



# HEALTH QUARTERLY STATEMENT

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

## UDC Ohio, Inc.

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

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 Cincinnati, OH, US 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.assurantemployeebenefits.com

Statutory Statement Contact Valerie Dano 651-361-4138  
(Name) (Area Code) (Telephone Number)  
valerie.dano@assurant.com 651-361-4635  
(E-mail Address) (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 SS:  
County of Jackson

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.

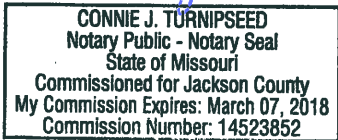
Stacia Almquist  
Stacia Nalani Almquist  
President

Kenneth Dale Bowen  
Kenneth Dale Bowen  
Secretary

Amy Jo Goerke  
Amy Jo Goerke  
Treasurer

Subscribed and sworn to before me this 15th day of October, 2015

Connie J. Turnipseed  
Connie J. Turnipseed  
Notary Public  
03/07/2018



- 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.....

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

**ASSETS**

|  | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|--|------------------------|-------------------------|---|---|
|  | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....   | 199,859                |                         | 199,859                                   | 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<br>encumbrances) .....  |                        |                         |   |   |
| 4.2 Properties held for the production of income (less<br>\$ .....0 encumbrances) .....  |                        |                         |   |   |
| 4.3 Properties held for sale (less \$ .....0<br>encumbrances) .....  |                        |                         |   |   |
| 5. Cash (\$ .....30,677 ), cash equivalents<br>(\$ ..... ) and short-term<br>investments (\$ .....775,919 ) .....  | 806,596                |                         | 806,596                                   | 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) .....  | 1,006,455              |                         | 1,006,455                                 | 1,095,645   |
| 13. Title plants less \$ .....0 charged off (for Title insurers<br>only) .....   |                        |                         |   |   |
| 14. Investment income due and accrued .....  | 1,244                  |                         | 1,244                                     | 426   |
| 15. Premiums and considerations:   |                        |                         |   |   |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....   | 8,785                  | 824                     | 7,961                                     | 23,373  |
| 15.2 Deferred premiums, agents' balances and installments booked but<br>deferred and not yet due (including \$ .....0<br>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 .....   | 13,970                 |                         | 13,970                                    | 1,210   |
| 18.2 Net deferred tax asset .....  | 4,001                  |                         | 4,001                                     | 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<br>(\$ .....0 ) .....   |                        |                         |   |   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....   |                        |                         |   |   |
| 23. Receivables from parent, subsidiaries and affiliates .....   |                        |                         |   | 8,060   |
| 24. Health care (\$ .....0 ) and other amounts receivable .....  | 35,959                 | 35,959                  |   |   |
| 25. Aggregate write-ins for other than invested assets .....   |                        |                         |   |   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and<br>Protected Cell Accounts (Lines 12 to 25) .....                                      | 1,070,414              | 36,783                  | 1,033,631                                 | 1,132,996   |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell<br>Accounts .....   |                        |                         |   |   |
| 28. Total (Lines 26 and 27) .....  | 1,070,414              | 36,783                  | 1,033,631                                 | 1,132,996   |
| <b>DETAILS OF WRITE-INS</b>  |                        |                         |   |   |
| 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<br>Covered   | 2<br>Uncovered | 3<br>Total | 4<br>Total |
| 1. Claims unpaid (less \$ .....0 reinsurance ceded) .....   | 15,654         |                | 15,654     | 16,550     |
| 2. Accrued medical incentive pool and bonus amounts .....   |                |                |            |            |
| 3. Unpaid claims adjustment expenses .....  | 170            |                | 170        | 167        |
| 4. Aggregate health policy reserves, including the liability of<br>\$ ..... for medical loss ratio rebate per the Public<br>Health Service Act .....              | 17,819         |                | 17,819     | 20,957     |
| 5. Aggregate life policy reserves .....   |                |                |            |            |
| 6. Property/casualty unearned premium reserve .....   |                |                |            |            |
| 7. Aggregate health claim reserves .....  |                |                |            |            |
| 8. Premiums received in advance .....   | 12,601         |                | 12,601     | 9,892      |
| 9. General expenses due or accrued .....  | 15,264         |                | 15,264     | 97,672     |
| 10.1 Current federal and foreign income tax payable and interest thereon<br>(including \$ .....0 on realized gains (losses)) .....                                |                |                |            |            |
| 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<br>interest thereon \$ .....0 (including<br>\$ .....0 current) .....   |                |                |            |            |
| 15. Amounts due to parent, subsidiaries and affiliates .....  | 10,647         |                | 10,647     | 402        |
| 16. Derivatives .....   |                |                |            |            |
| 17. Payable for securities .....  |                |                |            |            |
| 18. Payable for securities lending .....  |                |                |            |            |
| 19. Funds held under reinsurance treaties (with \$ .....0<br>authorized reinsurers, \$ .....0 unauthorized<br>reinsurers and \$ ..... certified reinsurers) ..... |                |                |            |            |
| 20. Reinsurance in unauthorized and certified (\$ ..... )<br>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<br>current) .....  | 525            |                | 525        | 525        |
| 24. Total liabilities (Lines 1 to 23) .....   | 72,680         |                | 72,680     | 146,165    |
| 25. Aggregate write-ins for special surplus funds .....   | XXX            | XXX            | 11,418     | 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            | 83,896     | 103,753    |
| 32. Less treasury stock, at cost:   |                |                |            |            |
| 32.1 .....0 shares common (value included in Line 26<br>\$ .....0 ) .....   | XXX            | XXX            |            |            |
| 32.2 .....0 shares preferred (value included in Line 27<br>\$ .....0 ) .....  | XXX            | XXX            |            |            |
| 33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....  | XXX            | XXX            | 960,951    | 986,831    |
| 34. Total liabilities, capital and surplus (Lines 24 and 33) .....  | XXX            | XXX            | 1,033,631  | 1,132,996  |
| <b>DETAILS OF WRITE-INS</b>   |                |                |            |            |
| 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            | 11,418     | 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            | 11,418     | 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                  | 67,398   | 73,312             | 97,041                       |
| 2. Net premium income ( including \$ .....0 non-health premium income)  | XXX                  | 642,182  | 706,289            | 937,667                      |
| 3. Change in unearned premium reserves and reserve for rate credits   | XXX                  | 3,138    | 3,601              | 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                  | 645,320  | 709,890            | 939,089                      |
| <b>Hospital and Medical:</b>  |                      |          |                    |                              |
| 9. Hospital/medical benefits  |                      |          |                    |                              |
| 10. Other professional services   |                      | 491,551  | 456,900            | 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)  |                      | 491,551  | 456,900            | 602,808                      |
| <b>Less:</b>  |                      |          |                    |                              |
| 17. Net reinsurance recoveries  |                      |          |                    |                              |
| 18. Total hospital and medical (Lines 16 minus 17)  |                      | 491,551  | 456,900            | 602,808                      |
| 19. Non-health claims (net)   |                      |          |                    |                              |
| 20. Claims adjustment expenses, including \$ .....285 cost containment expenses   |                      | 3,348    | 3,353              | 4,579                        |
| 21. General administrative expenses   |                      | 178,223  | 234,548            | 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)   |                      | 673,122  | 694,801            | 916,467                      |
| 24. Net underwriting gain or (loss) (Lines 8 minus 23)  | XXX                  | (27,802) | 15,089             | 22,622                       |
| 25. Net investment income earned  |                      | 1,198    | 1,201              | 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)  |                      | 1,115    | 1,359              | 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                  | (26,687) | 16,448             | 24,290                       |
| 31. Federal and foreign income taxes incurred   | XXX                  | (4,411)  | 10,869             | 13,282                       |
| 32. Net income (loss) (Lines 30 minus 31)   | XXX                  | (22,276) | 5,579              | 11,008                       |
| <b>DETAILS OF WRITE-INS</b>   |                      |          |                    |                              |
| 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<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>CAPITAL AND SURPLUS ACCOUNT</b>   |                              |                            |                                      |
| 33. Capital and surplus prior reporting year.....  | 986,831                      | 975,369                    | 975,369                              |
| 34. Net income or (loss) from Line 32 .....  | (22,276)                     | 5,579                      | 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 .....  | (281)                        | (722)                      | (978)                                |
| 39. Change in nonadmitted assets .....   | (3,323)                      | 1,311                      | 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) .....                               | (25,880)                     | 6,168                      | 11,462                               |
| 49. Capital and surplus end of reporting period (Line 33 plus 48)                        | 960,951                      | 981,537                    | 986,831                              |
| <b>DETAILS OF WRITE-INS</b>  |                              |                            |                                      |
| 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 SEPTEMBER 30, 2015 OF THE UDC OHIO, INC.

**CASH FLOW**

|   | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>   |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....  | 661,345                      | 719,808                    | 933,951                              |
| 2. Net investment income .....  | 1,096                        | 869                        | 2,539                                |
| 3. Miscellaneous income .....   |                              |                            |                                      |
| 4. Total (Lines 1 to 3) .....   | 662,441                      | 720,677                    | 936,490                              |
| 5. Benefit and loss related payments .....  | 492,447                      | 459,712                    | 605,778                              |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                                |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....  | 268,341                      | 238,876                    | 310,417                              |
| 8. Dividends paid to policyholders .....  |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... tax on capital<br>gains (losses) .....                 | 8,432                        | (11,428)                   | (14,660)                             |
| 10. Total (Lines 5 through 9) .....   | 769,220                      | 687,160                    | 901,535                              |
| 11. Net cash from operations (Line 4 minus Line 10) .....   | (106,779)                    | 33,517                     | 34,955                               |
| <b>Cash from Investments</b>  |                              |                            |                                      |
| 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 .....   |                              |                            |                                      |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....  | 59,991                       | 792,031                    | 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                      | 61,237                     | 86,479                               |
| <b>Cash from Financing and Miscellaneous Sources</b>  |                              |                            |                                      |
| 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) .....  | 18,305                       | (1,354)                    | 13,154                               |
| 17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5<br>plus Line 16.6) ..... | 18,305                       | (1,354)                    | 13,154                               |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>  |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                   | 586,534                      | 93,400                     | 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) .....   | 806,596                      | 178,874                    | 220,062                              |

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

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

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

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

|  | 1<br>Total | Comprehensive<br>(Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees<br>Health Benefit<br>Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                       | 3<br>Group |                             |                     |                     |   |                              |                            |             |
| <b>Total Members at end of:</b>                            |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 1. Prior Year .....  | 7,829      |                                       |            |                             |                     | 7,829               |   |                              |                            |             |
| 2. First Quarter .....                                     | 7,541      |                                       |            |                             |                     | 7,541               |   |                              |                            |             |
| 3. Second Quarter .....                                    | 7,450      |                                       |            |                             |                     | 7,450               |   |                              |                            |             |
| 4. Third Quarter .....                                     | 7,314      |                                       |            |                             |                     | 7,314               |   |                              |                            |             |
| 5. Current Year  |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 6. Current Year Member Months                              | 67,398     |                                       |            |                             |                     | 67,398              |   |                              |                            |             |
| <b>Total Member Ambulatory Encounters for Period:</b>      |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 7. Physician .....   |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 8. Non-Physician .....                                     | 902        |                                       |            |                             |                     | 902                 |   |                              |                            |             |
| 9. Total   | 902        |                                       |            |                             |                     | 902                 |   |                              |                            |             |
| 10. Hospital Patient Days Incurred                         |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 11. Number of Inpatient Admissions                         |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 12. Health Premiums Written (a) .....                      | 642,182    |                                       |            |                             |                     | 642,182             |   |                              |                            |             |
| 13. Life Premiums Direct .....                             |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 14. Property/Casualty Premiums Written .....               |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 15. Health Premiums Earned .....                           | 645,320    |                                       |            |                             |                     | 645,320             |   |                              |                            |             |
| 16. Property/Casualty Premiums Earned .....                |            |                                       |            |                             |                     |                     |   |                              |                            |             |
| 17. Amount Paid for Provision of Health Care Services..... | 492,447    |                                       |            |                             |                     | 492,447             |   |                              |                            |             |
| 18. Amount Incurred for Provision of Health Care Services  | 491,551    |                                       |            |                             |                     | 491,551             |   |                              |                            |             |

(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<br>Year to Date   |   | Liability<br>End of Current Quarter                  |   | 5<br>Claims Incurred in<br>Prior Years<br>(Columns 1 + 3) | 6<br>Estimated Claim<br>Reserve and<br>Claim Liability<br>December 31 of<br>Prior Year |
|---|---|---|--|---|---|--|
|   | 1<br>On<br>Claims Incurred Prior<br>to January 1 of<br>Current Year | 2<br>On<br>Claims Incurred<br>During the Year | 3<br>On<br>Claims Unpaid<br>Dec. 31<br>of Prior Year | 4<br>On<br>Claims Incurred<br>During the Year |   |  |
| 1. Comprehensive (hospital and medical) .....       |   |   |  |   |   |  |
| 2. Medicare Supplement .....                        |   |   |  |   |   |  |
| 3. Dental Only .....                                | 3,038   | 489,409                                       | 56   | 15,598  | 3,094   | 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   | 489,409                                       | 56   | 15,598  | 3,094   | 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   | 489,409                                       | 56   | 15,598  | 3,094   | 16,550   |

(a) Excludes \$ 35,959 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:

|   | September 30,<br>2015 | December 31,<br>2014 |
|---|-----------------------|----------------------|
| (1) Net Income Ohio state basis                 | \$ (22,276)           | \$ 11,008            |
| (2) State Prescribed Practices (Income) - None  | -                     | -                    |
| (3) State Permitted Practices (Income) - None   | -                     | -                    |
| (4) Net Income, NAIC SAP                        | \$ (22,276)           | \$ 11,008            |
| (5) Statutory Surplus Ohio basis                | \$ 960,951            | \$ 986,831           |
| (6) State Prescribed Practices (Surplus) - None | -                     | -                    |
| (7) State Permitted Practices (Surplus) - None  | -                     | -                    |
| (8) Statutory Surplus, NAIC SAP                 | \$ 960,951            | \$ 986,831           |

#### 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 nine month period ending on September 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 September 30, 2015:

| Type of financial instrument    | Aggregate Fair Value | Carrying Value      | Level 1          | Level 2           |
|---------------------------------|----------------------|---------------------|------------------|-------------------|
| <b>Financial assets:</b>        |                      |                     |                  |                   |
| Bonds                           | \$ 200,792           | \$ 199,859          | \$ -             | \$ 200,792        |
| Cash and short-term investments | 806,596              | 806,596             | 45,995           | 760,601           |
| Total financial assets          | <u>\$ 1,007,388</u>  | <u>\$ 1,006,455</u> | <u>\$ 45,995</u> | <u>\$ 961,393</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 November 5, 2015 for the statutory statement of September 30, 2015.

On September 9, 2015 the Company's ultimate parent, Assurant, Inc. ("AIZ"), entered into a definitive agreement to sell its employee benefits business for approximately \$940 million to Sun Life Financial, Inc. ("Sun Life"). The sale is structured as a combination of reinsurance agreements and the sale of certain legal entities and assets. Under the terms of the agreement, AIZ will cause Union Security Insurance Company, a wholly-owned subsidiary and direct parent of the Company, to sell all of the issued and outstanding shares of capital stock of the Company to Sun Life. The transaction is expected to close by the end of the first quarter of 2016.

There are no other known subsequent events.

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 September 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 \$57 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$13,591 favorable prior-year development from December 31, 2014 to September 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? ..... 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 [ X ] No [ ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
John Alden Life Insurance Company ownership transferred from John Alden Financial Corporation to Interfinancial Inc. Assurant Direct Limited ownership transferred from Assurant Group LTD to Solutions Holdings. 9167-1990 Quebec Inc., 1869738 Ontario Inc., 1463873 Ontario Inc., Coast to Coast Dealer Services Inc. (Ontario), Coast to Coast Services Inc. (Ontario), and Coast to Coast Dealer Services Inc. (New York) were newly acquired.

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<br>Name of Entity | 2<br>NAIC Company Code | 3<br>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. .... 12/31/2013

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). .... 06/30/2015

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 [ ] 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 [ ] 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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| .....               | .....                       | .....    | .....    | .....     | .....    |

**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 [ X ] No [ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 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 [ X ] 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 [ X ]
- 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 [ X ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....

**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 [ X ]
- 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 [ X ]
- 14.2 If yes, please complete the following:

|   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>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 [ X ]
- 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 .....\$ .....
  - 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 [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

| 1<br>Name of Custodian(s) | 2<br>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<br>Name(s) | 2<br>Location(s) | 3<br>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 [ X ]

- 17.4 If yes, give full information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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<br>Central Registration Depository | 2<br>Name(s)                    | 3<br>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 [ X ] No [ ]

- 18.2 If no, list exceptions:

# GENERAL INTERROGATORIES

## PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent .....76.2 %

1.2 A&H cost containment percent .....%

1.3 A&H expense percent excluding cost containment expenses .....28.1 %

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

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

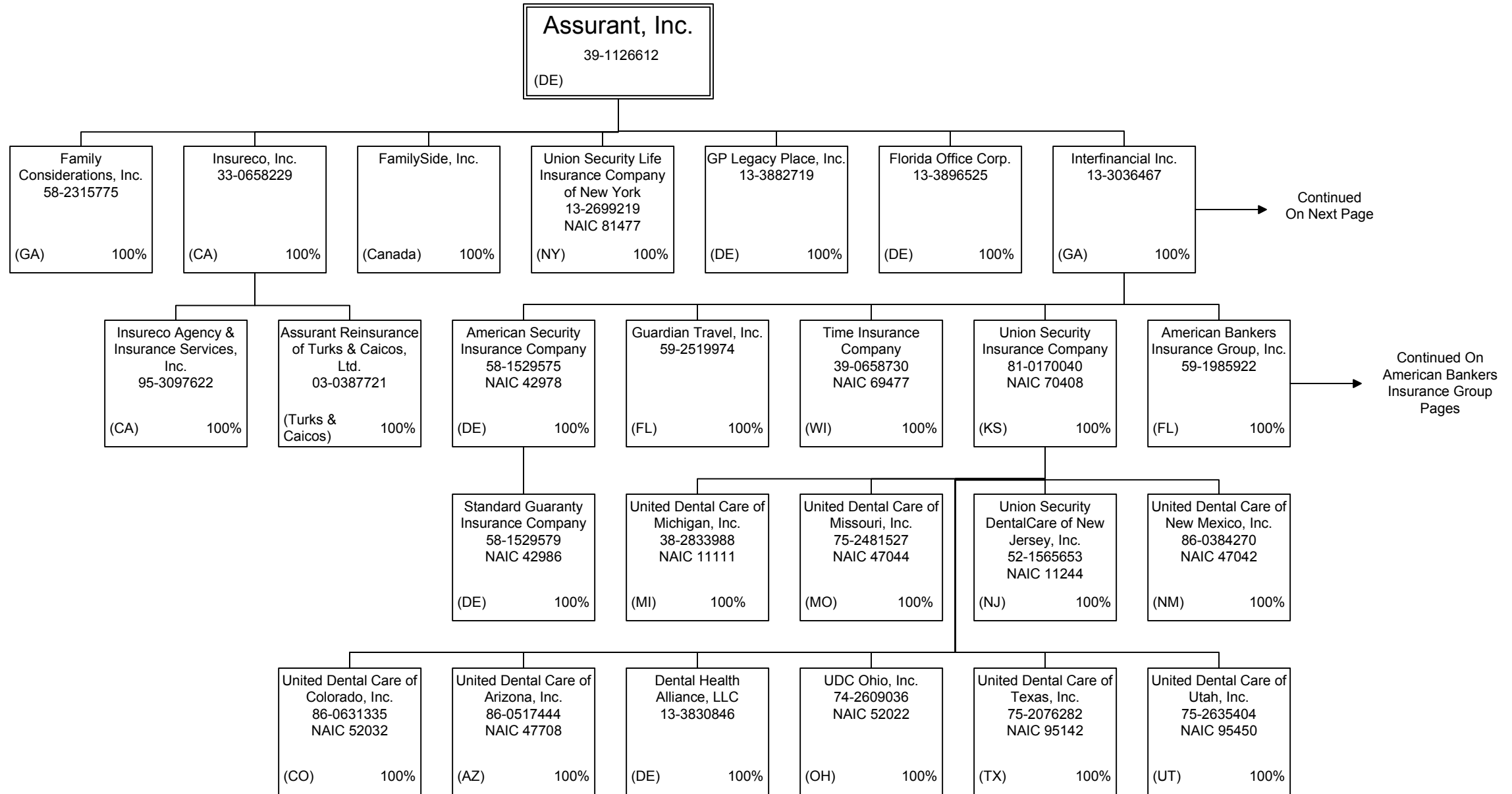
Current Year to Date - Allocated by States and Territories

| States, etc.   | 1<br>Active Status | Direct Business Only              |                           |                         |   |   |                                 |                                | 9<br>Deposit-Type Contracts |
|--|--------------------|-----------------------------------|---------------------------|-------------------------|---|---|---------------------------------|--------------------------------|-----------------------------|
|  |                    | 2<br>Accident and Health Premiums | 3<br>Medicare Title XVIII | 4<br>Medicaid Title XIX | 5<br>Federal Employees Health Benefits Program Premiums | 6<br>Life and Annuity Premiums & Other Considerations | 7<br>Property/Casualty Premiums | 8<br>Total Columns 2 Through 7 |                             |
| 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                  | 642,182                           |                           |                         |   |   |                                 | 642,182                        |                             |
| 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                | 642,182                           |                           |                         |   |   |                                 | 642,182                        |                             |
| 60. Reporting Entity Contributions for Employee Benefit Plans        | XXX                |                                   |                           |                         |   |   |                                 |                                |                             |
| 61. Totals (Direct Business)   | (a) 2              | 642,182                           |                           |                         |   |   |                                 | 642,182                        |                             |
| 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                |                                   |                           |                         |   |   |                                 |                                |                             |

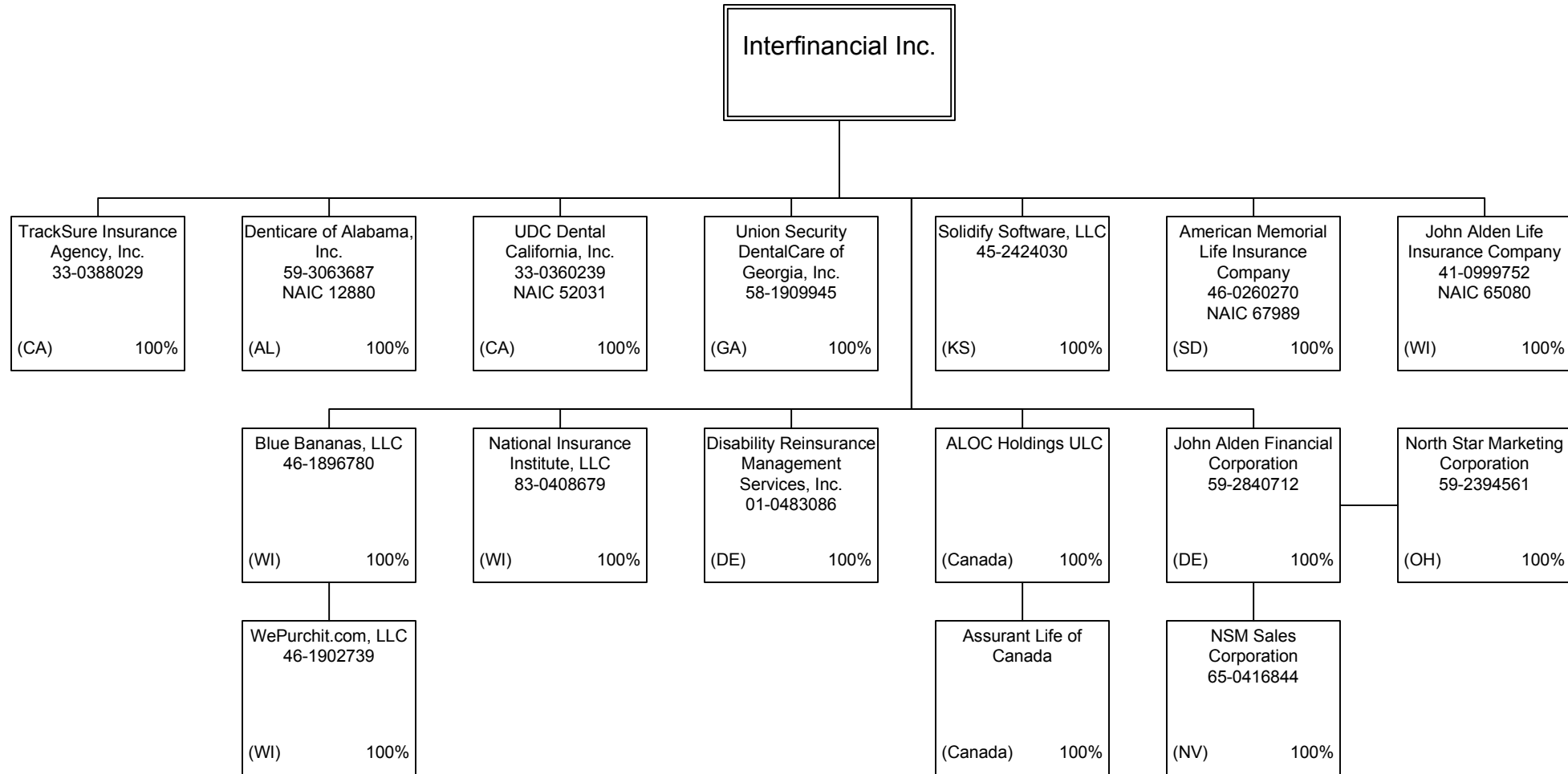
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

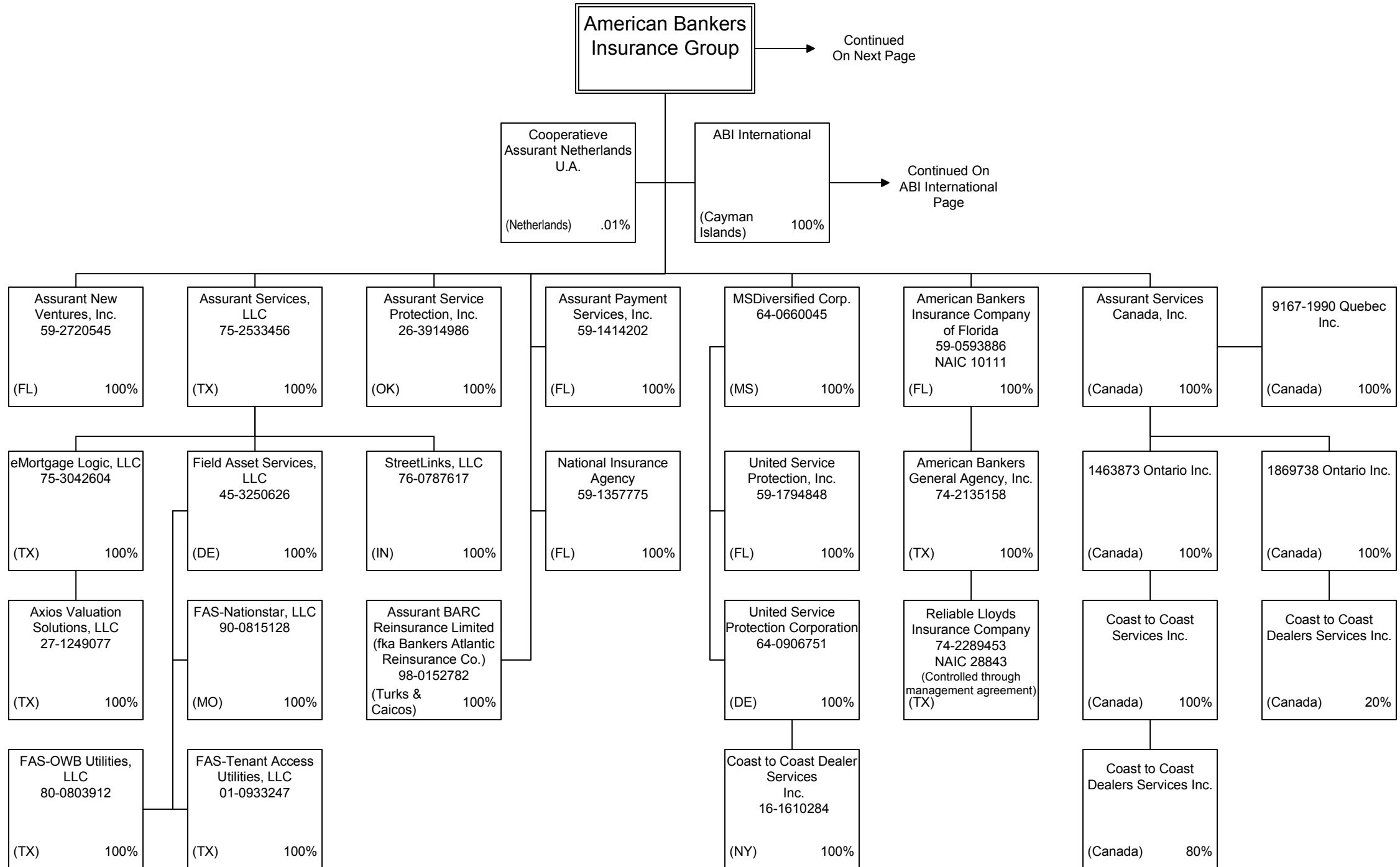
STATEMENT AS OF SEPTEMBER 30, 2015 OF THE UDC OHIO, INC.



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

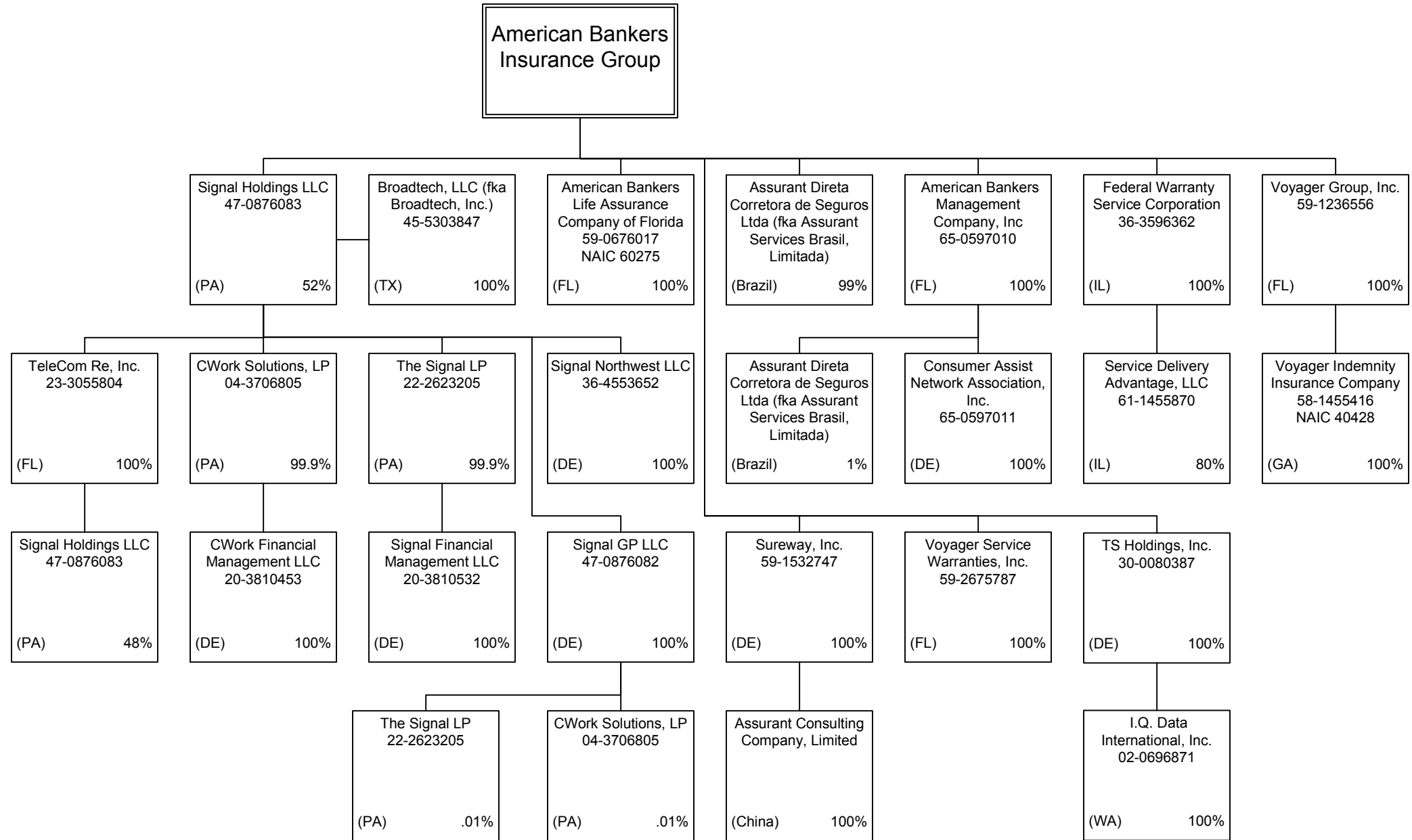


STATEMENT AS OF SEPTEMBER 30, 2015 OF THE UDC OHIO, INC.



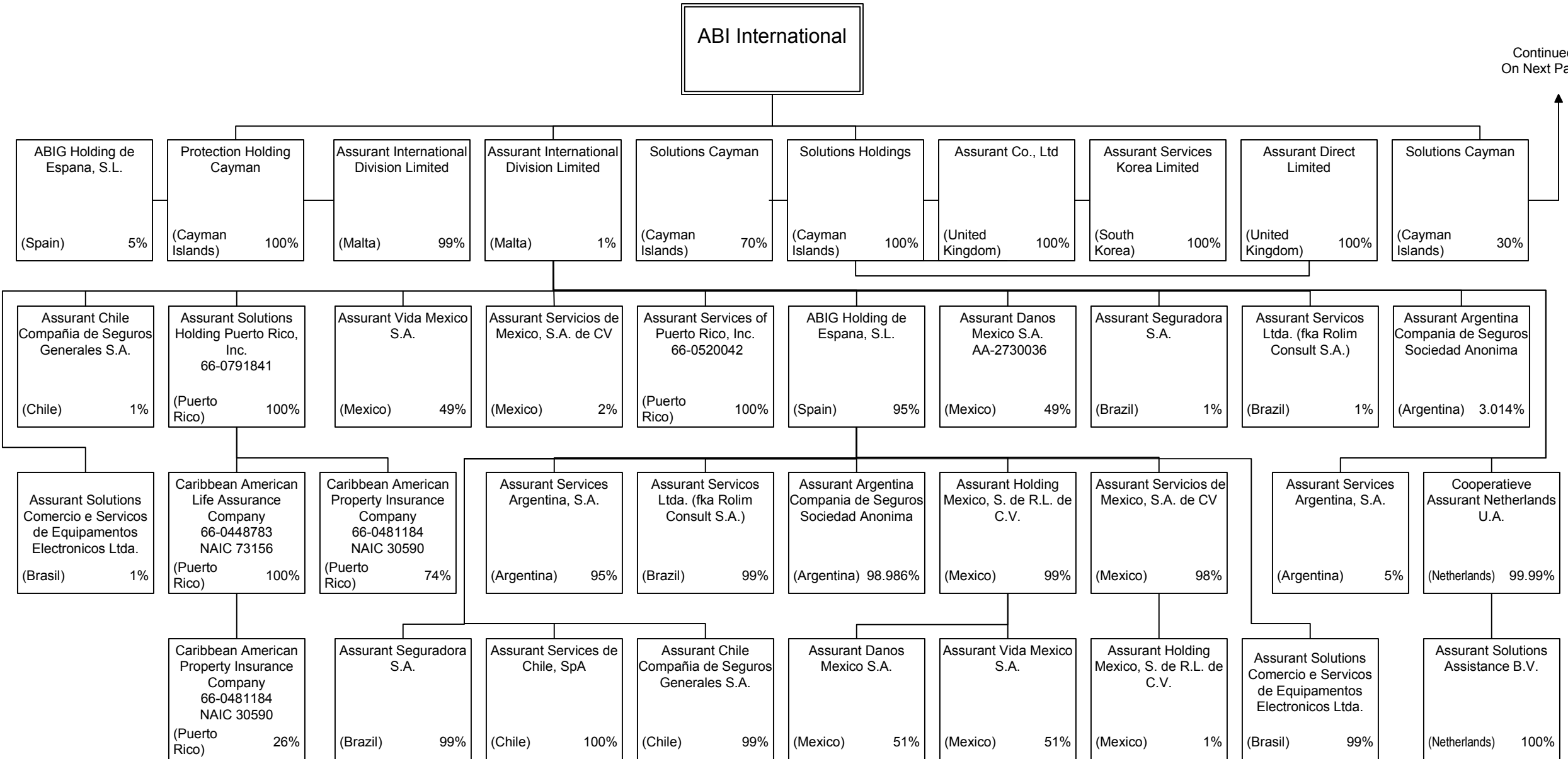
15.2

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



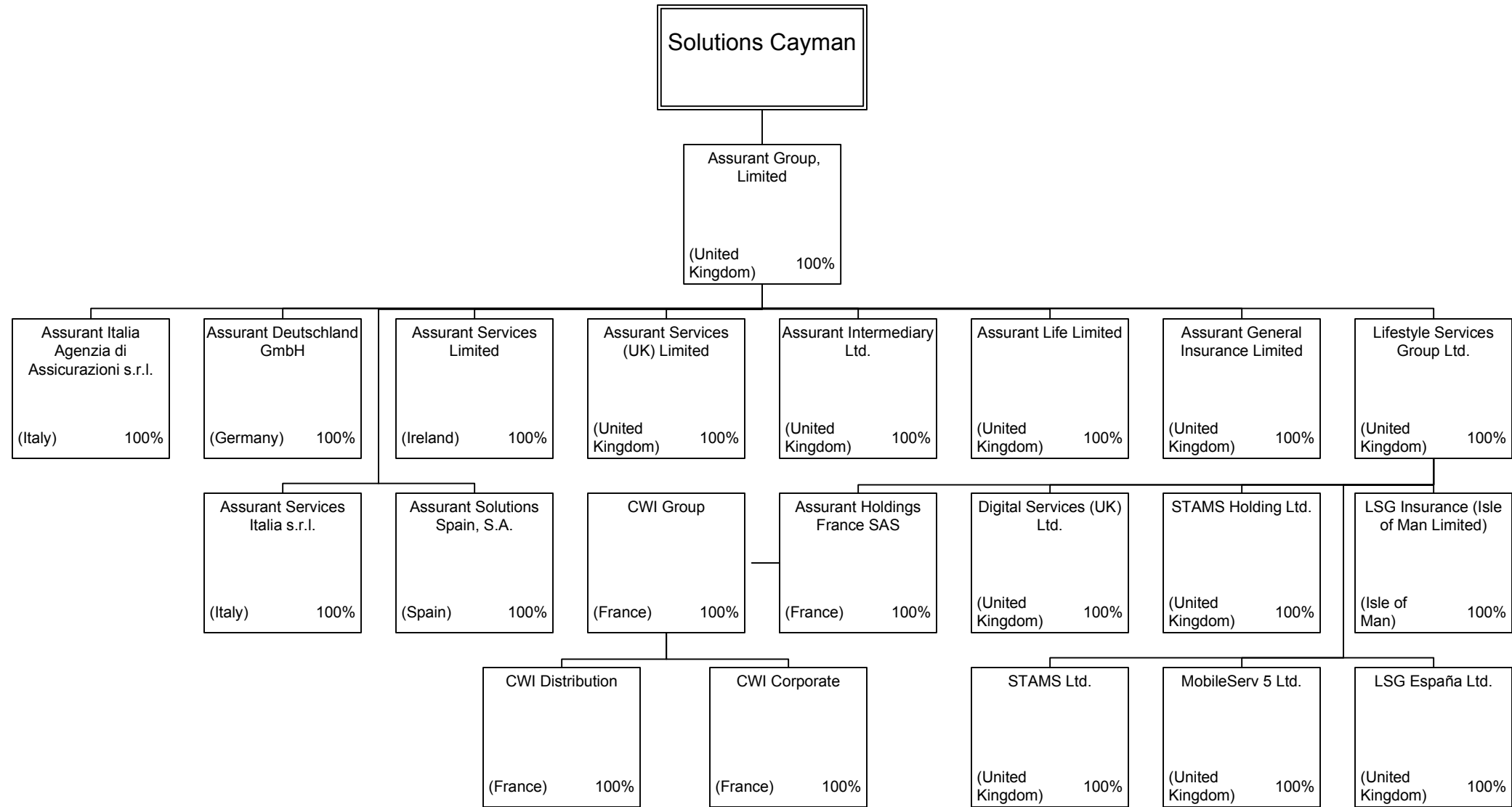
15.3

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



Continued  
On Next Page

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



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

Notes

\* John Alden Financial Corporation, NSM Sales Corporation and North Star Marketing Corporation divestitures are effective October 1, 2015.

STATEMENT AS OF SEPTEMBER 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            |            |              |            |  | ALOC Holdings ULC                                 | .CAN                 | NIA                              | Interfinancial Inc.                            | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .00000            | 59-1985922 | 1624878      | 0000350571 |  | American Bankers Insurance Group                  | .FL                  | NIA                              | Interfinancial Inc.                            | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .67989            | 46-0260270 | 3160428      |            |  | American Memorial Life Insurance Company          | .SD                  | IA                               | Interfinancial Inc.                            | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .42978            | 58-1529575 | 3160437      |            |  | American Security Insurance Company               | .DE                  | IA                               | Interfinancial Inc.                            | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .12880            | 59-3063687 | 3163438      |            |  | 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.                             | 1  |
| .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. | .00000            | 58-1909945 | 3163483      |            |  | Union Security DentalCare of Georgia, Inc.        | .GA                  | NIA                              | Interfinancial Inc.                            | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .70408            | 81-0170040 | 3162785      | 0000823533 |  | Union Security Insurance Company                  | .KS                  | UDP                              | Interfinancial Inc.                            | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .00000            | 45-2424030 |              |            |  | Solidify Software, LLC                            | .KS                  | NIA                              | Interfinancial Inc.                            | Ownership, Management  | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .00000            | 46-1896780 |              |            |  | Blue Bananas, LLC                                 | .WI                  | NIA                              | Interfinancial Inc.                            | Ownership, Management  | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .00000            | 83-0408679 |              |            |  | National Insurance Institute, LLC                 | .WI                  | NIA                              | Interfinancial Inc.                            | Ownership, Management  | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .65080            | 41-0999752 | 1333161      |            |  | John Alden Life Insurance Company                 | .WI                  | IA                               | Interfinancial Inc.                            | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .00000            |            |              |            |  | 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. | .00000            | 65-0416844 |              |            |  | NSM Sales Corporation                             | .NV                  | NIA                              | John Alden Financial Corporation               | Ownership, Board   | .100.000                                   | Assurant, Inc.                             | 1  |
| .0019      | Assurant, Inc. | .00000            | 59-2394561 | 1333406      |            |  | North Star Marketing Corporation                  | .OH                  | NIA                              | John Alden Financial Corporation               | Ownership, Board   | .100.000                                   | Assurant, Inc.                             | 1  |
| .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                  | NIA                              | 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. | .11244            | 52-1565653 | 3163465      |            |  | Union Security DentalCare of New Jersey, Inc.     | .NJ                  | IA                               | Union Security Insurance Company               | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .47042            | 86-0384270 | 3163652      |            |  | United Dental Care of New Mexico, Inc.            | .NM                  | IA                               | Union Security Insurance Company               | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .52022            | 74-2609036 | 3163540      |            |  | UDC Ohio, Inc.                                    | .OH                  | RE                               | Union Security Insurance Company               | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .95142            | 75-2076282 | 3163661      |            |  | United Dental Care of Texas, Inc.                 | .TX                  | IA                               | Union Security Insurance Company               | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .95450            | 75-2635404 | 3163698      |            |  | United Dental Care of Utah, Inc.                  | .UT                  | IA                               | Union Security Insurance Company               | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .00000            |            |              |            |  | ABI International                                 | .CYM                 | NIA                              | American Bankers Insurance Group, Inc.         | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .10111            | 59-0593886 | 3056576      | 0000004588 |  | American Bankers Insurance Company of Florida     | .FL                  | IA                               | American Bankers Insurance Group, Inc.         | Ownership, Board   | .100.000                                   | Assurant, Inc.                             |    |

STATEMENT AS OF SEPTEMBER 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. | ...00000          | 98-0152782 |              |     |  | Assurant BARC Reinsurance Limited (fka Bankers Atlantic Reinsurance Company)       | ...TCA               | ...IA                            | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 36-3596362 | 3163193      |     |  | Federal Warranty Service Corporation   | ...IL                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 59-2720545 |              |     |  | Assurant New Ventures, Incorporated  | ...FL                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 75-2533456 |              |     |  | Assurant Services, LLC   | ...TX                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Management  | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 64-0660045 |              |     |  | MSDiversified Corp.  | ...MS                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 59-1357775 |              |     |  | National Insurance Agency  | ...FL                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 59-1414202 | 3163223      |     |  | Assurant Payment Services, Inc.  | ...FL                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 47-0876083 |              |     |  | Signal Holdings LLC  | ...PA                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Management  | ...52.000                                  | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 59-1532747 |              |     |  | Sureway, Inc.  | ...DE                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 30-0080387 |              |     |  | TS Holdings, Inc.  | ...DE                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 59-1236556 | 3164707      |     |  | Voyager Group, Inc.  | ...FL                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          | 59-2675787 | 3164686      |     |  | Voyager Service Warranties, Inc.   | ...FL                | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | Cooperatieve Assurant Netherlands U.A.   | ...NLD               | ...NIA                           | American Bankers Insurance Group, Inc.         | Ownership, Board   | ...0.010                                   | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | Assurant Direta 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          |            |              |     |  | 9167-1990 Quebec Inc.  | ...CAN               | ...NIA                           | Assurant Services Canada Inc.                  | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | 1869738 Ontario Inc.   | ...CAN               | ...NIA                           | Assurant Services Canada Inc.                  | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | 1463873 Ontario Inc.   | ...CAN               | ...NIA                           | Assurant Services Canada Inc.                  | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | Coast to Coast Dealer Services Inc.  | ...CAN               | ...NIA                           | 1869738 Ontario Inc.                           | Ownership, Board   | ...20.000                                  | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | Coast to Coast Services Inc.   | ...CAN               | ...NIA                           | 1463873 Ontario Inc.                           | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | Coast to Coast Dealer Services Inc.  | ...CAN               | ...NIA                           | Coast to Coast Services Inc.                   | Ownership, Board   | ...80.000                                  | 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 Servicios 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 Servicios Ltda. (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 Compañia 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 Direct Limited  | ...GBR               | ...NIA                           | Solutions Holdings                             | Ownership, Management  | ...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.                             |    |

STATEMENT AS OF SEPTEMBER 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          | 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.                             |    |
| ...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 Servicios Ltda. (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   | ...1.000                                   | 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 Servicos Brasil, Limitada) | ...BRA               | ...NIA                           | American Bankers Management Company, Inc.      | Ownership, Management  | ...1.000                                   | 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.                                    | ...ITA               | ...NIA                           | Assurant Group LTD                             | Ownership, Board   | ...100.000                                 | Assurant, Inc.                             |    |
| ...0019    | Assurant, Inc. | ...00000          |            |              |     |  | Assurant Services Italia s.r.l.  | ...ITA               | ...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 Espana 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.                             |    |

STATEMENT AS OF SEPTEMBER 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            |            |              |     |  | 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.                             |    |
| .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            | 75-3042604 |              |     |  | 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            |            |              |     |  | Coast to Coast Dealer Services Inc.           | NY                   | NIA                              | United Services Protection Corporation         | 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  | 0.100                                      | Assurant, Inc.                             |    |
| .0019      | Assurant, Inc. | .00000            | 22-2623205 |              |     |  | The Signal LP                                 | PA                   | NIA                              | Signal GP LLC                                  | Ownership, Management  | 0.100                                      | 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.                             |    |

| Asterisk | Explanation  |
|----------|--|
| 1        | John Alden Financial Corporation, NSM Sales Corporation and North Star Marketing Corporation divestitures are effective October 1, 2015. |

# 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]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

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

**SCHEDULE A - VERIFICATION**

Real Estate

|  | 1<br>Year to Date | 2<br>Prior Year Ended<br>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<br>Year to Date | 2<br>Prior Year Ended<br>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<br>Year to Date | 2<br>Prior Year Ended<br>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<br>Year to Date | 2<br>Prior Year Ended<br>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 .....  | 71                | 91                                   |
| 4. Unrealized valuation increase (decrease) .....   |                   | 273                                  |
| 5. Total gain (loss) on disposals .....   |                   | 928,301                              |
| 6. Deduct consideration for bonds and stocks disposed of .....                            | 734,999           | 1,244                                |
| 7. Deduct amortization of premium .....   | 787               |                                      |
| 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) ..... | 199,859           | 875,583                              |
| 11. Deduct total nonadmitted amounts .....  |                   |                                      |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 199,859           | 875,583                              |

STATEMENT AS OF SEPTEMBER 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<br>Book/Adjusted<br>Carrying Value<br>Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|-------------------------------------|---|--|--|--|---|--|---|---|
| <b>BONDS</b>                        |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                 | 1,034,595   | 1,693  | 60,002   | (508)  | 974,157   | 1,034,595  | 975,778   | 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                      | 1,034,595   | 1,693  | 60,002   | (508)  | 974,157   | 1,034,595  | 975,778   | 1,029,622   |
| <b>PREFERRED STOCK</b>              |   |  |  |  |   |  |   |   |
| 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 | 1,034,595   | 1,693  | 60,002   | (508)  | 974,157   | 1,034,595  | 975,778   | 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 \$ .....

S102

**SCHEDULE DA - PART 1**

## Short-Term Investments

|                | 1                               | 2         | 3           | 4                                  | 5  |
|----------------|---------------------------------|-----------|-------------|------------------------------------|--|
|                | Book/Adjusted<br>Carrying Value | Par Value | Actual Cost | Interest Collected<br>Year-to-Date | Paid for<br>Accrued Interest<br>Year-to-Date |
| 9199999 Totals | 775,919                         | xxx       | 776,452     | 1,425                              | 1,300  |

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

|   | 1            | 2                               |
|---|--------------|---------------------------------|
|   | Year To Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 154,039      | 53,296                          |
| 2. Cost of short-term investments acquired .....  | 1,599,966    | 310,015                         |
| 3. Accrual of discount .....  |              |                                 |
| 4. Unrealized valuation increase (decrease) .....   |              |                                 |
| 5. Total gain (loss) on disposals .....   |              |                                 |
| 6. Deduct consideration received on disposals .....                                       | 977,442      | 209,149                         |
| 7. Deduct amortization of premium .....   | 644          | 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) ..... | 775,919      | 154,039                         |
| 11. Deduct total nonadmitted amounts .....  |              |                                 |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 775,919      | 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**

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**

Show Investments Owned End of Current Quarter

| 1<br>Description                 | 2<br>Code | 3<br>Date Acquired | 4<br>Rate of Interest | 5<br>Maturity Date | 6<br>Book/Adjusted<br>Carrying Value | 7<br>Amount of Interest<br>Due and Accrued | 8<br>Amount Received<br>During Year |
|----------------------------------|-----------|--------------------|-----------------------|--------------------|--------------------------------------|--|-------------------------------------|
| <b>NONE</b>                      |           |                    |                       |                    |                                      |  |                                     |
| 8699999 - Total Cash Equivalents |           |                    |                       |                    |                                      |  |                                     |