



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

UDC Ohio, Inc.

NAIC Group Code	0019 (Current)	0019 (Prior)	NAIC Company Code	52022	Employer's ID Number	74-2609036
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Other					
Is HMO Federally Qualified?	Yes [] No []					
Incorporated/Organized	04/20/1990		Commenced Business	05/17/1990		
Statutory Home Office	312 Elm Street, Suite 1500 (Street and Number)		Cincinnati , OH, US 45202 (City or Town, State, Country and Zip Code)			
Main Administrative Office	2323 Grand Boulevard Kansas City , MO, US 64108 (Street and Number) (City or Town, State, Country and Zip Code)		816-474-2345 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 419052 (Street and Number or P.O. Box)		Kansas City , MO, US 64141-6052 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	500 Bielenberg Drive, Suite 400 Woodbury , MN, US 55125 (Street and Number) (City or Town, State, Country and Zip Code)		651-361-5286 (Area Code) (Telephone Number)			
Internet Website Address	www.assurantemployeebenefits.com					
Statutory Statement Contact	Valerie Dano (Name) valerie.dano@assurant.com (E-mail Address)		651-361-4138 (Area Code) (Telephone Number) 651-361-4635 (FAX Number)			

OFFICERS

President	Stacia Nalani Almquist
Secretary	Kenneth Dale Bowen

(FAX Number)

Amy Jo Goerke
c 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 Nalnquist *Kenneth Dale Bowen*
Stacia Nalnquist Kenneth Dale Bowen
President Secretary


Amy Jo Goerke
Treasurer

Subscribed and sworn to before me this
22nd day of January, 2016

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

Yes [X] No []

Connie J. Turnipseed
Notary Public

Connie J. Turnipseed
Notary Public

CONNIE J. TURNIPSEED
Notary Public - Notary Seal
State of Missouri
Commissioned for Jackson County
My Commission Expires: March 07, 2018
Commission Number: 14523852

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	199,875		199,875	875,583
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks				
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 58,090 , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$ 716,141 , Schedule DA)	774,231		774,231	220,062
6. Contract loans, (including \$ 0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities lending reinvested collateral assets (Schedule DL)				
11. Aggregate write-ins for invested assets	974,106		974,106	1,095,645
12. Subtotals, cash and invested assets (Lines 1 to 11)				
13. Title plants less \$ 0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,645		1,645	426
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,906	196	7,710	23,373
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
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	6,826		6,826	1,210
18.2 Net deferred tax asset	4,541		4,541	4,282
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$ 0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	19,676	1,350	18,326	8,060
24. Health care (\$) and other amounts receivable	35,581	35,581		
25. Aggregate write-ins for other than invested assets				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,050,281	37,127	1,013,154	1,132,996
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	1,050,281	37,127	1,013,154	1,132,996
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. Totals (Lines 1101 thru 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 thru 2503 plus 2598)(Line 25 above)				

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	16,274		16,274	16,550
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	186		186	167
4. Aggregate health policy reserves, including the liability of \$ for medical loss ratio rebate per the Public Health Service Act	20,397		20,397	20,957
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	15,158		15,158	9,892
9. General expenses due or accrued	16,758		16,758	97,672
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital 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 interest thereon \$ 0 (including \$ 0 current)				
15. Amounts due to parent, subsidiaries and affiliates	.98		.98	402
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$) companies	68,871		68,871	146,165
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans				
23. Aggregate write-ins for other liabilities (including \$ 0 current)				525
24. Total liabilities (Lines 1 to 23)	68,871		68,871	146,165
25. Aggregate write-ins for special surplus funds	XXX	XXX	14,565	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	64,081	103,753
32. Less treasury stock, at cost:				
32.1. 0 shares common (value included in Line 26 \$ 0)	XXX	XXX		
32.2. 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	944,283	986,831
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,013,154	1,132,996
DETAILS OF WRITE-INS				
2301. Unclaimed funds				525
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)				525
2501. Surplus appropriated for CY ACA Section 9010 Fee	XXX	XXX	14,565	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 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	14,565	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 thru 3003 plus 3098)(Line 30 above)	XXX	XXX		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	89,361	97,041
2. Net premium income (including \$ 0 non-health premium income).....	XXX.....	843,482	937,667
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	560	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.....	844,042	939,089
Hospital and Medical:			
9. Hospital/medical benefits.....			
10. Other professional services.....		636,096	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).....		636,096	602,808
Less:			
17. Net reinsurance recoveries.....			
18. Total hospital and medical (Lines 16 minus 17).....		636,096	602,808
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ 335 cost containment expenses.....		4,602	4,579
21. General administrative expenses.....		256,686	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).....		897,384	916,467
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(53,342)	22,622
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		1,571	1,510
26. Net realized capital gains (losses) less capital gains tax of \$ 85.....		(78)	158
27. Net investment gains (losses) (Lines 25 plus 26).....		1,493	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.....	(51,849)	24,290
31. Federal and foreign income taxes incurred.....	XXX.....	(12,709)	13,282
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(39,140)	11,008
DETAILS OF WRITE-INS			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....		
0699. Totals (Lines 0601 thru 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 thru 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 thru 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 thru 2903 plus 2998)(Line 29 above).....			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	986,831	975,369
34. Net income or (loss) from Line 32	(39,140)	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 \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	259	(978)
39. Change in nonadmitted assets	(3,667)	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 and surplus (Lines 34 to 47)	(42,548)	11,462
49. Capital and surplus end of reporting period (Line 33 plus 48)	944,283	986,831
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page		
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	866,081	933,951
2. Net investment income	1,052	2,539
3. Miscellaneous income		
4. Total (Lines 1 through 3)	867,133	936,490
5. Benefit and loss related payments	636,372	605,778
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	346,170	310,417
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(7,008)	(14,660)
10. Total (Lines 5 through 9)	975,534	901,535
11. Net cash from operations (Line 4 minus Line 10)	(108,401)	34,955
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	735,000	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	7	
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	735,007	928,301
13. Cost of investments acquired (long-term only):		
13.1 Bonds	59,992	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)	59,992	841,822
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	675,015	86,479
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)	(12,445)	13,154
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(12,445)	13,154
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	554,169	134,588
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	220,062	85,474
19.2 End of year (Line 18 plus Line 19.1)	774,231	220,062

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				
2. Medicare Supplement				
3. Dental only	843,482			843,482
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 through 8)	843,482			843,482
10. Life				
11. Property/casualty				
12. Totals (Lines 9 to 11)	843,482			843,482

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	636,372				636,372					
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	636,372				636,372					
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	16,274				16,274					
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	16,274				16,274					
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	16,550				16,550					
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	16,550				16,550					
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred Benefits:										
12.1 Direct	636,096				636,096					
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	636,096				636,096					
13. Incurred medical incentive pools and bonuses										

(a) Excludes \$ 35,581 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Incurred but Unreported:										
2.1 Direct	4,755				4,755					
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	4,755				4,755					
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	11,519				11,519					
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	11,519				11,519					
4. TOTALS:										
4.1 Direct	16,274				16,274					
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	16,274				16,274					

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental Only		3,038	633,333	17	16,257	3,055
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	633,333	17	16,257	3,055
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						
13. Totals (Lines 9 - 10 + 11 + 12)		3,038	633,333	17	16,257	3,055
						16,550

(a) Excludes \$ 35,581 loans or advances to providers not yet expensed.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	5	5	7	6	5
2. 2011	717	720	720	720	720
3. 2012	XXX	708	708	711	711
4. 2013	XXX	XXX	645	646	646
5. 2014	XXX	XXX	XXX	604	607
6. 2015	XXX	XXX	XXX	XXX	633

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	5	5	7	6	5
2. 2011	736	720	720	720	720
3. 2012	XXX	732	708	711	711
4. 2013	XXX	XXX	664	646	646
5. 2014	XXX	XXX	XXX	621	607
6. 2015	XXX	XXX	XXX	XXX	650

12.DO

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	1,112	720	5	0.7	725	65.2			725	65.2
2. 2012	1,096	711	6	0.8	717	65.4			717	65.4
3. 2013	1,005	646	6	0.9	652	64.9			652	64.9
4. 2014	939	607	5	0.8	612	65.2			612	65.2
5. 2015	844	633	5	0.8	638	75.6	16		654	77.5

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	5	5	7	6	5
2. 2011	717	720	720	720	720
3. 2012	XXX	708	708	711	711
4. 2013	XXX	XXX	645	646	646
5. 2014	XXX	XXX	XXX	604	607
6. 2015	XXX	XXX	XXX	XXX	633

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	5	5	7	6	5
2. 2011	736	720	720	720	720
3. 2012	XXX	732	708	711	711
4. 2013	XXX	XXX	664	646	646
5. 2014	XXX	XXX	XXX	621	607
6. 2015	XXX	XXX	XXX	XXX	650

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

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2011	1,112	720	5	0.7	725	65.2			725	65.2
2. 2012	1,096	711	6	0.8	717	65.4			717	65.4
3. 2013	1,005	646	6	0.9	652	64.9			652	64.9
4. 2014	939	607	5	0.8	612	65.2			612	65.2
5. 2015	844	633	5	0.8	638	75.6	16		654	77.5

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	20,397			20,397					
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ for investment income									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)	20,397			20,397					
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)	20,397			20,397					
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ 0 for occupancy of own building)		187	6,891		7,078
2. Salary, wages and other benefits		3,293	121,030		124,323
3. Commissions (less \$ 0 ceded plus \$ 0 assumed)			77,307		77,307
4. Legal fees and expenses		1	.50		.51
5. Certifications and accreditation fees					
6. Auditing, actuarial and other consulting services		19	.702		.721
7. Traveling expenses		159	5,848		6,007
8. Marketing and advertising		13	.466		.479
9. Postage, express and telephone		248	9,108		9,356
10. Printing and office supplies		15	.547		.562
11. Occupancy, depreciation and amortization		2	.71		.73
12. Equipment		7	.256		.263
13. Cost or depreciation of EDP equipment and software		(23)	7,937		7,914
14. Outsourced services including EDP, claims, and other services		295	.26,649		.26,944
15. Boards, bureaus and association fees		6	.232		.238
16. Insurance, except on real estate		24	.898		.922
17. Collection and bank service charges		21	.771		.792
18. Group service and administration fees	335				.335
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			8,471		8,471
23.3 Regulatory authority licenses and fees			(51,208)		(51,208)
23.4 Payroll taxes			7,440		7,440
23.5 Other (excluding federal income and real estate taxes)			17,630		17,630
24. Investment expenses not included elsewhere				39	.39
25. Aggregate write-ins for expenses			15,590	1,033	16,623
26. Total expenses incurred (Lines 1 to 25)	335	4,267	256,686	1,072	(a) 262,360
27. Less expenses unpaid December 31, current year		186	16,758		16,944
28. Add expenses unpaid December 31, prior year		167	.97,672		.97,839
29. Amounts receivable relating to uninsured plans, prior year					
30. Amounts receivable relating to uninsured plans, current year					
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	335	4,248	337,600	1,072	343,255
DETAILS OF WRITE-INS					
2501. Management fees			4,725	1,033	5,758
2502. IT chargebacks			9,719		9,719
2503. Miscellaneous expenses			1,146		1,146
2598. Summary of remaining write-ins for Line 25 from overflow page					
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)			15,590	1,033	16,623

(a) Includes management fees of \$ 212,130 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 2,155	2,212
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e) (731)	431
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income		
10. Total gross investment income	1,424	2,643
11. Investment expenses		(g) 1,072
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h)
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		1,072
17. Net investment income (Line 10 minus Line 16)		1,571
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)		
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		

(a) Includes \$89 accrual of discount less \$789 amortization of premium and less \$12 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$1,128 amortization of premium and less \$1,300 paid for accrued interest on purchases.
 (f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Derivatives (Schedule DB)			
8. Other invested assets (Schedule BA)			
9. Receivables for securities			
10. Securities lending reinvested collateral assets (Schedule DL)			
11. Aggregate write-ins for invested assets			
12. Subtotals, cash and invested assets (Lines 1 to 11)			
13. Title plants (for Title insurers only)			
14. Investment income due and accrued			
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	196	1,866	1,670
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
15.3 Accrued retrospective premiums and contracts subject to redetermination			
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			
18.2 Net deferred tax asset			
19. Guaranty funds receivable or on deposit			
20. Electronic data processing equipment and software			
21. Furniture and equipment, including health care delivery assets			
22. Net adjustment in assets and liabilities due to foreign exchange rates			
23. Receivable from parent, subsidiaries and affiliates	1,350		(1,350)
24. Health care and other amounts receivable	35,581	31,594	(3,987)
25. Aggregate write-ins for other than invested assets			
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	37,127	33,460	(3,667)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
28. Total (Lines 26 and 27)	37,127	33,460	(3,667)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page			
1199. Totals (Lines 1101 thru 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 thru 2503 plus 2598)(Line 25 above)			

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	7,829	7,541	7,450	7,314	7,275	89,361
7. Total	7,829	7,541	7,450	7,314	7,275	89,361
DETAILS OF WRITE-INS						
0601. Dental	7,829	7,541	7,450	7,314	7,275	89,361
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	7,829	7,541	7,450	7,314	7,275	89,361

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:

	December 31, 2015	December 31, 2014
(1) Net Income Ohio state basis	\$ (39,140)	\$ 11,008
(2) State Prescribed Practices (Income) - None	-	-
(3) State Permitted Practices (Income) - None	-	-
(4) Net Income, NAIC SAP	<u><u>\$ (39,140)</u></u>	<u><u>\$ 11,008</u></u>
(5) Statutory Surplus Ohio basis	\$ 944,283	\$ 986,831
(6) State Prescribed Practices (Surplus) - None	-	-
(7) State Permitted Practices (Surplus) - None	-	-
(8) Statutory Surplus, NAIC SAP	<u><u>\$ 944,283</u></u>	<u><u>\$ 986,831</u></u>

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

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

C. Accounting Policy

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

In addition, the Company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the modified scientific interest method of amortization.
- (3) The Company has no investments in common stocks.
- (4) The Company has no investments in preferred stocks.
- (5) The Company has no investments in mortgage loans.
- (6) The Company has no investments in loan-backed securities.
- (7) The Company does not own any shares of an upstream or intermediate parent or affiliate, either directly or indirectly.
- (8) The Company has no investments in joint-ventures, partnerships or limited liability companies.
- (9) The Company has no investments in derivative instruments.
- (10) The Company has no premium deficiency reserves.
- (11) The reserve for costs expected to be incurred for services approved during the year, as well as costs incurred but not reported, are actuarial estimates based on historical claims data. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) The Company has no fixed assets.
- (13) The Company has no pharmaceutical rebate receivables.

2. Accounting Changes and Corrections of Errors

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

NOTES TO FINANCIAL STATEMENTS

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
None
- B. Debt Restructuring
None
- C. Reverse Mortgages
None
- D. Loan-Backed Securities
None
- E. Repurchase Agreements and/or Securities Lending Transactions
None
- F. Real Estate
None
- G. Low-Income Housing Tax Credits (“LIHTC”)
None
- H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted				Percentage		
	Total	General Account	Total From Prior Year	Increase/Decrease	Total	Gross Restricted to Total Assets	Admitted to Total Assets
	(G/A)				Current Year	Admitted Restricted	
j. On deposit with states	\$ 199,875		\$ 199,807	\$ 68	\$ 199,875	19.2%	19.9%

The Company does not have any Separate Account restricted assets. The Company had no restricted assets in the categories excluded in the above table.

(2) The Company has no assets pledged as collateral not captured in other categories.

(3) The Company has no other restricted assets.

I. Working Capital Finance Investments

None

J. Offsetting and Netting of Assets and Liabilities

None

K. Structured Notes

None

6. Joint Ventures, Partnerships and Limited Liability Companies

None

7. Investment Income

A. & B. All investment income due and accrued with amounts over 90 days past due is nonadmitted and subsequently excluded from surplus. The Company did not have any nonadmitted due and accrued investment income at December 31, 2015.

8. Derivative Instruments

None

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

A. (1) The components of deferred tax assets (DTAs) and deferred tax liabilities (DTLs) are as follows:

Description	2015			2014			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTAs	\$ 4,569	\$ -	\$ 4,569	\$ 4,360	\$ -	\$ 4,360	\$ 209	\$ -	\$ 209
(b) Statutory valuation allowance	-	-	-	-	-	-	-	-	-
(c) Adjusted gross DTAs	4,569	-	4,569	4,360	-	4,360	209	-	209
(d) Gross DTLs	-	(28)	(28)	-	(78)	(78)	-	50	50
(e) Net DTA(DTL)	\$ 4,569	\$ (28)	\$ 4,541	\$ 4,360	\$ (78)	\$ 4,282	\$ 209	\$ 50	\$ 259
(f) DTA nonadmitted	-	-	-	-	-	-	-	-	-
(g) Net admitted DTA(DTL)	\$ 4,569	\$ (28)	\$ 4,541	\$ 4,360	\$ (78)	\$ 4,282	\$ 209	\$ 50	\$ 259

Gross DTLs are included as a part of Net DTA before Nonadmitted DTA in order to provide consistency with Annual Statement page two, column one.

(2) The components of the admission calculation are as follows:

Description	2015			2014			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission Calculation Components SSAP No. 101:									
(a) Federal income taxes paid in prior years									
recoverable through loss carryback	\$ 4,569	\$ -	\$ 4,569	\$ 4,360	\$ -	\$ 4,360	\$ 209	\$ -	\$ 209
(b) Adjusted gross DTAs expected to be									
realized (excluding DTAs from 2(a) above)									
after application of threshold limitation									
(lesser of 2(b)1 and 2(b)2 below)	-	-	-	-	-	-	-	-	-
1. Adjusted gross DTAs expected to be									
realized following the balance sheet date	-	-	-	-	-	-	-	-	-
2. Adjusted DTAs allowed per limitation									
threshold			140,961				147,382		(6,421)
(c) Adjusted gross DTAs (excluding the amount									
of DTAs from 2(a) and 2(b) above) offset									
by gross DTLs	-	-	-	-	-	-	-	-	-
(d) DTAs admitted as the result of application									
of SSAP No. 101 (2(a)+2(b)+2(c))	\$ 4,569	\$ -	\$ 4,569	\$ 4,360	\$ -	\$ 4,360	\$ 209	\$ -	\$ 209

(3) Adjusted capital and surplus

2015 2014

(a) Ratio used to determine recovery period and threshold limitation amount	3250.35%	3349.46%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 939,742	\$ 985,579

(4) Tax planning strategies had no impact on the Company's ordinary or capital adjusted gross DTAs and net admitted DTAs as of December 31, 2015 and 2014.

The Company has not availed itself of a tax planning strategy involving reinsurance.

B. All DTLs have been recognized.

C. Current tax and change in deferred tax:

(1) Current income taxes incurred consist of the following major components:

Description	2015	2014
Current income tax expense - ordinary	\$ (12,709)	\$ 13,282
Current income tax expense - capital	85	115
Federal income taxes incurred	\$ (12,624)	\$ 13,397

The Company does not expect a significant increase in tax contingencies within the 12-month period following the balance sheet date.

NOTES TO FINANCIAL STATEMENTS

The tax effects of temporary differences that give rise to significant portions of the DTAs and DTLs are as follows:

Description	December 31,		
	2015	2014	Change
(2) DTAs			
(a) Ordinary			
Unassigned capitation	\$ 4,097	\$ 4,360	\$ (263)
Nonadmitted assets	472	-	472
Gross DTAs - Ordinary	<u>\$ 4,569</u>	<u>\$ 4,360</u>	<u>\$ 209</u>
(b) Statutory valuation allowance - Ordinary	-	-	-
(c) Nonadmitted DTAs - Ordinary	-	-	-
(d) Admitted adjusted DTAs - Ordinary	<u>\$ 4,569</u>	<u>\$ 4,360</u>	<u>\$ 209</u>
(h) Admitted adjusted DTAs - Capital	-	-	-
(i) Admitted adjusted DTA - Total	<u>\$ 4,569</u>	<u>\$ 4,360</u>	<u>\$ 209</u>

Description	December 31,		
	2015	2014	Change
(3) DTLs			
(a) Gross DTLs - Ordinary	\$ -	\$ -	\$ -
(b) Capital			
Investments	(28)	(78)	50
Gross DTLs - Capital	<u>\$ (28)</u>	<u>\$ (78)</u>	<u>\$ 50</u>
(c) Gross DTLs - Total	<u>\$ (28)</u>	<u>\$ (78)</u>	<u>\$ 50</u>
(4) Net admitted adjusted DTA(DTL)	<u>\$ 4,541</u>	<u>\$ 4,282</u>	<u>\$ 259</u>

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

Description	December 31,		
	2015	2014	Change
Gross DTAs	\$ 4,569	\$ 4,360	\$ 209
Gross DTLs	(28)	(78)	50
Net DTA(DTL)	<u>\$ 4,541</u>	<u>\$ 4,282</u>	<u>\$ 259</u>
Statutory valuation allowance	-	-	-
Adjusted net DTA(DTL)	<u>\$ 4,541</u>	<u>\$ 4,282</u>	<u>\$ 259</u>
Less: Tax effect of change in unrealized gains/losses			-
Less: Rounding			-
Change in net deferred income tax			<u>\$ 259</u>

The Company's adjusted gross DTAs as of December 31, 2015 and 2014, include no valuation allowances because, based on the weight of available evidence, it is more likely than not that all DTAs will be realized.

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

	Effective Tax Rate	
	2015	2014
Statutory income before taxes	35.0%	35.0%
Change in nonadmitted assets	2.5%	2.1%
Health insurer fee	-11.9%	20.7%
Other permanent adjustments	-0.7%	1.1%
Total adjustments	<u>-10.1%</u>	<u>23.9%</u>
Total	<u>24.9%</u>	<u>58.9%</u>
Federal income taxes incurred	24.4%	54.9%
Change in net deferred income tax	0.5%	4.0%
Total statutory income taxes	<u>24.9%</u>	<u>58.9%</u>

E. (1) As of December 31, 2015, the Company had no net operating or capital loss carryforwards.

NOTES TO FINANCIAL STATEMENTS

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

2015	\$	-
2014	\$	13,397

F. (1) The Company files a consolidated federal income tax return with the following entities:

Assurant, Inc., Assurant Service Protection, Inc., American Bankers General Agency, Inc., American Bankers Insurance Co. of Florida, American Bankers Insurance Group, American Bankers Life Assurance Co. of Florida, American Bankers Management Co., Inc., American Memorial Life Insurance Co., American Reliable Insurance Co., American Security Insurance Co., Assurant Payment Services, Inc., Assurant Reinsurance of Turks & Caicos, Ltd., Assurant BARC Reinsurance Ltd. (fka Bankers Atlantic Reinsurance Co.), Coast to Coast Dealer Services Inc., Consumer Assist Network Association, Inc., Denticare of Alabama, Inc., Disability Reinsurance Management Services, Inc., Family Considerations, Inc., Federal Warranty Service Corp., Florida Office Corp., GP Legacy Place, Inc., Assurant New Ventures, Incorporated, Guardian Travel, Inc., Insureco Agency and Services, Inc. (CA), Insureco, Inc., Interfinancial, Inc., IQ Data International, Inc., John Alden Financial Corp., John Alden Life Insurance Co., Mortgage Group Reinsurance, Ltd., MS Diversified Corp., National Insurance Agency, Inc., North Star Marketing Corp., NSM Sales Corp., Reliable Lloyds Insurance Co., Standard Guaranty Insurance Co., Sureway, Inc., Time Insurance Co., TrackSure Insurance Agency, Inc., TS Holdings, Inc., UDC Dental California, Inc., UDC Ohio, Inc., Union Security DentalCare of Georgia, Inc., Union Security DentalCare of New Jersey, Inc., Union Security Insurance Co., Union Security Life Insurance Co. of New York, United Dental Care of Arizona, Inc., United Dental Care of Colorado, Inc., United Dental Care of Michigan, Inc., United Dental Care of Missouri, Inc., United Dental Care of New Mexico, Inc., United Dental Care of Texas, Inc., United Dental Care of Utah, Inc., US Insurance Services, United Service Protection Corp., United Service Protection, Inc., Voyager Group, Inc., Voyager Indemnity Insurance Co., and Voyager Service Warranties, Inc.

(2) The method of allocation between the companies is subject to a written agreement. Allocation is based on separate return calculations with current credit for net losses. Intercompany tax balances are settled within 30 days of the filing of the consolidated federal income tax return.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. B & C. The receivable from or payable to affiliates results primarily from premiums collected, net of fees paid to providers and claims paid, by an affiliate, the Union Security Insurance Company (USIC), on behalf of the Company. The Company records its respective premium revenues of the products it underwrites. The cash remittances related to these transactions are collected or paid by USIC and then settled monthly.

Please see Note 13, Capital and Surplus, for information regarding dividends and capital contributions.

D. Net amounts due to parent and affiliates are \$98 and included on Page 3, line 15 and net amounts receivable from parent and affiliates are \$18,326 and included on Page 2, line 23. The receivable and payable is non-interest bearing and the terms of the agreement require that the amounts are settled within 30 days of each month.

E. The Company has not entered into any guarantees or undertakings for the benefit of an affiliate, which will result in an actual contingent exposure of the Company's assets to liability, other than insurance contracts, entered into in the ordinary course of business.

F. The Company has a service agreement with USIC to provide and receive services relating to management, policy administration, provider fees, claims payment, member and client administration, sales and marketing and information technology. These services include certain actuarial services with respect to the administration of certain large group dental contracts that are subject to experience rating procedures. The Company also has an investment management agreement with its ultimate parent, Assurant, Inc.

The cost allocation methods and its application utilized by the Company are subject to judgment and interpretation and may vary from year to year. Due to the subjective nature of these expense allocations, the process will be continuously reviewed by management to ensure reasonable results. Any modification in methodology resulting from management's review is considered a change in methodology and any corresponding changes will be applied on a prospective basis.

G. The Company is 100% directly owned by Union Security Insurance Company (the "Parent"), which is directly owned by Interfinancial Inc., which is directly owned by Assurant, Inc. (the "ultimate parent"). Assurant, Inc. is a Delaware holding company whose common stock is traded on the New York Stock Exchange under the symbol AIZ. A chart of the current organization is included in Schedule Y, Parts 1 and 1A.

H. The Company does not own any shares of an upstream or intermediate parent, either directly or indirectly.

I. The Company does not own any shares in an affiliate or other related entity.

J. The Company did not recognize any impairment write downs for its investments in subsidiary, controlled and affiliated ("SCA") entities.

K. The Company does not own any shares in foreign investments.

L. The Company does not have any investments in downstream non-insurance holding companies.

M. The Company has no investments in non-insurance SCA entities.

N. The Company does not report investments in insurance SCA entities.

11. Debt

None

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

The Company does not have any retirement plans or deferred compensation. The Company does not have employees.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) The Company has 1,000 shares of common stock authorized and 1,000 shares issued and outstanding at a par value of \$.10 at December 31, 2015.

(2) The Company has no preferred stock outstanding.

NOTES TO FINANCIAL STATEMENTS

- (3) Ohio regulations generally do not allow the payment of dividends in any one year to exceed the greater of (a) statutory net income for the preceding year or (b) 10% of statutory surplus as of the preceding December 31.
- (4) There were no dividends paid during 2015.
- (5) Within limitation of (3) above, there are no restrictions placed on the portion of the Company profit that may be paid as ordinary dividends to stockholders.
- (6) Under Ohio statute, the Company is required to maintain total admitted assets equal to the greater of (a) 110% of the liabilities of the corporation, or (b) \$250,000. The Company is licensed in Kentucky as a Limited Health Service Organization. The Kentucky Office of Insurance requires the Company to maintain a minimum net worth of \$125,000. The Company was in compliance with both of these requirements at December 31, 2015. Under Ohio statute, the Company is required to have deposited investments with an approved custodian of not less than \$75,000. The Kentucky Office of Insurance requires the Company to maintain a deposit with a trustee acceptable to the executive director of \$50,000. At December 31, 2015 there were investments on deposit to satisfy these statutory deposit requirements.
- (7) The Company does not have any advances to surplus.
- (8) The Company does not hold any preferred stock, employee stock options or stock purchase warrants.
- (9) The Company holds a special surplus fund of \$14,565 related to the Federal Affordable Care Act (ACA).
- (10) The portion of unassigned funds (surplus) represented or reduced by each item below is follows:

a.	Unrealized gains and losses:	\$ -
b.	Nonadmitted asset values:	\$ 37,127
c.	Separate account business:	\$ -
d.	Asset valuation reserve:	\$ -
e.	Provision for reinsurance:	\$ -

- (11) The Company did not issue any surplus debenture or similar obligations during the periods covered by this statement.
- (12) The quasi-reorganization is not applicable to this Company.
- (13) There have been no quasi-reorganizations in the prior 10 years.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

None

B. Assessments

The Company has not been notified of any insolvency that will result in a guaranty fund assessment against the Company at some future date.

C. Gain Contingencies

None

D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming From Lawsuits

There is no litigation pending at this time against the Company.

E. Joint and Several Liabilities

None

F. All Other Contingencies

(1) Legal

Various lawsuits against the Company have arisen in the course of the Company's business. Further, the Company is subject to routine examination by state departments of insurance. An assessment of these examinations, contingent liabilities arising from litigation, income taxes and other matters indicate that they are not material in relation to the financial position of the Company.

(2) Uncollected Assets

None

15. Leases

None

16. Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company is not exposed to any significant credit concentration risk of a single issuer, excluding U.S. Government and government agencies as of December 31, 2015.

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

None

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

None

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

None

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurement

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.

The following table summarizes the aggregate fair value of financial instruments and the level within the fair value hierarchy as of December 31, 2015:

Type of financial instrument	Aggregate Fair Value		Carrying Value	Level 1	Level 2
	Value	Value			
Financial assets:					
Bonds	\$ 199,534	\$ 199,875	\$ -	\$ 199,534	
Cash and short-term investments	774,231	774,231	94,160	680,071	
Total financial assets	\$ 973,765	\$ 974,106	\$ 94,160	\$ 879,605	

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

None

22. Events Subsequent

Type I – Recognized Subsequent Events:

The Company evaluated subsequent events through February 16, 2016 for the statutory statement of December 31, 2015.

Type II – Nonrecognized subsequent Events:

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 on March 1, 2016.

On January 1, 2016, the Company will be subject to an annual fee under Section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1, 2016. As of December 31, 2015, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2016, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2016 to be \$14,565. This amount is reflected in special surplus. This assessment is expected to impact risk based capital ("RBC") by 50%. Reporting the ACA assessment as of December 31, 2015, would not have triggered an RBC action level.

NOTES TO FINANCIAL STATEMENTS

	2015	2014	
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?	Yes		
B. ACA fee assessment payable for the upcoming year	\$ 14,565	\$ 17,441	
C. ACA fee assessment paid	\$ 17,630	\$ 14,467	
D. Premium written subject to ACA 9010 assessment	\$ 830,635	\$ 919,842	
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 944,283		
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 929,718		
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 28,912		
H. Would reporting the ACA assessment as of Dec. 31, 2015 have triggered an RBC action level (YES/NO)?	No		

There are no other known subsequent events.

23. Reinsurance

None

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A-D. Information About Retrospectively Rated Contracts

None

E. Risk-Sharing Provisions of the Affordable Care Act (ACA)

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

25. Change in Incurred Claims and Claim Adjustment Expenses

Loss and loss adjustment expense reserves as of December 31, 2014 were \$16,717. As of December 31, 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 \$17 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$13,631 favorable prior-year development from December 31, 2014 to December 31, 2015.

26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

28. Health Care Receivables

None

29. Participating Policies

None

30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

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

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change: _____

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/30/2015

3.4 By what department or departments?
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
---------------------	------------------------	------------------------

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information:
.....

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity
------------------	---------------------

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 PricewaterhouseCoopers LLP, 1100 Walnut, 13th Floor, Kansas City, MO 64106

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
 10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
 10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
 10.6 If the response to 10.5 is no or n/a, please explain:

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 Eric S. Vandenberg, FSA, MAAA is an employee of Union Security Insurance Company, the parent company, 2323 Grand Boulevard, Kansas City, MO 64108-2670

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company
 12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value \$

12.2 If, yes provide explanation:

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

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

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [] No []

FINANCIAL

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [] No []

24.02 If no, give full and complete information relating thereto
.....

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A []

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A []

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A []

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.
GENERAL INTERROGATORIES

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

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

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

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

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

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

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

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

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

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

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

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

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

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

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

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

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

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

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

1 Central Registration Depository Number(s)	2 Name	3 Address
Not a Registered Advisor ...	Assurant Asset Management	28 Liberty Street, New York, NY 10005

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

GENERAL INTERROGATORIES

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

29.2 If yes, complete the following schedule:

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

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	916,016	915,675	(341)
30.2 Preferred stocks			
30.3 Totals	916,016	915,675	(341)

30.4 Describe the sources or methods utilized in determining the fair values:

See Notes to Financial Statements, Note 20

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []

32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES**OTHER**

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

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

1 Name	2 Amount Paid
None

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

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

1 Name	2 Amount Paid
None

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

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

1 Name	2 Amount Paid
None

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.
GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
1.2	If yes, indicate premium earned on U.S. business only.	\$ <input type="text"/>
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ <input type="text"/>
1.31	Reason for excluding	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ <input type="text"/>
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ <input type="text"/>
1.6	Individual policies:	Most current three years: 1.61 Total premium earned \$ <input type="text"/> 1.62 Total incurred claims \$ <input type="text"/> 1.63 Number of covered lives <input type="text"/> All years prior to most current three years: 1.64 Total premium earned \$ <input type="text"/> 1.65 Total incurred claims \$ <input type="text"/> 1.66 Number of covered lives <input type="text"/>
1.7	Group policies:	Most current three years: 1.71 Total premium earned \$ <input type="text"/> 1.72 Total incurred claims \$ <input type="text"/> 1.73 Number of covered lives <input type="text"/> All years prior to most current three years: 1.74 Total premium earned \$ <input type="text"/> 1.75 Total incurred claims \$ <input type="text"/> 1.76 Number of covered lives <input type="text"/>
2.	Health Test:	1 Current Year Premium Numerator 843,482 937,667 Premium Denominator 843,482 937,667 Premium Ratio (2.1/2.2) 1.000 1.000 2 Reserve Numerator 36,671 37,507 Reserve Denominator 36,671 37,507 Reserve Ratio (2.4/2.5) 1.000 1.000
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
3.2	If yes, give particulars:	
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
5.2	If no, explain: Entity operates a prepaid dental plan and does not retain claim risk.	
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical \$ <input type="text"/> 5.32 Medical Only \$ <input type="text"/> 5.33 Medicare Supplement \$ <input type="text"/> 5.34 Dental & Vision \$ <input type="text"/> 5.35 Other Limited Benefit Plan \$ <input type="text"/> 5.36 Other \$ <input type="text"/>
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Entity does not retain claim risk and providers are required by contract to provide services to active members.	
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]
7.2	If no, give details Not applicable since the entity operates a prepaid dental plan.	
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 406 8.2 Number of providers at end of reporting year 391
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months \$ 45,218 9.22 Business with rate guarantees over 36 months \$ <input type="text"/>

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

GENERAL INTERROGATORIES

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

10.2 If yes:
10.21 Maximum amount payable bonuses.....\$
10.22 Amount actually paid for year bonuses.....\$
10.23 Maximum amount payable withholds.....\$
10.24 Amount actually paid for year withholds.....\$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No [X]
11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
11.14 A Mixed Model (combination of above)? Yes [] No [X]11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []
11.3 If yes, show the name of the state requiring such minimum capital and surplus. Ohio/Kentucky
11.4 If yes, show the amount required. \$ 250,000
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]
11.6 If the amount is calculated, show the calculation

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

1 Name of Service Area	
State of Ohio	
State of Kentucky	

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]
13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$
13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]
13.4 If yes, please provide the balance of funds administered as of the reporting date. \$
14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []
14.2 If the answer to 14.1 is yes, please provide the following:

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

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

15.1 Direct Premium Written \$
15.2 Total Incurred Claims \$
15.3 Number of Covered Lives

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.

FIVE-YEAR HISTORICAL DATA

	1 2015	2 2014	3 2013	4 2012	5 2011
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	1,013,154	1,132,996	1,131,519	1,106,113	1,137,659
2. Total liabilities (Page 3, Line 24)	68,871	146,165	156,150	156,223	189,095
3. Statutory minimum capital and surplus requirement	250,000	250,000	250,000	250,000	250,000
4. Total capital and surplus (Page 3, Line 33)	944,283	986,831	975,369	949,890	948,564
Income Statement (Page 4)					
5. Total revenues (Line 8)	844,042	939,089	1,004,891	1,096,075	1,112,128
6. Total medical and hospital expenses (Line 18)	636,096	602,808	642,227	716,181	723,719
7. Claims adjustment expenses (Line 20)	4,602	4,579	5,704	6,275	5,425
8. Total administrative expenses (Line 21)	256,686	309,080	345,553	375,430	383,428
9. Net underwriting gain (loss) (Line 24)	(53,342)	22,622	11,407	(1,811)	(444)
10. Net investment gain (loss) (Line 27)	1,493	1,668	2,057	1,212	2,202
11. Total other income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	(39,140)	11,008	34,531	10,251	(6,968)
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(108,401)	34,955	17,975	(36,810)	(15,392)
Risk-Based Capital Analysis					
14. Total adjusted capital	944,283	986,831	975,369	949,890	948,564
15. Authorized control level risk-based capital	28,912	29,425	30,273	30,570	30,739
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	7,275	7,829	8,481	9,263	9,516
17. Total members months (Column 6, Line 7)	89,361	97,041	104,829	114,301	117,333
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	75.4	64.2	63.9	65.3	65.1
20. Cost containment expenses	0.0	0.0	0.0	0.0	0.0
21. Other claims adjustment expenses	0.5	0.5	0.5	0.5	0.5
22. Total underwriting deductions (Line 23)	106.3	97.6	98.9	100.2	100.0
23. Total underwriting gain (loss) (Line 24)	(6.3)	2.4	1.1	(0.2)	0.0
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	3,055	1,407	2,094	2,970	5,374
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	16,550	19,520	24,143	19,415	17,748
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)					
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31					
33. Total investment in parent included in Lines 26 to 31 above					

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

Yes [] No []

If no, please explain: _____

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

States, etc.	1 Active Status	Direct Business Only							
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N							
2. Alaska	AK	N							
3. Arizona	AZ	N							
4. Arkansas	AR	N							
5. California	CA	N							
6. Colorado	CO	N							
7. Connecticut	CT	N							
8. Delaware	DE	N							
9. District of Columbia	DC	N							
10. Florida	FL	N							
11. Georgia	GA	N							
12. Hawaii	HI	N							
13. Idaho	ID	N							
14. Illinois	IL	N							
15. Indiana	IN	N							
16. Iowa	IA	N							
17. Kansas	KS	N							
18. Kentucky	KY	L							
19. Louisiana	LA	N							
20. Maine	ME	N							
21. Maryland	MD	N							
22. Massachusetts	MA	N							
23. Michigan	MI	N							
24. Minnesota	MN	N							
25. Mississippi	MS	N							
26. Missouri	MO	N							
27. Montana	MT	N							
28. Nebraska	NE	N							
29. Nevada	NV	N							
30. New Hampshire	NH	N							
31. New Jersey	NJ	N							
32. New Mexico	NM	N							
33. New York	NY	N							
34. North Carolina	NC	N							
35. North Dakota	ND	N							
36. Ohio	OH	L	843,482						843,482
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 alien	OT	XXX							
59. Subtotal		XXX	843,482						843,482
60. Reporting entity contributions for Employee Benefit Plans		XXX							
61. Total (Direct Business)	(a)	2	843,482						843,482
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							

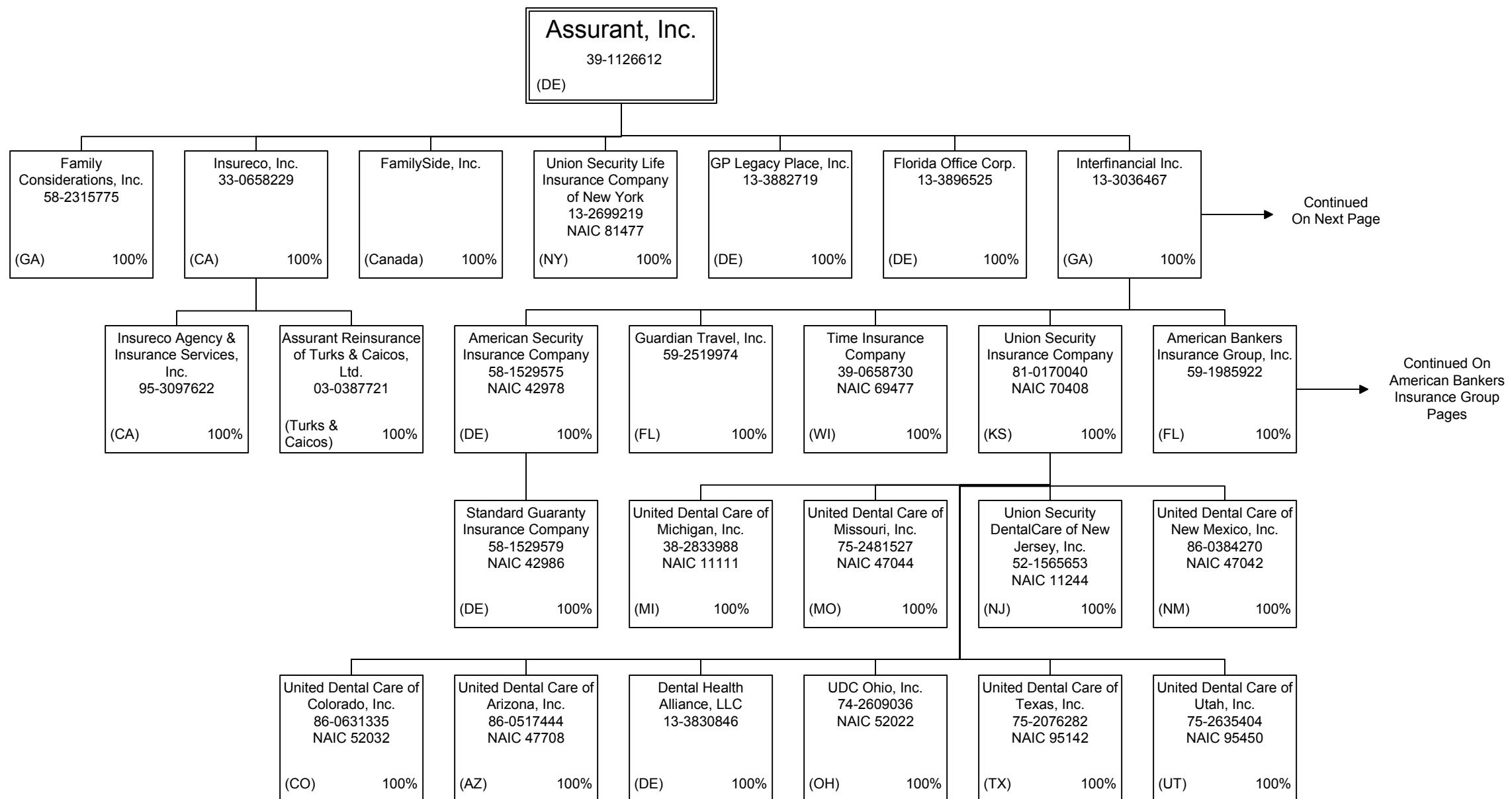
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

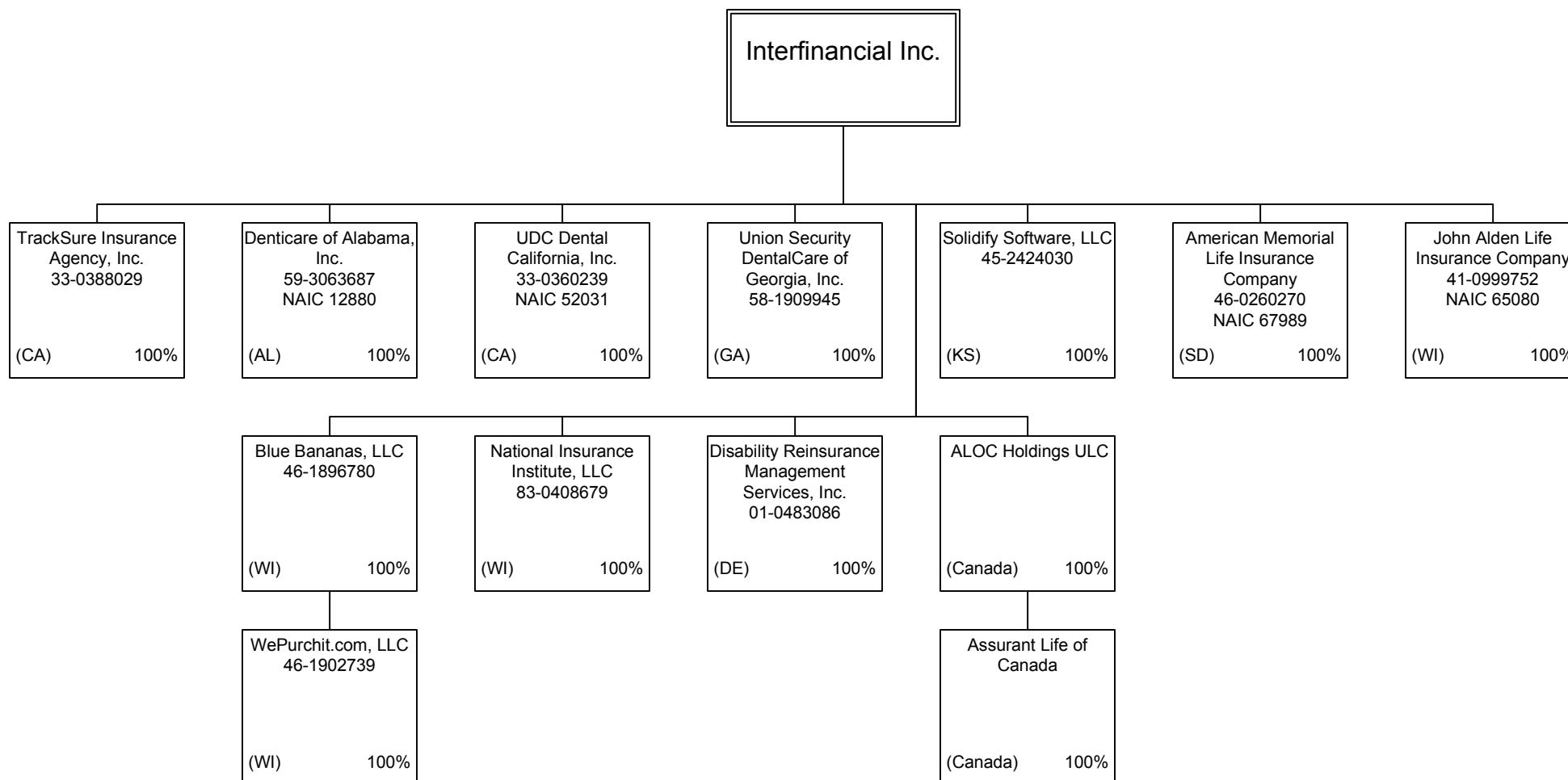
Premiums are assigned to the state based on the situs of contract.

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

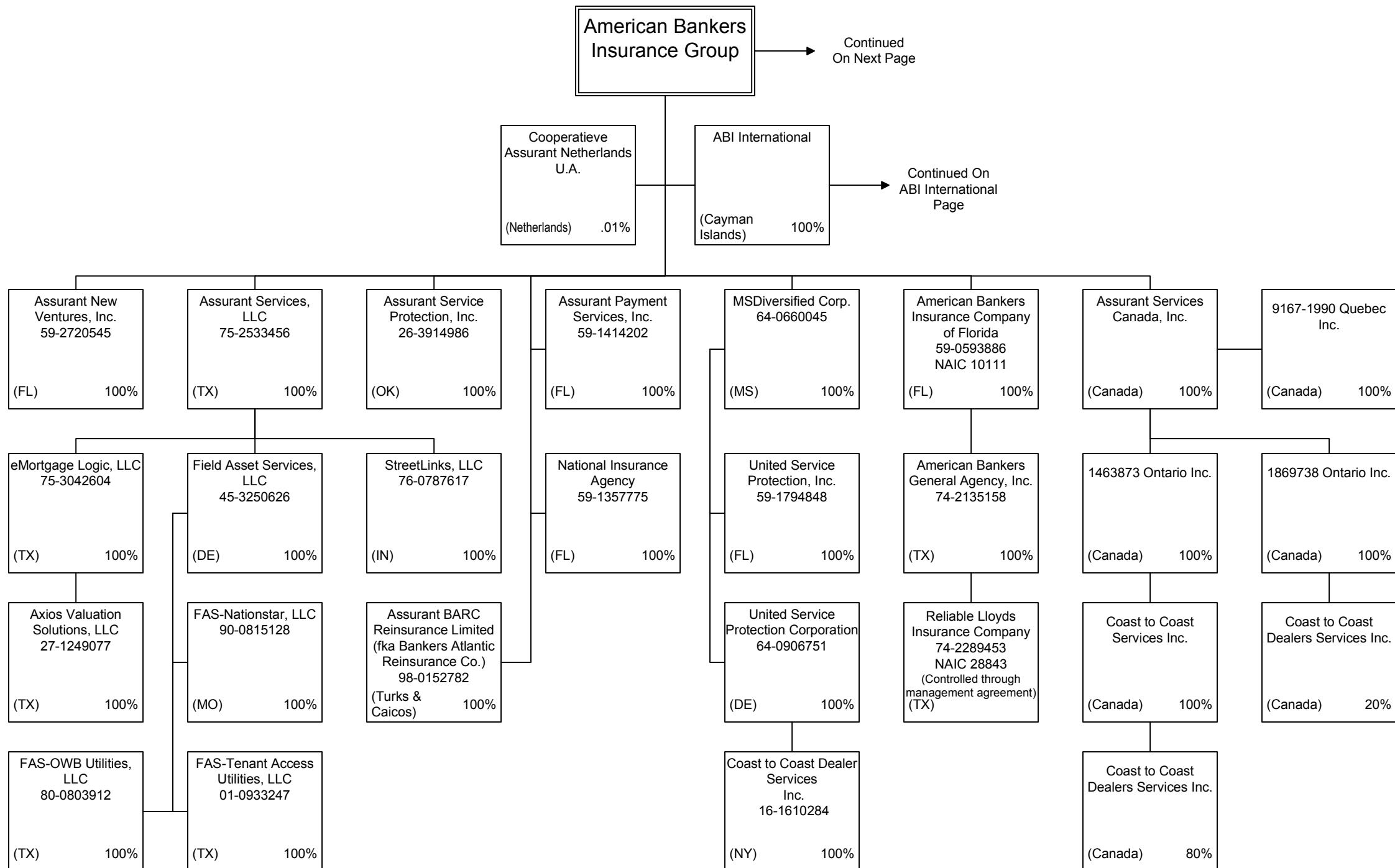
ANNUAL STATEMENT FOR THE YEAR 2015 OF THE UDC OHIO, INC.



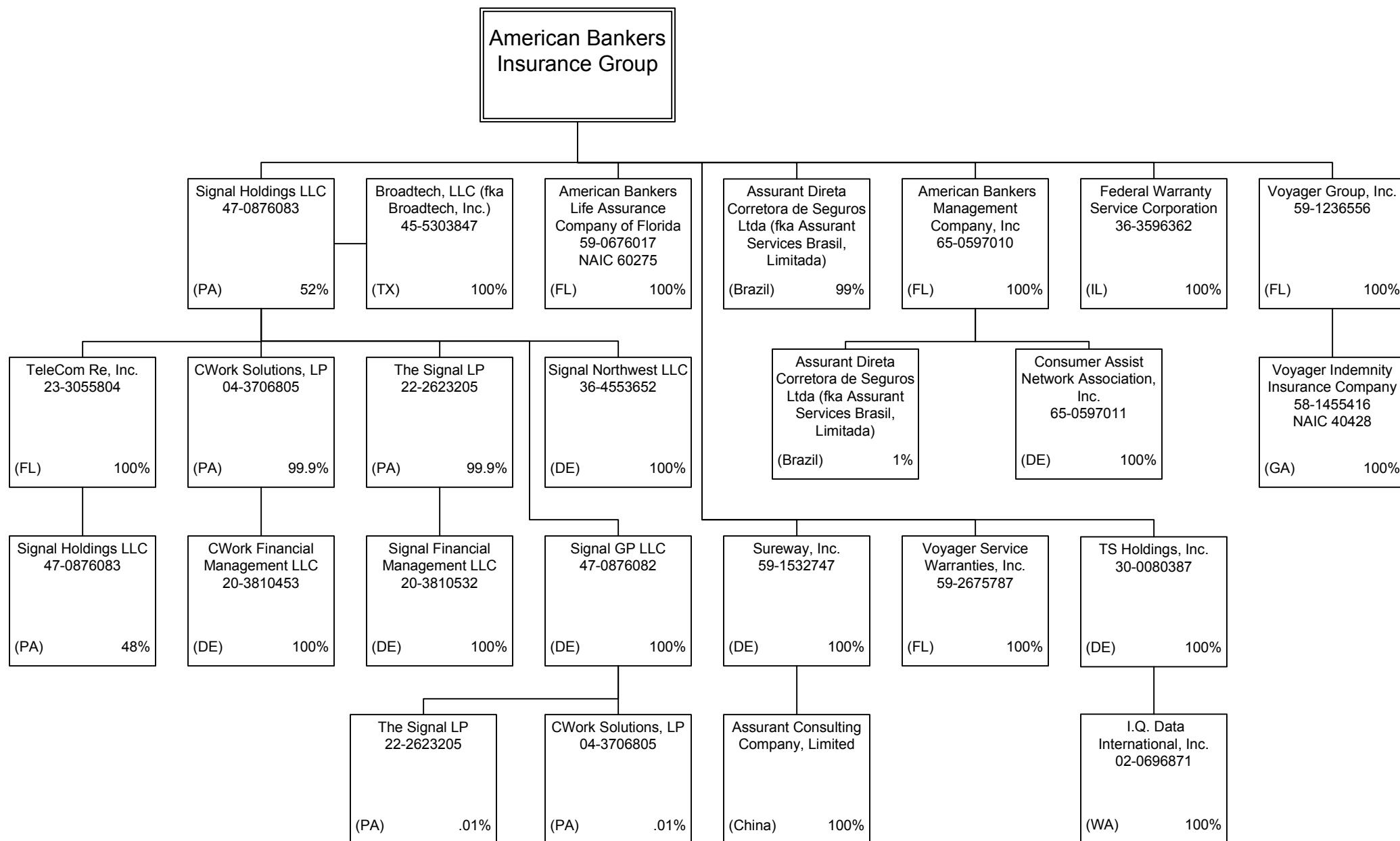
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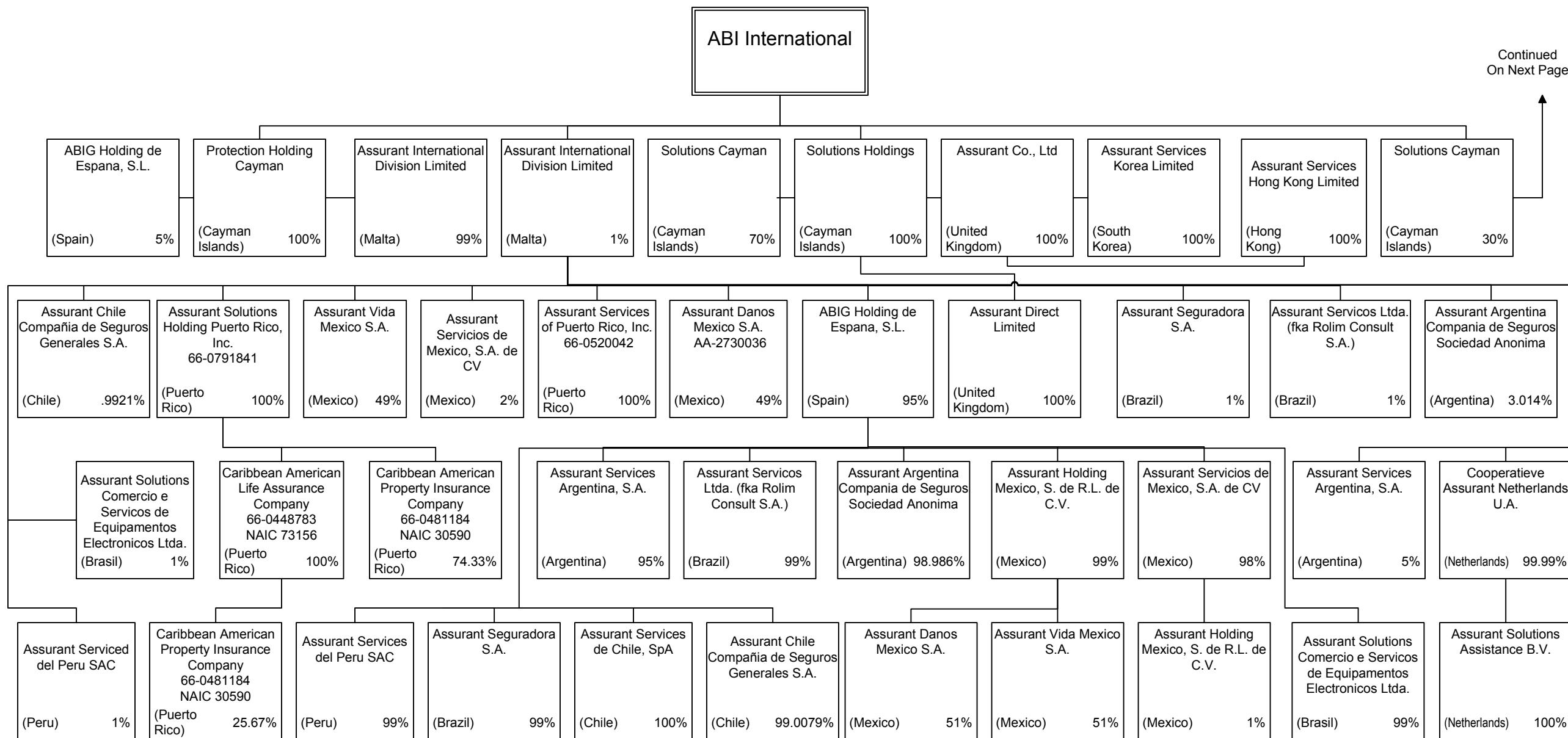
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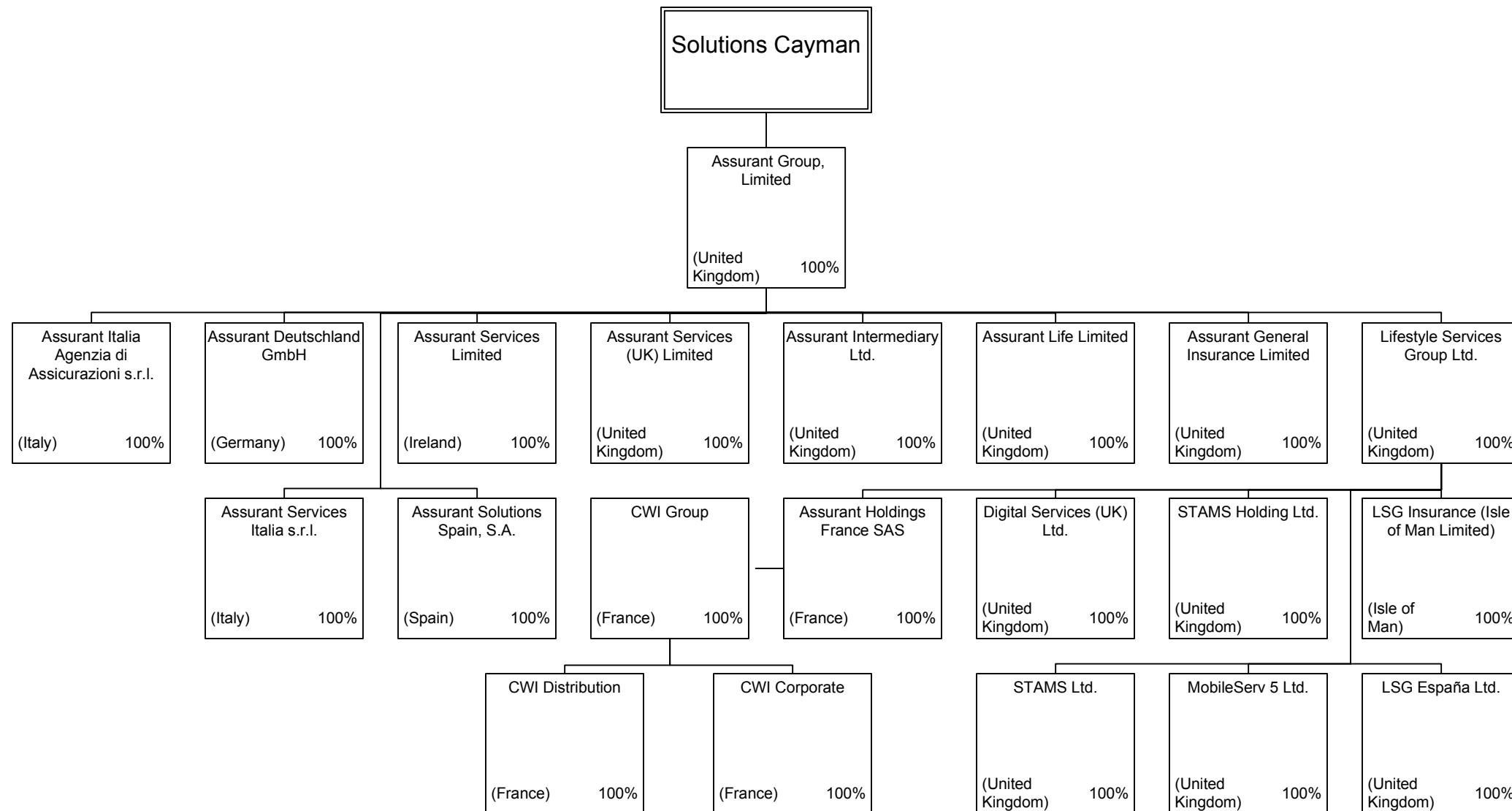
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OVERFLOW PAGE FOR WRITE-INS

NONE

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