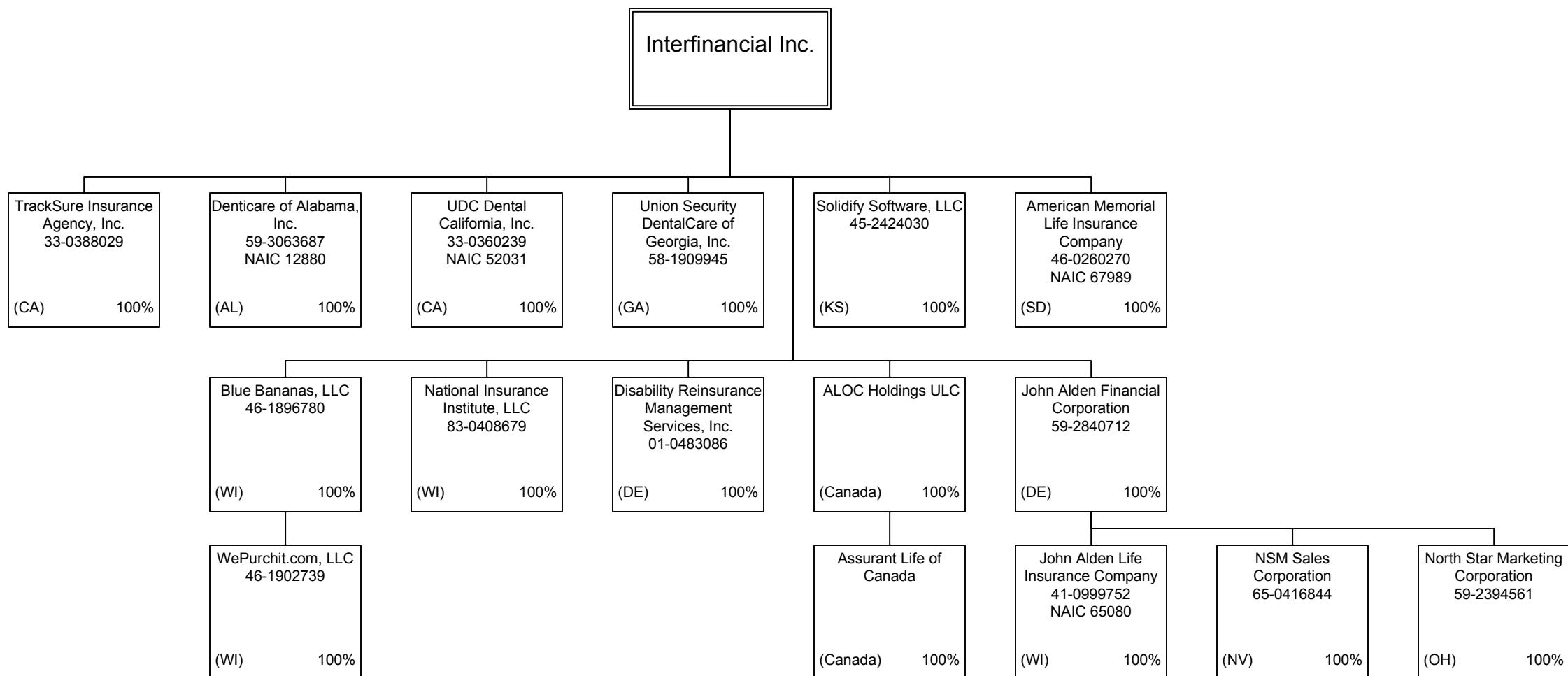
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

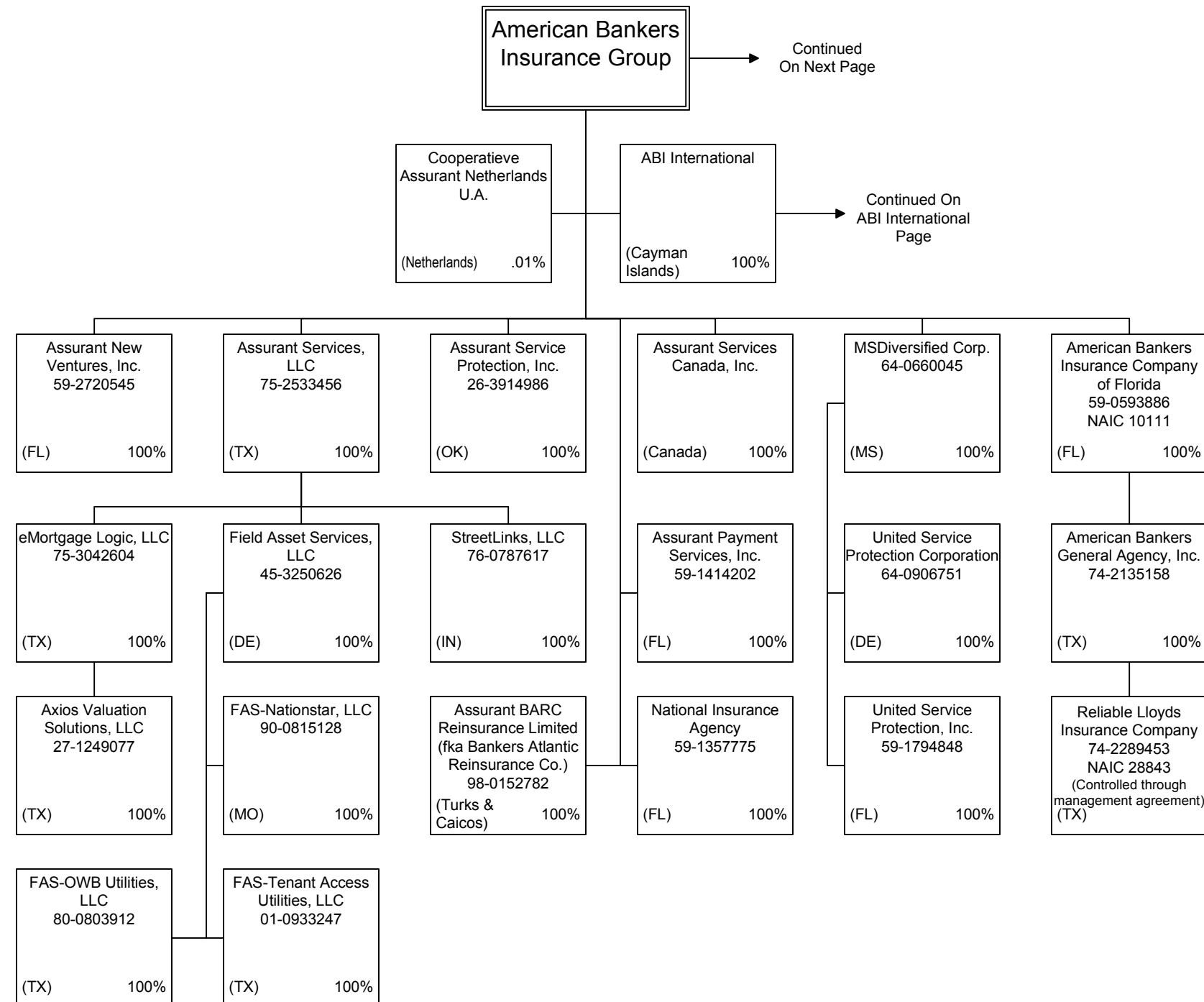
STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.



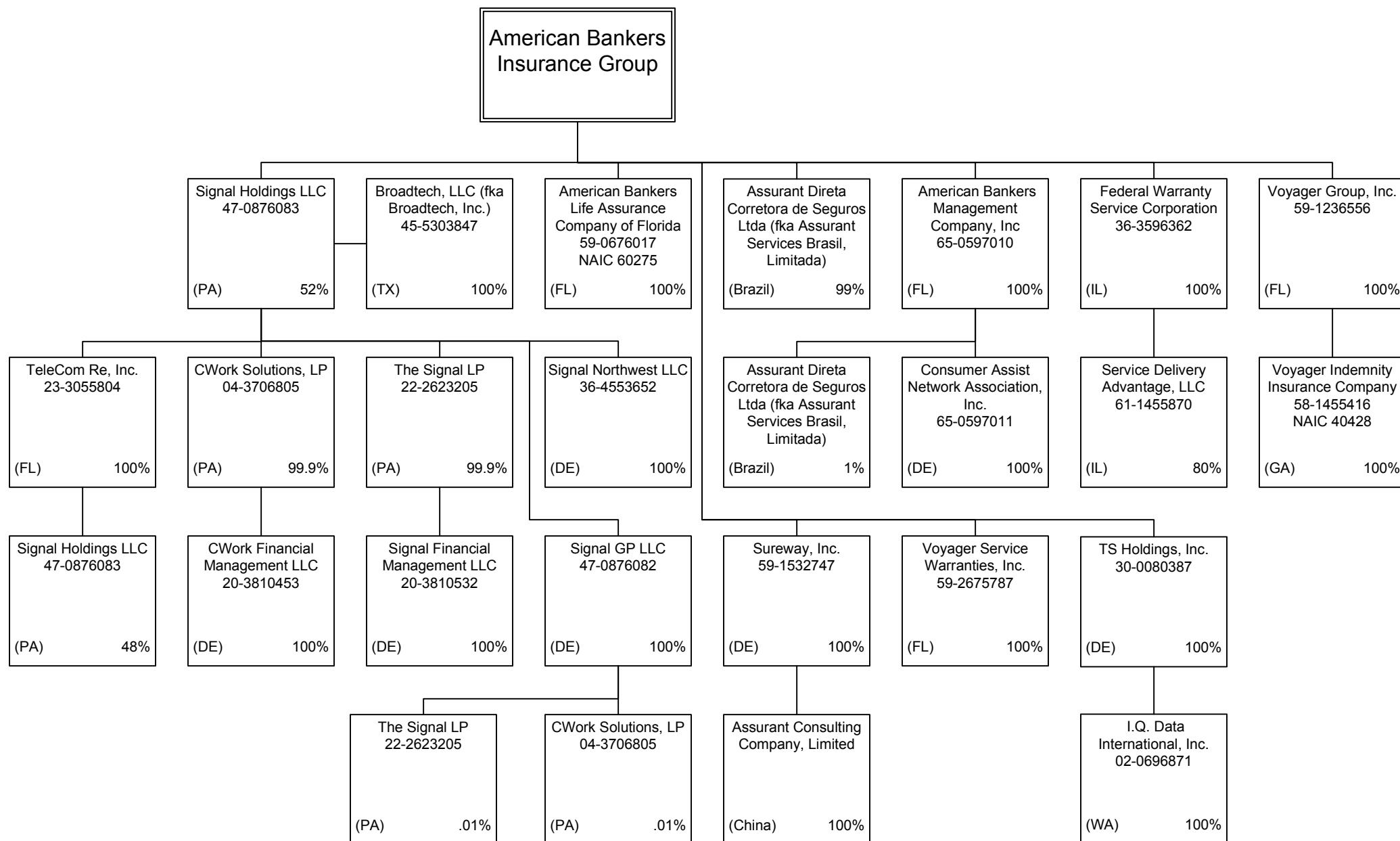
STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.



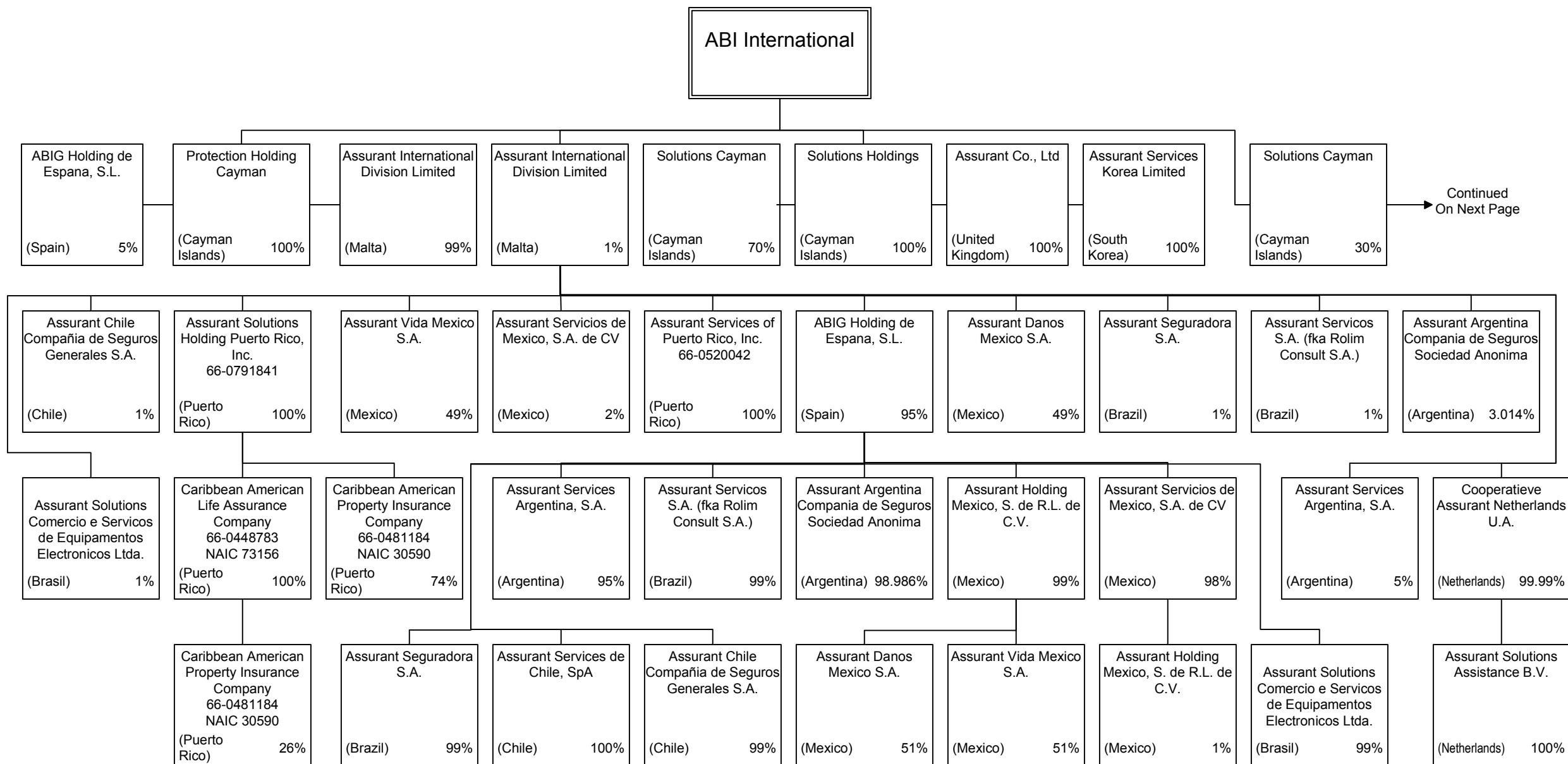
STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.



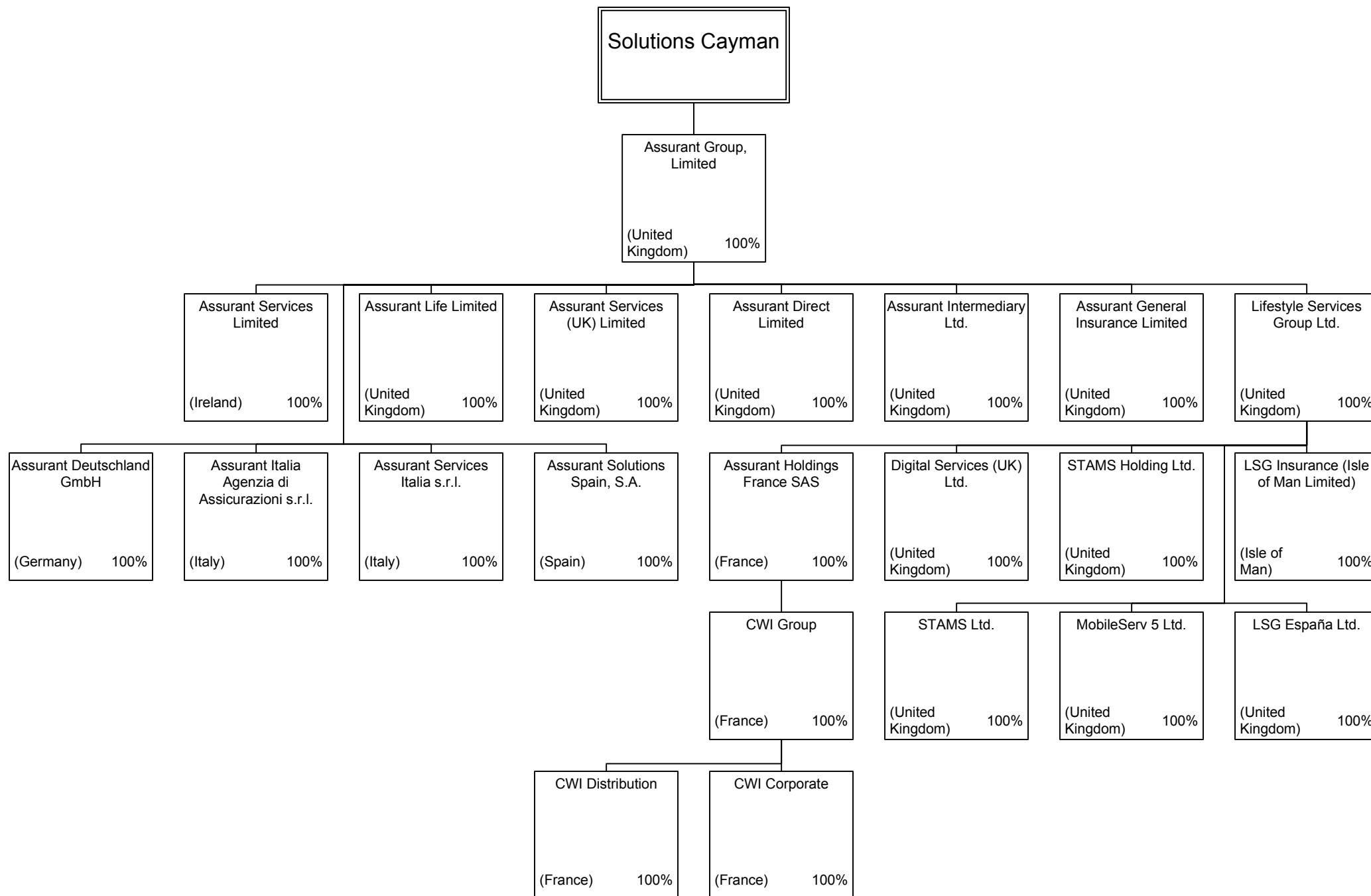
STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.



STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.



STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.



STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

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)	*
...0019	Assurant, Inc.	00000	39-1126612	3251018	0001267238	N	Assurant, Inc.	..DE	UIP			0.000		
...0019	Assurant, Inc.	00000	58-2315775				Family Considerations, Inc.	..GA	NIA	Assurant, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000					FamilySide, Inc.	..CAN	NIA	Assurant, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	13-3896525				Florida Office Corp.	..DE	NIA	Assurant, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	13-3882719				GP Legacy Place, Inc.	..DE	NIA	Assurant, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	33-0658229	3160129			Insureco, Inc.	..CA	NIA	Assurant, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	13-3036467	3160316	0001063399		Interfinancial Inc.	..GA	UIP	Assurant, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	81477	13-2699219	3163335	0000914804		Union Security Life Insurance Company of New York	..NY	IA	Assurant, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	03-0387721				Assurant Reinsurance of Turks & Caicos, Ltd.	..TCA	IA	Insureco, Inc.	Ownership, Management	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	95-3097622	3163782			Insureco Agency & Insurance Services, Inc. (CA)	..CA	NIA	Insureco, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-1985922	1624878	0000350571		ALOC Holdings ULC	..CAN	NIA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	67989	46-0260270	3160428			American Bankers Insurance Group	..FL	NIA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	42978	58-1529575	3160437			American Memorial Life Insurance Company	..SD	IA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	12880	59-3063687	3163438			American Security Insurance Company	..DE	IA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.						Denticare of Alabama, Inc.	..AL	IA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	01-0483086	3162794			Disability Reinsurance Management Services, Inc.	..DE	NIA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-2519974	3164798			Guardian Travel, Inc.	..FL	NIA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-2840712	3163072	0000926419		John Alden Financial Corporation	..DE	NIA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	69477	39-0658730	3162963			Time Insurance Company	..WI	IA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	33-0388029				TrackSure Insurance Agency, Inc.	..CA	NIA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	52031	33-0360239	3163559			UDC Dental California, Inc.	..CA	IA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.						Union Security DentalCare of Georgia, Inc.	..GA	NIA	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	58-1909945	3163483	0000823533		Union Security Insurance Company	..KS	UDP	Interfinancial Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	70408	81-0170040	3162785			Solidify Software, LLC	..KS	NIA	Interfinancial Inc.	Ownership, Management	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	45-2424030				Blue Bananas, LLC	..WI	NIA	Interfinancial Inc.	Ownership, Management	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	46-1896780				National Insurance Institute, LLC	..WI	NIA	Interfinancial Inc.	Ownership, Management	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	83-0408679				Assurant Life of Canada	..CAN	IA	ALOC Holdings ULC	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	42986	58-1529579	3163278			Standard Guaranty Insurance Company	..DE	IA	American Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	65080	41-0999752	1333161			John Alden Life Insurance Company	..WI	IA	John Alden Financial Corporation	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	65-0416844				NSM Sales Corporation	..NV	NIA	John Alden Financial Corporation	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-2394561	1333406			North Star Marketing Corporation	..OH	NIA	John Alden Financial Corporation	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	46-1902739				WePurchit.com, LLC	..WI	NIA	Blue Bananas, LLC	Ownership, Management	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	13-3830846	3170315			Dental Health Alliance, L.L.C.	..DE	IA	Union Security Insurance Company	Ownership, Management	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	47708	86-0517444	3163586			United Dental Care of Arizona, Inc.	..AZ	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	52032	86-0631335	3163595			United Dental Care of Colorado, Inc.	..CO	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	11111	38-2833988	3163616			United Dental Care of Michigan, Inc.	..MI	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	47044	75-2481527	3163625			United Dental Care of Missouri, Inc.	..MO	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.						Union Security DentalCare of New Jersey, Inc.	..NJ	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	11244	52-1565653	3163465			United Dental Care of New Mexico, Inc.	..NM	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	47042	86-0384270	3163652			UDC Ohio, Inc.	..OH	RE	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	52022	74-2609036	3163540			United Dental Care of Texas, Inc.	..TX	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	95142	75-2076282	3163661			United Dental Care of Utah, Inc.	..UT	IA	Union Security Insurance Company	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	95450	75-2635404	3163698			ABI International	..CYM	NIA	American Bankers Insurance Group, Inc.	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000					American Bankers Insurance Company of Florida	..FL	IA	American Bankers Insurance Group, Inc.	Ownership, Board	100.000	Assurant, Inc.	

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

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)	*
...0019	Assurant, Inc.	60275	59-0676017	3160400		American Bankers Life Assurance Company of Florida		FL	IA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	65-0597010			American Bankers Management Company, Inc.		FL	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	26-3914986			Assurant Service Protection, Inc.		OK	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services Canada Inc.		CAN	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.					Assurant BARC Reinsurance Limited (fka Bankers Atlantic Reinsurance Company)		JCA	IA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	98-0152782	3163193		Federal Warranty Service Corporation		IL	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	36-3596362			Assurant New Ventures, Incorporated		FL	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-2720545			Assurant Services, LLC		TX	NIA	American Bankers Insurance Group, Inc.	Ownership, Management .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	75-2533456			MSDiversified Corp.		MS	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	64-0660045			National Insurance Agency		FL	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-1357775			Assurant Payment Services, Inc.		FL	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-1414202	3163223		Signal Holdings LLC		PA	NIA	American Bankers Insurance Group, Inc.	Ownership, Management .....	.52.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	47-0876083			Sureway, Inc.		DE	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-1532747			TS Holdings, Inc.		DE	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	30-0080387			Voyager Group, Inc.		FL	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-1236556	3164707		Voyager Service Warranties, Inc.		FL	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	59-2675787	3164686		Cooperativa Assurant Netherlands U.A.		NLD	NIA	American Bankers Insurance Group, Inc.	Ownership, Board .....	.010	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Directa Corretora de Seguros Ltda (fka Assurant Services Brasil, Limitada)		BRA	NIA	American Bankers Insurance Group, Inc.	Ownership, Management .....	.99.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Argentina Compania de Seguros Sociedad Anonima		ARG	IA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.96.986	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services Argentina, S.A.		ARG	NIA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.95.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Holding Mexico, S. de R.L. de C.V.		MEX	NIA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.99.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Seguradora S.A.		BRA	IA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.99.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services de Chile, SpA		CHL	NIA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Servicios de Mexico, S.A. de CV		MEX	NIA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.98.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Servicos S.A. (fka Rolim Consult S.A.)		BRA	NIA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.99.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Chile Compania de Seguros Generales S.A.		CHL	IA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.99.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Solutions Comercio e Servicos de Equipamentos Electronicos Ltda.		BRA	NIA	ABIG Holding de Espana, S.L.	Ownership, Board .....	.99.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant International Division Limited		MLT	NIA	ABI International	Ownership, Management .....	.1.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Solutions Holdings		CYM	NIA	ABI International	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Protection Holding Cayman		CYM	NIA	ABI International	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Solutions Cayman		CYM	NIA	ABI International	Ownership, Board .....	.30.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Solutions Cayman		CYM	NIA	Solutions Holdings	Ownership, Board .....	.70.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Co., Ltd		GBR	NIA	Solutions Holdings	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Group, Limited		GBR	NIA	Solutions Cayman	Ownership, Management .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				ABIG Holding de Espana, S.L.		ESP	NIA	Protection Holding Cayman	Ownership, Management .....	.5.000	Assurant, Inc.	
...0019	Assurant, Inc.	28843	74-2289453	3163308		Reliable Lloyds Insurance Company		TX	IA	American Bankers General Agency, Inc.	Attorney-In-Fact....	.0.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	74-2135158	3160389		American Bankers General Agency, Inc.		TX	NIA	American Bankers Insurance Company of Florida	Ownership, Board .....	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Argentina Compania de Seguros Sociedad Anonima		ARG	IA	Assurant International Division Limited	Ownership, Board .....	.3.014	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services Argentina, S.A.		ARG	NIA	Assurant International Division Limited	Ownership, Board .....	.5.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	AA-2730036			Assurant Danos Mexico S.A.		MEX	IA	Assurant International Division Limited	Ownership, Board .....	.49.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Seguradora S.A.		BRA	IA	Assurant International Division Limited	Ownership, Board .....	.1.000	Assurant, Inc.	

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

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)	*
...0019	Assurant, Inc.	00000				Assurant Servicios de Mexico, S.A. de CV	MEX	NIA		Assurant International Division Limited	Ownership, Board	2.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	66-0520042			Assurant Services of Puerto Rico, Inc.	PR	NIA		Assurant International Division Limited	Ownership, Board	100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Vida Mexico S.A.	MEX	IA		Assurant International Division Limited	Ownership, Board	.49.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				ABIG Holding de Espana, S.L.	ESP	NIA		Assurant International Division Limited	Ownership, Management	.95.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Servicos S.A. (fka Rolim Consult S.A.)	BRA	NIA		Assurant International Division Limited	Ownership, Board	.1.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Chile Compania de Seguros Generales S.A.	CHL	IA		Assurant International Division Limited	Ownership, Board	.1.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	66-0791841			Assurant Solutions Holding Puerto Rico, Inc.	PR	NIA		Assurant International Division Limited	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Cooperatieve Assurant Netherlands U.A.	NLD	NIA		Assurant International Division Limited	Ownership, Board	.99.990	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Solutions Comercio e Servicos de Equipamentos Electronicos Ltda.	BRA	NIA		Assurant International Division Limited	Ownership, Board	.1.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Solutions Assistance B.V.	NLD	NIA		Cooperatieve Assurant Netherlands U.A.	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Holding Mexico, S. de R.L. de C.V.	MEX	NIA		Assurant Servicios de Mexico, S.A. de CV	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	30590	66-0481184			Caribbean American Property Insurance Company	PR	IA		Assurant Solutions Holding Puerto Rico, Inc.	Ownership, Board	.74.000	Assurant, Inc.	
...0019	Assurant, Inc.	73156	66-0448783			Caribbean American Life Assurance Company	PR	IA		Assurant Solutions Holding Puerto Rico, Inc.	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	65-0597011	3164921		Consumer Assist Network Association, Inc.	DE	NIA		American Bankers Management Company, Inc.	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Direta Corretora de Seguros Ltda (fka Assurant Services Brasil, Limitada)	BRA	NIA		American Bankers Management Company, Inc.	Ownership, Management	.1.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Direct Limited	GBR	NIA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant General Insurance Limited	GBR	IA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Life Limited	GBR	IA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services (UK) Limited	GBR	NIA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Intermediary Ltd.	GBR	NIA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Deutschland GmbH	DEU	NIA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Italia Agenzia di Assicurazioni s.r.l.	JTA	NIA		Assurant Group LTD	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services Italia s.r.l.	JTA	NIA		Assurant Group LTD	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Solutions Spain, S.A.	ESP	NIA		Assurant Group LTD	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services Limited	JRL	NIA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Lifestyle Services Group Ltd.	GBR	NIA		Assurant Group LTD	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				LSG Insurance (Isle of Man Limited)	JMN	IA		Lifestyle Services Group Ltd.	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				STAMS Holding Ltd.	GBR	NIA		Lifestyle Services Group Ltd.	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Digital Services (UK) Ltd.	GBR	NIA		Lifestyle Services Group Ltd.	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				LSG Espa�a Ltd.	GBR	NIA		Lifestyle Services Group Ltd.	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				MobileServ 5 Ltd.	GBR	NIA		Lifestyle Services Group Ltd.	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Holdings France SAS	FRA	NIA		Lifestyle Services Group Ltd.	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Services Korea Limited	KOR	NIA		Assurant Co., Ltd	Ownership, Board	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				CWI Group	FRA	NIA		Assurant Holdings France SAS	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				CWI Distribution	FRA	NIA		CWI Group	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				CWI Corporate	FRA	NIA		CWI Group	Ownership, Management	.100.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000	AA-2730036			Assurant Danos Mexico S.A.	MEX	IA		Assurant Holding Mexico, S. de R.L. de C.V.	Ownership, Board	.51.000	Assurant, Inc.	
...0019	Assurant, Inc.	00000				Assurant Vida Mexico S.A.	MEX	IA		Assurant Holding Mexico, S. de R.L. de C.V.	Ownership, Board	.51.000	Assurant, Inc.	

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

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)	*
..0019	Assurant, Inc.	30590	66-0481184			Caribbean American Property Insurance Company	PR	IA		Caribbean American Life Assurance Company	Ownership, Board	.26.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	61-1455870	3320204		Service Delivery Advantage, LLC	IL	NIA		Federal Warranty Service Corporation	Ownership, Management	.80.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	45-3250626			Field Asset Services, LLC	DE	NIA		Assurant Services, LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	76-0787617			StreetLinks, LLC	IN	NIA		Assurant Services, LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	75-0342604			eMortgage Logic, LLC	TX	NIA		Assurant Services, LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	90-0815128			FAS - Nationstar, LLC	MO	NIA		Field Asset Services LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	01-0933247			FAS - Tenant Access Utilities, LLC	TX	NIA		Field Asset Services LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	80-0803912			FAS - OWB Utilities, LLC	TX	NIA		Field Asset Services LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	27-1249077			Axios Valuation Solutions, LLC	TX	NIA		eMortgage Logic, LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	64-0906751	3173839		United Service Protection Corporation	DE	NIA		MS Diversified Corp.	Ownership, Board	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	59-1794848	3162664		United Service Protection, Inc.	FL	NIA		MS Diversified Corp.	Ownership, Board	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	04-3706805			CWork Solutions, LP	PA	NIA		Signal Holdings LLC	Ownership, Management	.99.900	Assurant, Inc.	
..0019	Assurant, Inc.	00000	47-0876082			Signal GP LLC	DE	NIA		Signal Holdings LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	36-4553652			Signal Northwest LLC	DE	NIA		Signal Holdings LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	22-2623205			The Signal LP	PA	NIA		Signal Holdings LLC	Ownership, Management	.99.900	Assurant, Inc.	
..0019	Assurant, Inc.	00000	45-5303847			Broadtech, LLC (fka Broadtech, Inc.)	TX	NIA		Signal Holdings LLC	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	23-3055804			TeleCom Re, Inc.	FL	NIA		Signal Holdings LLC	Ownership, Board	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	20-3810453			CWork Financial Management LLC	DE	NIA		CWork Solutions, LP	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	04-3706805			CWork Solutions, LP	PA	NIA		Signal GP LLC	Ownership, Management	.0100	Assurant, Inc.	
..0019	Assurant, Inc.	00000	22-2623205			The Signal LP	PA	NIA		Signal GP LLC	Ownership, Management	.0100	Assurant, Inc.	
..0019	Assurant, Inc.	00000				Assurant Consulting Company, Limited.	CHN	NIA		Sureway, Inc.	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	20-3810532			Signal Financial Management LLC	DE	NIA		The Signal LP	Ownership, Management	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	47-0876083			Signal Holdings LLC	PA	NIA		Telecom Re, Inc.	Ownership, Management	.48.000	Assurant, Inc.	
..0019	Assurant, Inc.	40428	58-1455416	3164716		Voyager Indemnity Insurance Company	GA	IA		Voyager Group Inc.	Ownership, Board	.100.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000				Assurant International Division Limited	MLT	NIA		Protection Holding Cayman	Ownership, Management	.99.000	Assurant, Inc.	
..0019	Assurant, Inc.	00000	02-0696871			I.Q. Data International, Inc.	WA	NIA		TS Holdings, Inc.	Ownership, Board	.100.000	Assurant, Inc.	

16.3

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1. Not Applicable

Bar Code:

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



STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.
OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	875,583	962,942
2. Cost of bonds and stocks acquired	59,991	841,822
3. Accrual of discount .....	.52	.91
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		273
6. Deduct consideration for bonds and stocks disposed of	734,999	928,301
7. Deduct amortization of premium	783	1,244
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9)	199,844	875,583
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	199,844	875,583

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	974,157	1,593,273	1,532,436	(399)	974,157	1,034,595		1,029,622
2. NAIC 2 (a)								
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	974,157	1,593,273	1,532,436	(399)	974,157	1,034,595		1,029,622
PREFERRED STOCK								
8. NAIC 1								
9. NAIC 2								
10. NAIC 3								
11. NAIC 4								
12. NAIC 5								
13. NAIC 6								
14. Total Preferred Stock								
15. Total Bonds and Preferred Stock	974,157	1,593,273	1,532,436	(399)	974,157	1,034,595		1,029,622

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$;
NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	834,751	XXX	834,762		1,300

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	154,039	53,296
2. Cost of short-term investments acquired	1,598,273	310,015
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	917,440	209,149
7. Deduct amortization of premium	121	123
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	834,751	154,039
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	834,751	154,039

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
N O N E

Schedule DB - Part B - Verification - Futures Contracts
N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
N O N E

Schedule E - Verification - Cash Equivalents
N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made
N O N E

Schedule A - Part 3 - Real Estate Disposed
N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made
N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid
N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made
N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid
N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Designa- tion or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recog- nized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
.912828-S2-4	UNITED STATES OF AMERICA	0.375%	06/15/15				674,999	675,000	676,925	675,776		(77)		(77)		674,999				1,266	06/15/2015	1
0599999. Subtotal - Bonds - U.S. Governments							674,999	675,000	676,925	675,776		(77)		(77)		674,999				1,266	XXX	XXX
8399997. Total - Bonds - Part 4							674,999	675,000	676,925	675,776		(77)		(77)		674,999				1,266	XXX	XXX
8399998. Total - Bonds - Part 5							XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds							674,999	675,000	676,925	675,776		(77)		(77)		674,999				1,266	XXX	XXX
8999997. Total - Preferred Stocks - Part 4																					XXX	XXX
8999998. Total - Preferred Stocks - Part 5																					XXX	XXX
8999999. Total - Preferred Stocks																					XXX	XXX
9799997. Total - Common Stocks - Part 4																					XXX	XXX
9799998. Total - Common Stocks - Part 5																					XXX	XXX
9799999. Total - Common Stocks																					XXX	XXX
9899999. Total - Preferred and Common Stocks																						XXX
9999999 - Totals							674,999	XXX	676,925	675,776		(77)		(77)		674,999				1,266	XXX	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
WELLS FARGO BANK MINNEAPOLIS MN		0.000			38,813	47,824	39,698	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX			38,813	47,824	39,698	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX						XXX
0399999. Total Cash on Deposit	XXX	XXX			38,813	47,824	39,698	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX			38,813	47,824	39,698	XXX

STATEMENT AS OF JUNE 30, 2015 OF THE UDC OHIO, INC.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

NONE

8699999 - Total Cash Equivalents

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