



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2015
OF THE CONDITION AND AFFAIRS OF THE
MANAGED DENTALGUARD INC

NAIC Group Code 0429 0429 NAIC Company Code 14142 Employer's ID Number 27-4326698
(Current) (Prior)

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

Country of Domicile US

Licensed as business type: Dental Service Corporation

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 08/09/2010 Commenced Business 10/18/2011

Statutory Home Office Crown Centre, 5005 Rockside Road #430, Independence, OH, US 44131
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7 Hanover Square
(Street and Number)
New York, NY, US 10004,
(City or Town, State, Country and Zip Code), (Area Code) (Telephone Number)

Mail Address 7 Hanover Square, New York, NY, US 10004
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7 Hanover Square
(Street and Number)
New York, NY, US 10004,
(City or Town, State, Country and Zip Code), (Area Code) (Telephone Number)

Internet Website Address www.Guardianlife.com

Statutory Statement Contact Jermaine Jones, 212-598-8633
(Name) (Area Code) (Telephone Number)
jermaine_jones@glic.com, 212-919-2583
(E-mail Address) (FAX Number)

OFFICERS

Chairman, President, CEO & COO Stuart J Shaw # Treasurer Walter R Skinner
Secretary Kristina Fink Vice President & Appointed Actuary Sanford E Penn

OTHER

Jermaine D Jones Controller Stuart J Shaw Vice President John A Dolan Assistant Secretary
Harris Oliner # Assistant Secretary

DIRECTORS OR TRUSTEES

Raymond J Marra Jermaine D Jones Thomas A McInteer

State of New York SS:
County of New York

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Sanford E Penn Jermaine D Jones
Vice President & Appointed Actuary Controller

Subscribed and sworn to before me this 10 day of November

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

Rose Maria Chierchio
Notary Public
May 31, 2018

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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	333,579		333,579	333,414
2. Stocks:				
2.1 Preferred stocks			0	
2.2 Common stocks			0	
3. Mortgage loans on real estate:				
3.1 First liens			0	
3.2 Other than first liens.....			0	
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	
4.2 Properties held for the production of income (less \$ encumbrances)			0	
4.3 Properties held for sale (less \$ encumbrances)			0	
5. Cash (\$145,322), cash equivalents (\$) and short-term investments (\$0)	145,322		145,322	70,847
6. Contract loans (including \$ premium notes)			0	
7. Derivatives			0	
8. Other invested assets			0	
9. Receivables for securities			0	
10. Securities lending reinvested collateral assets			0	
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	478,901	0	478,901	404,261
13. Title plants less \$ charged off (for Title insurers only)			0	
14. Investment income due and accrued	1,261		1,261	426
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	5,385		5,385	7,229
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	
15.3 Accrued retrospective premiums			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	
16.2 Funds held by or deposited with reinsured companies			0	
16.3 Other amounts receivable under reinsurance contracts			0	
17. Amounts receivable relating to uninsured plans			0	
18.1 Current federal and foreign income tax recoverable and interest thereon			0	3,319
18.2 Net deferred tax asset77	.77	0	0
19. Guaranty funds receivable or on deposit			0	
20. Electronic data processing equipment and software			0	
21. Furniture and equipment, including health care delivery assets (\$)			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	
23. Receivables from parent, subsidiaries and affiliates	5,547		5,547	2,960
24. Health care (\$) and other amounts receivable			0	
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	491,171	77	491,094	418,195
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28. Total (Lines 26 and 27)	491,171	77	491,094	418,195
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	23,986		23,986	27,470
2. Accrued medical incentive pool and bonus amounts			0	
3. Unpaid claims adjustment expenses		930	930	698
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act			0	380
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserve			0	
7. Aggregate health claim reserves			0	
8. Premiums received in advance		2,557	2,557	2,745
9. General expenses due or accrued		5,533	5,533	6,411
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))		10,706	10,706	0
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others		272	272	1
13. Remittances and items not allocated			0	
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	
15. Amounts due to parent, subsidiaries and affiliates		18,009	18,009	4,415
16. Derivatives			0	
17. Payable for securities			0	
18. Payable for securities lending			0	
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	
20. Reinsurance in unauthorized and certified (\$) companies			0	
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	
22. Liability for amounts held under uninsured plans			0	
23. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	23,986	38,007	61,993	42,120
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	299,990	299,990
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	4,275	6,087
31. Unassigned funds (surplus)	XXX	XXX	124,826	69,988
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	429,101	376,075
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	491,094	418,195
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001. Est ACA Payable in Subsq Yr	XXX	XXX	4,275	6,087
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	4,275	6,087

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	15,812	16,253	21,783
2. Net premium income (including \$ non-health premium income).....	XXX	244,271	247,488	329,004
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	380	611	231
4. Fee-for-service (net of \$ medical expenses).....	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	244,651	248,099	329,235
Hospital and Medical:				
9. Hospital/medical benefits				
10. Other professional services		121,084	142,143	197,272
11. Outside referrals	127	127	25	25
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	127	121,211	142,168	197,297
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	127	121,211	142,168	197,297
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses				2,508
21. General administrative expenses		44,391	44,208	57,206
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)	127	165,602	186,376	257,011
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	79,049	61,723	72,224
25. Net investment income earned		2,685	1,346	2,183
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	2,685	1,346	2,183
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	81,734	63,069	74,407
31. Federal and foreign income taxes incurred	XXX	30,736	23,132	27,131
32. Net income (loss) (Lines 30 minus 31)	XXX	50,998	39,937	47,276
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

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.....	376,077	330,779	330,779
34. Net income or (loss) from Line 32	50,998	39,937	47,276
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	(37)	(1)	31
39. Change in nonadmitted assets	2,063	49	(2,009)
40. Change in unauthorized and certified reinsurance	0		
41. Change in treasury stock	0		
42. Change in surplus notes	0		
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0		
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	53,024	39,985	45,298
49. Capital and surplus end of reporting period (Line 33 plus 48)	429,101	370,764	376,077
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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	247,953	242,713	323,553
2. Net investment income	1,685	1,676	3,102
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	249,638	244,389	326,655
5. Benefit and loss related payments	124,695	131,074	180,284
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	45,035	41,851	56,183
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	16,711	26,854	37,317
10. Total (Lines 5 through 9)	186,441	199,779	273,784
11. Net cash from operations (Line 4 minus Line 10)	63,197	44,610	52,871
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	75,000	255,000
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	75,000	255,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	24,697	270,723
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	24,697	270,723
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	50,303	(15,723)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	11,278	2,554	743
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	11,278	2,554	743
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)	74,475	97,467	37,891
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	70,847	32,956	32,956
19.2 End of period (Line 18 plus Line 19.1)	145,322	130,423	70,847

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

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STATEMENT AS OF SEPTEMBER 30, 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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	1,894	0	0	0	0	1,894	0	0	0	0
2. First Quarter	1,766	0	0	0	0	1,766	0	0	0	0
3. Second Quarter	1,743	0	0	0	0	1,743	0	0	0	0
4. Third Quarter	1,726					1,726				
5. Current Year	0									
6. Current Year Member Months	15,812					15,812				
Total Member Ambulatory Encounters for Period:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	244,271					244,271				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	244,651					244,651				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	124,695					124,695				
18. Amount Incurred for Provision of Health Care Services	121,211					121,211				

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

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 Claims Incurred in Prior Years (Columns 1 + 3)	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)					0	0
2. Medicare Supplement					0	0
3. Dental Only	12,409	112,286	657	23,329	13,066	27,470
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	12,409	112,286	657	23,329	13,066	27,470
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	12,409	112,286	657	23,329	13,066	27,470

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

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

Basis of Presentation

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

The Ohio Department of Insurance (ODI) requires insurance companies domiciled therein to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) subject to any deviations prescribed or permitted by the TDI. There are no material differences between the Company's surplus and net income (loss) calculated in accordance with the ODI and NAIC SAP for the quarter ending September 30, 2015.

Net Income	State of Domicile	2015	2014
(1) Net Income, state basis (Page 4, Line 32, Columns 2 & 3)	Ohio	\$ 50,998	\$ 47,276
(2) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(3) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(4) Net Income, NAIC SAP (1-2-3=4)	Ohio	<u>\$ 50,998</u>	<u>\$ 47,276</u>
Surplus			
(5) Statutory surplus, state basis (Page 3, Line 33, Columns 3 & 4)	Ohio	\$ 429,101	\$ 376,077
(6) State Prescribed Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(7) State Permitted Practices that increase/(decrease) NAIC SAP	Ohio	\$ -	\$ -
(8) Statutory Surplus, NAIC SAP (5-6-7=8)	Ohio	<u>\$ 429,101</u>	<u>\$ 376,077</u>

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

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

C. Accounting Policy

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

In addition, the Company uses the following accounting policies:

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

NOTES TO FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

Not Applicable

4. Discontinued Operations

Not Applicable

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company owns no mortgage loan assets.

B. Debt Restructuring

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

C. Reverse Mortgages

The Company owns no reverse mortgage assets.

D. Loan-Backed Securities

The Company owns no loan backed securities.

E. Repurchase Agreements and/or Securities Lending Transactions

The Company owns no repurchase agreements. The Company has not entered into any securities lending transactions.

F. Real Estate

The Company owns no real estate assets.

G. Investment in Low Income Housing Tax Credits

The Company owns no investments in low income housing.

H. Restricted Assets

The Company restricted assets in 3Q15 and 4Q14 are as follows:

		1	2	3	4	5
1	Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets
	a Restricted Asset Category: Subject to contractual obligation for which liability is not shown	0.00		0.00		0.000
	b Collateral held under security lending agreements	0.00		0.00		0.000
	c Subject to repurchase agreements	0.00		0.00		0.000
	d Subject to reverse repurchase agreements	0.00		0.00		0.000
	e Subject to dollar repurchase agreements	0.00		0.00		0.000
	f Subject to dollar reverse repurchase agreements	0.00		0.00		0.000
	g Placed under option contracts	0.00		0.00		0.000
	h Letter stock or securities restricted as to sale	0.00		0.00		0.000
	i. On deposit with states	\$ 76,787	\$ 75,064	\$ 1,723	\$ 76,787	2.0%
	j On deposit with other regulatory bodies	0.00		0.00		0.000
	k Pledged as collateral not captured in other categories	0.00		0.00		0.000
	l Other restricted assets	0.00		0.00		0.000
	m Total Restricted Assets	\$ 76,787	\$ 75,064	\$ 1,723	\$ 76,787	2.0%

6. Joint Ventures, Partnerships and Limited Liability Companies

None

NOTES TO FINANCIAL STATEMENTS

7. Investment Income

Net Investment Income, including accrual of discount and amortization of premium, arose from the following sources for the period ending September 30, 2015:

		2015	2014
Bonds	\$	2,685	1,346
Cash and short term investments			
Gross investment income		2,685	1,346
Less: investment expenses		-	-
Net investment income	\$	2,685	1,346

8. Derivative Instruments

None

9. Income Taxes

No significant changes from December 31, 2014.

10. Information Concerning Parent, Subsidiaries and Affiliates

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

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

D. At September 30, 2015 the Parent had obligations to the Company in the amount of \$5,547. This amount relates to advance premiums collected by the Parent on behalf of the Company and administrative expenses. These amounts were settled within 15 days. At September 30, 2015, the Company had obligations to the Parent in the amount of \$18,009. This amount relates to amounts due under the management services agreement. These amounts were settled within 15 days.

E. Not applicable

F. The Company has entered into a management services agreement with the Parent. Under this agreement, the Parent performs billing and accounting, claims administration, facilities and personnel, financial, information systems, marketing, member services, underwriting, actuarial and product design and development services for the Company. For these services, the Company was charged \$12,966 for the period ending September 30, 2015. This agreement may be terminated upon sixty days written notice.

G. Not applicable

H. Not applicable

I. Not applicable

J. Not applicable

K. Not applicable

L. Not applicable

M. Not applicable

11. Debt

A. Capital Notes
None

B. All Other Debt
None

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

Not Applicable

NOTES TO FINANCIAL STATEMENTS

13. Capital and Surplus, Shareholders' Dividend Restrictions

- (1) Common stock, \$1 par value; 10 shares authorized, 10 shares issued and outstanding, as of September 30, 2015.
- (2) The Company has no preferred stock outstanding.
- (3) Not Applicable
- (4) The Company had no plans to declare a dividend as of September 30, 2015.
- (5) An ordinary dividend cannot exceed the net income of the year just ended.
- (6) The health insurance industry assessment mandated by the Patient Protection and Affordable Care Act of 2010 is levied on health insurers based on a ratio of an insurer's net health insurance premiums written for the previous calendar year compared to the total premiums written by U.S. health insurance industry for that year. The Company has established a special surplus reserve of \$4,275 in September 30, 2015 in compliance with this regulation. The State of Ohio statutes and related regulations of the Ohio Department of Insurance require the Company to maintain a minimum net worth of \$250,000. The State of Ohio also requires that the Company maintain a \$75,000 statutory deposit.
- (7) Not Applicable
- (8) Not Applicable
- (9) Not Applicable
- (10) Not Applicable
- (11) The company has not issued any surplus notes
- (12) Not Applicable
- (13) Not Applicable

14. Contingencies

None

15. Leases

None

16. Information About Financial Instruments

None

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

None for all categories

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

None for all categories

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

None

20. Fair Value Measurements

Not Applicable

21. Other Items

A. Extraordinary Items
Not Applicable.

B. Troubled Debt Restructuring: Debtors
Not Applicable.

C. Other Disclosures

1. Revenue Recognition
No significant changes from December 31, 2014.

2. Other Professional Services for Benefits
No significant changes from December 31, 2014.

3. Federal Income Taxes
No significant changes from December 31, 2014.

NOTES TO FINANCIAL STATEMENTS

4. Net Investment Income

No significant changes from December 31, 2014.

5. Supplemental Health Care Exhibit

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

6. The Company has non-admitted assets in uncollected premiums of \$0 in September 30, 2015. The Company routinely assesses the collectability of these receivables.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime-Mortgage- Related Risk Exposure

Not Applicable.

G. Retained Assets

Not Applicable.

H. Offsetting and Netting of Assets and Liabilities

Not Applicable

I. Joint and Several Liabilities

Not Applicable

J. Risk Sharing Provisions of the Affordable Care Act

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

22. Events Subsequent

None

23. Reinsurance

None for all categories

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

None

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of September 30, 2015 were \$23,986. As of 9/30/2015, \$12,409 was paid for incurred claims for dental services provided in 2014 or prior. Reserves remaining for prior years are now \$657 as a result of re-estimation of unpaid claims. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The 9/30/2015 reserve is \$3,484 (12.7%) lower than 12/31/2014 reserve.

The Company's claims liability, claims incurred, claims payments and other professional services for benefits, including capitation, for the period ending 30, 2015 and December 31, 2013 are as follows:

	<u>9/30/2015</u>	<u>12/31/2014</u>
Claims unpaid, beginning of year	\$27,470	\$10,457
Incurred related to:		
Current year	135,615	200,939
Prior year	(14,404)	(3,642)
Total incurred	121,211	197,297
Paid related to:		
Current year	112,286	173,956
Prior year	12,409	6,328
Total paid	124,695	180,284
Claims unpaid, end of year	\$23,986	\$27,470

NOTES TO FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 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? Yes [X] No []
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 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 [] N/A [X]
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. 12/31/2013
- 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). 06/03/2015
- 6.4 By what department or departments?
New York Department of Financial Services
- 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 [] No [] N/A [X]
- 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 [X] No []
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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).
- 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: \$ 5,547

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	\$ 0	\$
14.22 Preferred Stock	\$ 0	\$
14.23 Common Stock	\$ 0	\$
14.24 Short-Term Investments	\$ 0	\$
14.25 Mortgage Loans on Real Estate	\$ 0	\$
14.26 All Other	\$ 0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
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.

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 | \$ | 0 |
| 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 | \$ | 0 |
| 16.3 Total payable for securities lending reported on the liability page | \$ | 0 |

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

- 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

- 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 percent49.5 %
 - 1.2 A&H cost containment percent%
 - 1.3 A&H expense percent excluding cost containment expenses18.1 %
- 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\$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
NONE								

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE MANAGED DENTALGUARD INC (OHIO)
SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

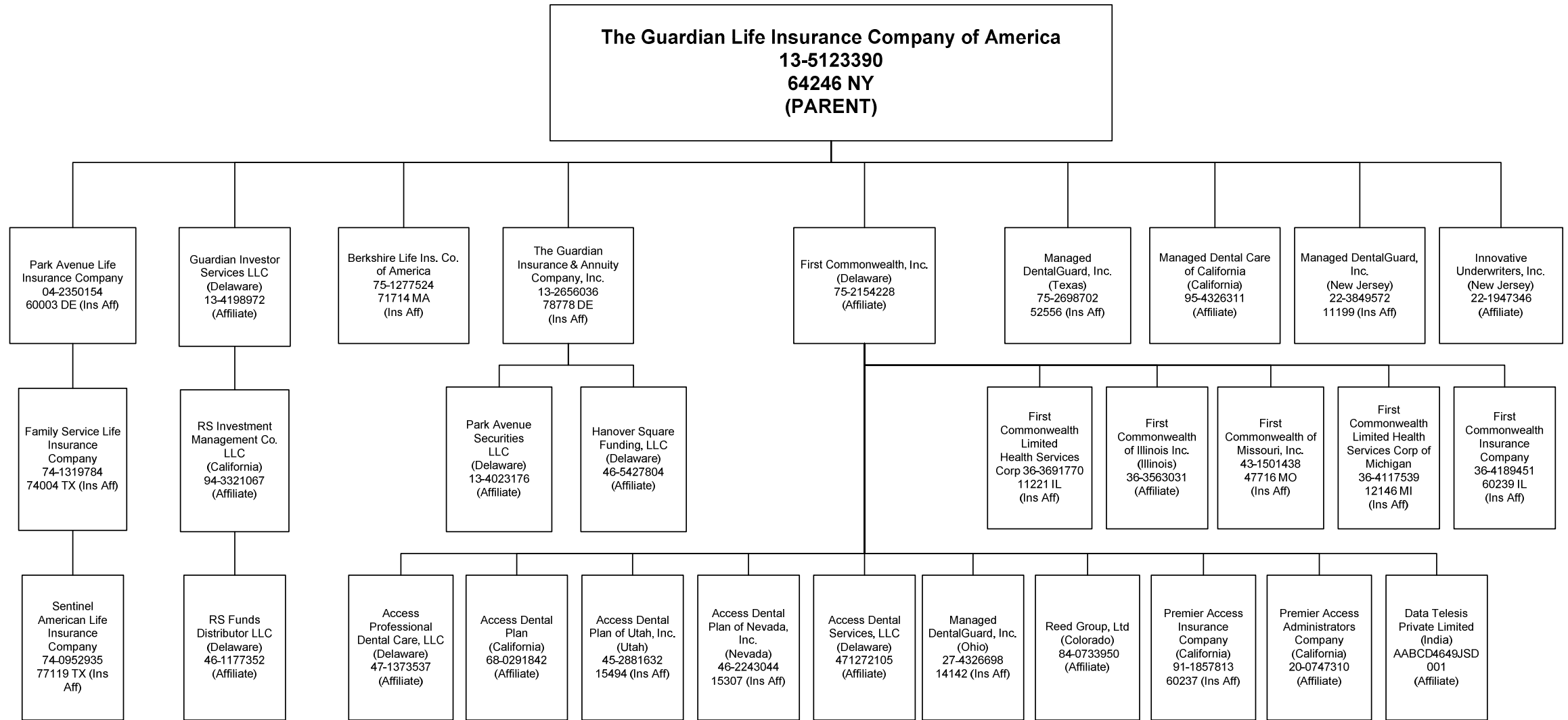
States, etc.	1 Active Status	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts	
1. Alabama AL	N								0	
2. Alaska AK	N								0	
3. Arizona AZ	N								0	
4. Arkansas AR	N								0	
5. California CA	N								0	
6. Colorado CO	N								0	
7. Connecticut CT	N								0	
8. Delaware DE	N								0	
9. District of Columbia DC	N								0	
10. Florida FL	N								0	
11. Georgia GA	N								0	
12. Hawaii HI	N								0	
13. Idaho ID	N								0	
14. Illinois IL	N								0	
15. Indiana IN	N								0	
16. Iowa IA	N								0	
17. Kansas KS	N								0	
18. Kentucky KY	N								0	
19. Louisiana LA	N								0	
20. Maine ME	N								0	
21. Maryland MD	N								0	
22. Massachusetts MA	N								0	
23. Michigan MI	N								0	
24. Minnesota MN	N								0	
25. Mississippi MS	N								0	
26. Missouri MO	N								0	
27. Montana MT	N								0	
28. Nebraska NE	N								0	
29. Nevada NV	N								0	
30. New Hampshire NH	N								0	
31. New Jersey NJ	N								0	
32. New Mexico NM	N								0	
33. New York NY	N								0	
34. North Carolina NC	N								0	
35. North Dakota ND	N								0	
36. Ohio OH	L	244,271							244,271	
37. Oklahoma OK	N								0	
38. Oregon OR	N								0	
39. Pennsylvania PA	N								0	
40. Rhode Island RI	N								0	
41. South Carolina SC	N								0	
42. South Dakota SD	N								0	
43. Tennessee TN	N								0	
44. Texas TX	N								0	
45. Utah UT	N								0	
46. Vermont VT	N								0	
47. Virginia VA	N								0	
48. Washington WA	N								0	
49. West Virginia WV	N								0	
50. Wisconsin WI	N								0	
51. Wyoming WY	N								0	
52. American Samoa AS	N								0	
53. Guam GU	N								0	
54. Puerto Rico PR	N								0	
55. U.S. Virgin Islands VI	N								0	
56. Northern Mariana Islands MP	N								0	
57. Canada CAN	N								0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	244,271	0	0	0	0	0	244,271	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX							0		
61. Totals (Direct Business)	(a) 1	244,271	0	0	0	0	0	244,271	0	
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	

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

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

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

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE MANAGED DENTALGUARD INC (OHIO)



STATEMENT AS OF SEPTEMBER 30, 2015 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		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 Svs 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 Svs 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		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	94.950	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	94.950	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	
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	

STATEMENT AS OF SEPTEMBER 30, 2015 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 Domiciliary Location	10 Relationship 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 Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
...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	...IND	...NIA	First Commonwealth Inc.	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	

NONE

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. Business not written

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

NONE

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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)		

NONE

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 points 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)		

NONE

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)		

NONE

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	333,414	318,556
2. Cost of bonds and stocks acquired		270,723
3. Accrual of discount	898	308
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of		255,000
7. Deduct amortization of premium	733	1,173
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)	333,579	333,414
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	333,579	333,414

STATEMENT AS OF SEPTEMBER 30, 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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)	333,525	0	0	54	333,470	333,525	333,579	406,413
2. NAIC 2 (a)	0				0	0	0	
3. NAIC 3 (a)	0				0	0	0	
4. NAIC 4 (a)	0				0	0	0	
5. NAIC 5 (a)	0				0	0	0	
6. NAIC 6 (a)	0				0	0	0	
7. Total Bonds	333,525	0	0	54	333,470	333,525	333,579	406,413
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	333,525	0	0	54	333,470	333,525	333,579	406,413

(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 \$

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SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Premium Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals		XXX			

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	72,999	0
2. Cost of short-term investments acquired		72,997
3. Accrual of discount	1	2
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	73,000	0
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	72,999
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	72,999

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

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of

N O N E

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

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter

N O N E