



## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

**EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

| 1<br>Name of Debtor   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 Total individuals.....  |                  |                   |                   |                   |                  |               |
| Group Subscribers:  |                  |                   |                   |                   |                  |               |
| 0299998. Premiums due and unpaid not individually listed              |                  |                   | 4,039             | 511               | 83               | 83            |
| 0299999. Total group  | 0                |                   | 4,039             | 511               | 83               | 83            |
| 0399999. Premiums due and unpaid from Medicare entities               |                  |                   |                   |                   |                  |               |
| 0499999. Premiums due and unpaid from Medicaid entities               |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
|   |                  |                   |                   |                   |                  |               |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 0                | 4,039             | 511               | 83                | 83               | 4,550         |

Exhibit 3 - Health Care Receivables  
**N O N E**

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

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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

## Aging Analysis of Unpaid Claims

| 1<br>Account   | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported)                                       |                  |                   |                   |                    |                    |            |
| 0199999. Individually listed claims unpaid                     | 0                | 0                 | 0                 | 0                  | 0                  | 0          |
| 0299999. Aggregate accounts not individually listed- uncovered |                  |                   |                   |                    |                    | 0          |
| 0399999. Aggregate accounts not individually listed-covered    | 13,262           | 6,846             | 4,299             | 1,760              | 3,601              | 29,768     |
| 0499999. Subtotals   | 13,262           | 6,846             | 4,299             | 1,760              | 3,601              | 29,768     |
| 0599999. Unreported claims and other claim reserves            |                  |                   |                   |                    |                    |            |
| 0699999. Total amounts withheld                                |                  |                   |                   |                    |                    |            |
| 0799999. Total claims unpaid                                   |                  |                   |                   |                    |                    | 29,768     |
| 0899999. Accrued medical incentive pool and bonus amounts      |                  |                   |                   |                    |                    |            |

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

| 1<br>Name of Affiliate                               | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | Admitted     |                  |
|--|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
|  |                  |                   |                   |                   |                  | 7<br>Current | 8<br>Non-Current |
| The Guardian Life Insurance Company of America ..... | 7,832            |                   |                   |                   |                  | 7,832        |                  |
| 0199999. Individually listed receivables             | 7,832            | 0                 | 0                 | 0                 | 0                | 7,832        | 0                |
| 0299999. Receivables not individually listed         |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
|  |                  |                   |                   |                   |                  |              |                  |
| 0399999 Total gross amounts receivable               | 7,832            | 0                 | 0                 | 0                 | 0                | 7,832        | 0                |

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

| 1<br>Affiliate                                 | 2<br>Description        | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|--|-------------------------|-------------|--------------|------------------|
| The Guardian Life Insurance Company of America | Administrative Services | 3,852       | 3,852        |                  |
| 0199999. Individually listed payables          |                         | 3,852       | 3,852        | 0                |
| 0299999. Payables not individually listed      |                         | 0           |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
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|  |                         |             |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
|  |                         |             |              |                  |
| 0399999 Total gross payables                   |                         | 3,852       | 3,852        | 0                |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)  
**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

| Payment Method  | 1<br>Direct Medical<br>Expense<br>Payment | 2<br>Column 1<br>as a %<br>of Total Payments | 3<br>Total<br>Members<br>Covered | 4<br>Column 3<br>as a %<br>of Total Members | 5<br>Column 1<br>Expenses Paid to<br>Affiliated Providers | 6<br>Column 1<br>Expenses Paid to<br>Non-Affiliated<br>Providers |
|---|---|--|----------------------------------|---|---|--|
| Capitation Payments:  |   |  |                                  |   |   |  |
| 1. Medical groups .....   | 0   | 0.0  |                                  | 0.0   |   |  |
| 2. Intermediaries.....  | 0   | 0.0  |                                  | 0.0   |   |  |
| 3. All other providers.....                                     | 42,313                                    | 24.2   | 1,744                            | 100.0                                       |   | 42,313   |
| 4. Total capitation payments.....                               | 42,313                                    | 24.2   | 1,744                            | 100.0                                       | 0   | 42,313   |
| Other Payments:   |   |  |                                  |   |   |  |
| 5. Fee-for-service .....  | 0   | 0.0  | XXX                              | XXX   |   |  |
| 6. Contractual fee payments .....                               | 132,680                                   | 75.8   | XXX                              | XXX   |   | 132,680  |
| 7. Bonus/withhold arrangements - fee-for-service .....          | 0   | 0.0  | XXX                              | XXX   |   |  |
| 8. Bonus/withhold arrangements - contractual fee payments ..... | 0   | 0.0  | XXX                              | XXX   |   |  |
| 9. Non-contingent salaries .....                                | 0   | 0.0  | XXX                              | XXX   |   |  |
| 10. Aggregate cost arrangements .....                           | 0   | 0.0  | XXX                              | XXX   |   |  |
| 11. All other payments .....                                    | 0   | 0.0  | XXX                              | XXX   |   |  |
| 12. Total other payments .....                                  | 132,680                                   | 75.8   | XXX                              | XXX   | 0   | 132,680  |
| 13. TOTAL (Line 4 plus Line 12)                                 | 174,993                                   | 100%   | XXX                              | XXX   | 0   | 174,993  |

## **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average<br>Monthly<br>Capitation | 5<br>Intermediary's<br>Total Adjusted Capital | 6<br>Intermediary's<br>Authorized<br>Control Level RBC |
|----------------|---------------------------|----------------------|---------------------------------------|---|--|
|                | <b>NONE</b>               |                      |                                       |   |  |
|                |                           |                      |                                       |   |  |
|                |                           |                      |                                       |   |  |
|                |                           |                      |                                       |   |  |
|                |                           |                      |                                       |   |  |
| 9999999 Totals |                           |                      | XXX                                   | XXX   | XXX  |

Exhibit 8 - Furniture and Equipment Owned  
**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

| NAIC Group Code  | 0429 | BUSINESS IN THE STATE OF | Ohio       | DURING THE YEAR |                     |             |             |                                       | NAIC Company Code    | 14142              |       |
|--|------|--------------------------|------------|-----------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|
|  |      |                          |            | 1               | 2                   | 3           | 4           | 5                                     |                      |                    |       |
|  |      | Total                    | Individual | Group           | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| <b>Total Members at end of:</b>                            |      |                          |            |                 |                     |             |             |                                       |                      |                    |       |
| 1. Prior Year .....  |      | 1,894                    |            |                 |                     |             |             | 1,894                                 |                      |                    |       |
| 2. First Quarter .....                                     |      | 1,766                    |            |                 |                     |             |             | 1,766                                 |                      |                    |       |
| 3. Second Quarter .....                                    |      | 1,743                    |            |                 |                     |             |             | 1,743                                 |                      |                    |       |
| 4. Third Quarter .....                                     |      | 1,726                    |            |                 |                     |             |             | 1,726                                 |                      |                    |       |
| 5. Current Year .....                                      |      | 1,744                    |            |                 |                     |             |             | 1,744                                 |                      |                    |       |
| 6. Current Year Member Months                              |      | 21,060                   |            |                 |                     |             |             | 21,060                                |                      |                    |       |
| <b>Total Member Ambulatory Encounters for Year:</b>        |      |                          |            |                 |                     |             |             |                                       |                      |                    |       |
| 7 Physician .....  |      | 265                      |            |                 |                     |             |             | 265                                   |                      |                    |       |
| 8. Non-Physician .....                                     |      | 0                        |            |                 |                     |             |             |                                       |                      |                    |       |
| 9. Total .....   |      | 265                      | 0          | 0               | 0                   | 0           | 265         | 0                                     | 0                    | 0                  | 0     |
| 10. Hospital Patient Days Incurred                         |      | 0                        |            |                 |                     |             |             |                                       |                      |                    |       |
| 11. Number of Inpatient Admissions                         |      | 0                        |            |                 |                     |             |             |                                       |                      |                    |       |
| 12. Health Premiums Written (b) .....                      |      | 327,086                  |            |                 |                     |             |             | 327,086                               |                      |                    |       |
| 13. Life Premiums Direct                                   |      | 0                        |            |                 |                     |             |             |                                       |                      |                    |       |
| 14. Property/Casualty Premiums Written .....               |      | 0                        |            |                 |                     |             |             |                                       |                      |                    |       |
| 15. Health Premiums Earned .....                           |      | 327,466                  |            |                 |                     |             |             | 327,466                               |                      |                    |       |
| 16. Property/Casualty Premiums Earned                      |      | 0                        |            |                 |                     |             |             |                                       |                      |                    |       |
| 17. Amount Paid for Provision of Health Care Services..... |      | 174,993                  |            |                 |                     |             |             | 174,993                               |                      |                    |       |
| 18. Amount Incurred for Provision of Health Care Services  |      | 177,291                  |            |                 |                     |             |             | 177,291                               |                      |                    |       |

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

| NAIC Group Code   | 0429 | BUSINESS IN THE STATE OF | Grand Total     |                                    | DURING THE YEAR        |                |                |  | NAIC Company Code       | 14142                 |       |
|---|------|--------------------------|-----------------|------------------------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
|   |      |                          | 1               | Comprehensive (Hospital & Medical) | 4                      | 5              | 6              | 7  |                         |                       |       |
|   |      | Total                    | 2<br>Individual | 3<br>Group                         | Medicare<br>Supplement | Vision<br>Only | Dental<br>Only | Federal Employees<br>Health Benefit Plan | Title XVIII<br>Medicare | Title XIX<br>Medicaid | Other |
| <b>Total Members at end of:</b>                           |      |                          |                 |                                    |                        |                |                |  |                         |                       |       |
| 1. Prior Year   |      | 1,894                    | 0               | 0                                  | 0                      | 0              | 1,894          | 0  | 0                       | 0                     | 0     |
| 2. First Quarter  |      | 1,766                    | 0               | 0                                  | 0                      | 0              | 1,766          | 0  | 0                       | 0                     | 0     |
| 3. Second Quarter   |      | 1,743                    | 0               | 0                                  | 0                      | 0              | 1,743          | 0  | 0                       | 0                     | 0     |
| 4. Third Quarter  |      | 1,726                    | 0               | 0                                  | 0                      | 0              | 1,726          | 0  | 0                       | 0                     | 0     |
| 5. Current Year   |      | 1,744                    | 0               | 0                                  | 0                      | 0              | 1,744          | 0  | 0                       | 0                     | 0     |
| 6. Current Year Member Months                             |      | 21,060                   | 0               | 0                                  | 0                      | 0              | 21,060         | 0  | 0                       | 0                     | 0     |
| <b>Total Member Ambulatory Encounters for Year:</b>       |      |                          |                 |                                    |                        |                |                |  |                         |                       |       |
| 7 Physician   |      | 265                      | 0               | 0                                  | 0                      | 0              | 265            | 0  | 0                       | 0                     | 0     |
| 8. Non-Physician  |      | 0                        | 0               | 0                                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0     |
| 9. Total  |      | 265                      | 0               | 0                                  | 0                      | 0              | 265            | 0  | 0                       | 0                     | 0     |
| 10. Hospital Patient Days Incurred                        |      | 0                        | 0               | 0                                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0     |
| 11. Number of Inpatient Admissions                        |      | 0                        | 0               | 0                                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0     |
| 12. Health Premiums Written (b)                           |      | 327,086                  | 0               | 0                                  | 0                      | 0              | 327,086        | 0  | 0                       | 0                     | 0     |
| 13. Life Premiums Direct                                  |      | 0                        | 0               | 0                                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0     |
| 14. Property/Casualty Premiums Written                    |      | 0                        | 0               | 0                                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0     |
| 15. Health Premiums Earned                                |      | 327,466                  | 0               | 0                                  | 0                      | 0              | 327,466        | 0  | 0                       | 0                     | 0     |
| 16. Property/Casualty Premiums Earned                     |      | 0                        | 0               | 0                                  | 0                      | 0              | 0              | 0  | 0                       | 0                     | 0     |
| 17. Amount Paid for Provision of Health Care Services     |      | 174,993                  | 0               | 0                                  | 0                      | 0              | 174,993        | 0  | 0                       | 0                     | 0     |
| 18. Amount Incurred for Provision of Health Care Services |      | 177,291                  | 0               | 0                                  | 0                      | 0              | 177,291        | 0  | 0                       | 0                     | 0     |

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

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

30.GT

Schedule S - Part 1 - Section 2

**N O N E**

Schedule S - Part 2

**N O N E**

Schedule S - Part 3 - Section 2

**N O N E**

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

Schedule S - Part 6

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

|   | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| <b>ASSETS (Page 2, Col. 3)</b>  |                                    |                                 |                                   |
| 1. Cash and invested assets (Line 12) .....   | 468,065                            |                                 | 468,065                           |
| 2. Accident and health premiums due and unpaid (Line 15) .....  | 4,550                              |                                 | 4,550                             |
| 3. Amounts recoverable from reinsurers (Line 16.1) .....  |                                    |                                 | 0                                 |
| 4. Net credit for ceded reinsurance .....   | XXX                                | 0                               | 0                                 |
| 5. All other admitted assets (Balance) .....  | 12,232                             |                                 | 12,232                            |
| 6. Total assets (Line 28) .....   | 484,847                            | 0                               | 484,847                           |
| <b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>  |                                    |                                 |                                   |
| 7. Claims unpaid (Line 1) .....   | 29,768                             |                                 | 29,768                            |
| 8. Accrued medical incentive pool and bonus payments (Line 2) .....   |                                    |                                 | 0                                 |
| 9. Premiums received in advance (Line 8) .....  | 3,728                              |                                 | 3,728                             |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) ..... | 0                                  |                                 | 0                                 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....  | 0                                  |                                 | 0                                 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....  |                                    |                                 | 0                                 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....  | 0                                  |                                 | 0                                 |
| 14. All other liabilities (Balance) .....   | 12,032                             |                                 | 12,032                            |
| 15. Total liabilities (Line 24) .....   | 45,528                             | 0                               | 45,528                            |
| 16. Total capital and surplus (Line 33) .....   | 439,319                            | XXX                             | 439,319                           |
| 17. Total liabilities, capital and surplus (Line 34) .....  | 484,847                            | 0                               | 484,847                           |
| <b>NET CREDIT FOR CEDED REINSURANCE</b>   |                                    |                                 |                                   |
| 18. Claims unpaid .....   |                                    | 0                               | 0                                 |
| 19. Accrued medical incentive pool .....  |                                    | 0                               | 0                                 |
| 20. Premiums received in advance .....  |                                    | 0                               | 0                                 |
| 21. Reinsurance recoverable on paid losses .....  |                                    | 0                               | 0                                 |
| 22. Other ceded reinsurance recoverables .....  |                                    | 0                               | 0                                 |
| 23. Total ceded reinsurance recoverables .....  |                                    | 0                               | 0                                 |
| 24. Premiums receivable .....   |                                    | 0                               | 0                                 |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....   |                                    | 0                               | 0                                 |
| 26. Unauthorized reinsurance .....  |                                    | 0                               | 0                                 |
| 27. Reinsurance with Certified Reinsurers .....   |                                    | 0                               | 0                                 |
| 28. Funds held under reinsurance treaties with Certified Reinsurers .....   |                                    | 0                               | 0                                 |
| 29. Other ceded reinsurance payables/offsets .....  |                                    | 0                               | 0                                 |
| 30. Total ceded reinsurance payables/offsets .....  |                                    | 0                               | 0                                 |
| 31. Total net credit for ceded reinsurance .....  |                                    | 0                               | 0                                 |

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

Allocated by States and Territories

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

NONE

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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

| 1          | 2  | 3                 | 4          | 5            | 6          | 7  | 8   | 9                    | 10                               | 11   | 12   | 13   | 14   | 15 |
|------------|--|-------------------|------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name                                 | NAIC Company Code | ID Number  | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | *  |
| 0429       | The Guardian Life Insurance Co. of America | 64246             | 13-5123390 | 3081309      | 0000901849 |  | The Guardian Life Insurance Co. of America  | NY                   |                                  |  |  |  | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 60003             | 04-2350154 |              |            |  | Park Avenue Life Insurance Company          | DE                   | IA                               | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 74004             | 74-1319784 |              |            |  | Family Service Life Insurance Company       | TX                   | IA                               | Park Avenue Life Insurance Company             | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 77119             | 74-0952935 |              |            |  | Sentinel American Life Insurance Company    | TX                   | IA                               | Family Service Life Insurance Company          | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 78778             | 13-2656036 |              | 0000044393 |  | The Guardian Insurance & Annuity Co., Inc.  | DE                   | IA                               | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 13-4023176 |              | 0001071640 |  | Park Avenue Securities LLC                  | DE                   | NIA                              | The Guardian Insurance & Annuity Co., Inc.     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 95-4326311 |              |            |  | Managed Dental Care of California           | CA                   | NIA                              | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 22-1947346 |              |            |  | Innovative Underwriters Inc.                | NJ                   | NIA                              | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 11221             | 36-3691770 |              |            |  | First Commonwealth Ltd Health Svcs Corp     | IL                   | IA                               | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 36-3563031 |              |            |  | First Commonwealth of Illinois Inc.         | IL                   | NIA                              | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 47716             | 43-1501438 |              |            |  | First Commonwealth of Missouri Inc.         | MO                   | IA                               | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 12146             | 36-4117539 |              |            |  | First Commonwealth Ltd Hlth Svcs Corp MI    | MI                   | IA                               | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 60239             | 36-4189451 |              |            |  | First Commonwealth Insurance Company        | IL                   | IA                               | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 75-2154228 |              | 0001001493 |  | First Commonwealth Inc.                     | DE                   | NIA                              | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 71714             | 75-1277524 | 2391878      |            |  | Berkshire Life Ins. Co. of America          | MA                   | IA                               | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 52556             | 75-2698702 |              |            |  | Managed DentalGuard Inc. (Texas)            | TX                   | IA                               | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 11199             | 22-3849572 |              |            |  | Managed DentalGuard Inc. (New Jersey)       | NJ                   | IA                               | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 14142             | 27-4326698 |              |            |  | Managed DentalGuard Inc. (Ohio)             | OH                   | IA                               | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 13-4198972 |              | 0000041827 |  | Guardian Investor Services LLC              | DE                   | NIA                              | The Guardian Life Insurance Co. of America     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 94-3321067 | 2709651      | 0001085256 |  | RS Investments Management Co. LLC           | CA                   | NIA                              | Guardian Investor Services LLC                 | Ownership  | .94.000                                    | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 46-1177352 |              |            |  | RS Funds Distributor, LLC                   | DE                   | IA                               | Guardian Investor Services LLC                 | Ownership  | .94.000                                    | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 84-0733950 |              |            |  | Reed Group, Ltd                             | CO                   | NIA                              | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0000       | The Guardian Life Insurance Co. of America |                   | 46-5427804 |              |            |  | Hanover Square Funding, LLC                 | DE                   | NIA                              | The Guardian Insurance & Annuity Co., Inc.     | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 60237             | 91-1857813 |              |            |  | Premier Access Insurance Company            | CA                   | IA                               | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |
| 0429       | The Guardian Life Insurance Co. of America | 15494             | 45-2881632 |              |            |  | Access Dental Plan of Utah, Inc.            | UT                   | IA                               | First Commonwealth Inc.                        | Ownership  | .100.000                                   | The Guardian Life Insurance Co. of America |    |

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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

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

NONE

|          |             |
|----------|-------------|
| Asterisk | Explanation |
|          |             |

## ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)

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

| 1<br>NAIC<br>Company<br>Code | 2<br>ID<br>Number | 3<br>Names of Insurers and Parent,<br>Subsidiaries or Affiliates   | 4<br>Shareholder<br>Dividends | 5<br>Capital<br>Contributions | 6<br>Purchases, Sales<br>or Exchanges of<br>Loans, Securities,<br>Real Estate,<br>Mortgage Loans or<br>Other Investments | 7<br>Income/<br>(Disbursements)<br>Incurred in<br>Connection with<br>Guarantees or<br>Undertakings for<br>the Benefit of any<br>Affiliate(s) | 8<br>Management<br>Agreements and<br>Service Contracts | 9<br>Income/<br>(Disbursements)<br>Incurred Under<br>Reinsurance<br>Agreements | 10<br>* | 11<br>Any Other Material<br>Activity Not in the<br>Ordinary Course of<br>the Insurer's<br>Business | 12            | 13<br>Reinsurance<br>Recoverable/<br>(Payable) on<br>Losses and/or<br>Reserve Credit<br>Taken/(Liability) |
|------------------------------|-------------------|--|-------------------------------|-------------------------------|--|--|--|--|---------|--|---------------|---|
| 64246                        | 13-5123390        | Guardian Life Insurance Company of America                         | 28,486,700                    | (131,176,979)                 | 170,410,976  |  | 302,488,534  | 124,958,134  |         | (120,400,000)  | 374,767,365   | (440,727,551)   |
| 78778                        | 13-2656036        | Guardian Insurance & Annuity Company, Inc.                         | 0                             | 45,000,000                    |  |  | (173,196,873)  | 11,602,546   |         | 105,400,000  | (11,194,327)  | 167,219,609   |
| 00000                        | 13-2615338        | Guardian Investor Services LLC                                     | 0                             | 155,046,979                   |  |  | (52,142)   |  |         |  | 154,994,837   |   |
| 71714                        | 75-1277524        | Berkshire Life Insurance Company of America                        | 0                             | (65,000,000)                  |  |  | (106,054,093)  | (136,560,681)  |         | (16,500,000)   | (324,114,773) | 273,507,942   |
| 60003                        | 04-2350154        | Park Avenue Life Insurance Company                                 | (25,000,000)                  | 0                             |  |  | (1,811,022)  |  |         |  | (26,811,022)  |   |
| 00000                        | 95-4326311        | Managed Dental Care of California                                  | (2,543,200)                   | 0                             |  |  | (2,755,073)  |  |         |  | (5,298,273)   |   |
| 11199                        | 22-3849572        | Managed DentalGuard Inc. (New Jersey)                              | 0                             | 0                             |  |  | (1,228,029)  |  |         |  | (1,228,029)   |   |
| 52556                        | 75-2698702        | Managed DentalGuard Inc. (Texas)                                   | (800,000)                     | 0                             |  |  | (1,476,129)  |  |         |  | (2,276,129)   |   |
| 14142                        | 27-4326698        | Managed DentalGuard, Inc. (Ohio)                                   | 0                             | 0                             |  |  | (54,078)   |  |         |  | (54,078)      |   |
| 00000                        | 13-4023176        | Park Avenue Securities, LLC  | 0                             | 0                             |  |  | 13,981,606   |  |         |  | 13,981,606    |   |
| 74004                        | 74-1319784        | Family Service Life Insurance Company                              | 0                             | 0                             |  |  | (4,497,640)  |  |         |  | (4,497,640)   |   |
| 77119                        | 74-0952935        | Sentinel American Life Insurance Company                           | 0                             | 0                             |  |  | (425,186)  |  |         |  | (425,186)     |   |
| 00000                        | 22-1947346        | Innovative Underwriters, Inc.                                      | (143,500)                     | 0                             |  |  | (545,876)  |  |         |  | (689,376)     |   |
| 00000                        | 46-5427804        | Hanover Square Funding, LLC  | 0                             | 5,000,000                     |  |  | (1,149,508)  |  |         |  | 16,500,000    | 20,350,492  |
| 00000                        | 26-4703468        | eMoney Advisor, LLC  | 0                             | 0                             |  |  | 220,151  |  |         |  |               | 220,151   |
| 00000                        | 94-3321067        | RS Investment Management Co. LLC                                   | 0                             | 0                             |  |  | .88,424  |  |         |  | 15,000,000    | 15,088,424  |
| 00000                        | 46-1177352        | RS Funds Distributor LLC   | 0                             | 0                             |  |  | (278,640)  |  |         |  |               | (278,640)   |
| 00000                        | 37-1780736        | Park Avenue Institutional Advisers, LLC                            | 0                             | 0                             |  |  | (6,754,225)  |  |         |  |               | (6,754,225)   |
|                              |                   | Park Avenue Institutional Advisers CLO Ltd                         |                               |                               |  |  |  |  |         |  |               |   |
|                              |                   | 2016-1   | 0                             | 0                             | (170,410,976)  |  | 0  |  |         |  |               | (170,410,976)   |
| 00000                        | 75-2154228        | First Commonwealth Inc.  | 8,584,000                     | (8,459,753)                   |  |  | 1,209,329  |  |         |  |               | 1,333,576   |
| 60239                        | 36-4189451        | First Commonwealth Insurance Company                               | (5,400,000)                   | 0                             |  |  | (16,485,617)   |  |         |  |               | (21,885,617)  |
| 00000                        | 36-3563031        | First Commonwealth of Illinois, Inc.                               | 0                             | 0                             |  |  | 13,502,807   |  |         |  |               | 13,502,807  |
| 11221                        | 36-3691770        | First Commonwealth Limited Health Services Corporation (IL)        | (140,000)                     | 0                             |  |  | (143,330)  |  |         |  |               | (283,330)   |
| 47716                        | 43-1501438        | First Commonwealth of Missouri, Inc.                               | (500,000)                     | 0                             |  |  | (671,364)  |  |         |  |               | (1,171,364)   |
| 12146                        | 36-4117539        | First Commonwealth Limited Health Services Corporation of Michigan | (750,000)                     | 0                             |  |  | (3,004,561)  |  |         |  |               | (3,754,561)   |
| 00000                        | 84-0733950        | Reed Group Ltd.  | 0                             | 0                             |  |  | (4,055,401)  |  |         |  |               | (4,055,401)   |
| 00000                        | 68-0291842        | Access Dental Plan   | 0                             | 0                             |  |  | (1,304,464)  |  |         |  |               | (1,304,464)   |
| 60237                        | 91-1857813        | Premier Access Insurance Company                                   | (1,794,000)                   | (410,247)                     |  |  | (9,629,480)  |  |         |  |               | (11,833,726)  |
| 00000                        |                   | Data Telesis Private Limited                                       | 0                             | 0                             |  |  | 3,297,162  |  |         |  |               | 3,297,162   |
| 15307                        | 46-2243044        | Access Dental Plan of Nevada                                       | 0                             | 0                             |  |  | (194,608)  |  |         |  |               | (194,608)   |
| 15494                        | 45-2881632        | Access Dental Plan of Utah   | 0                             | 0                             |  |  | (348)  |  |         |  |               | (348)   |
| 00000                        | 47-1373537        | Access Professional Dental Care, LLC                               | 0                             | 0                             |  |  | 2,563,784  |  |         |  |               | 2,563,784   |
| 00000                        | 47-1272105        | Access Dental Services, LLC  | 0                             | 0                             |  |  | (1,584,110)  |  |         |  |               | (1,584,110)   |
| 9999999                      | Control Totals    |  | 0                             | 0                             | 0  | 0  | 0  | 0  | 0       | XXX  | 0             | 0   |

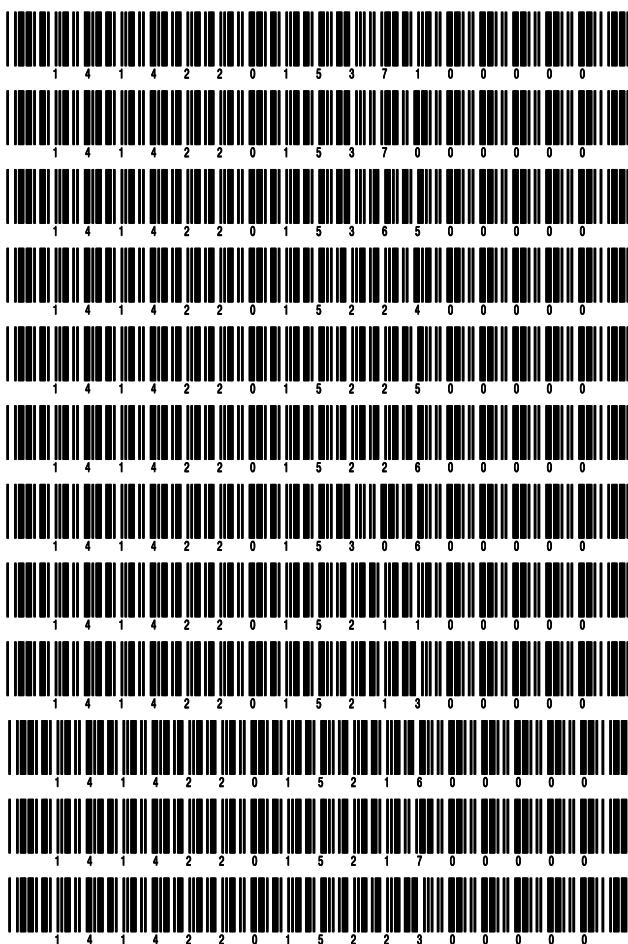
**ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

|   | Responses   |
|---|---|
|   | <b>MARCH FILING</b>   |
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?   | YES   |
| 2. Will an actuarial opinion be filed by March 1?   | WAIVED  |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?   | YES   |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?  | YES   |
|   | <b>APRIL FILING</b>   |
| 5. Will Management's Discussion and Analysis be filed by April 1?   | YES   |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?  | YES   |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?  | YES   |
|   | <b>JUNE FILING</b>  |
| 8. Will an audited financial report be filed by June 1?   | WAIVED  |
| 9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?   | WAIVED  |
|   | <b>AUGUST FILING</b>  |
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?  | WAIVED  |
| The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. |   |
|   | <b>MARCH FILING</b>   |
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?  | NO  |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?   | NO  |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?  | NO  |
| 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?  | NO  |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?  | NO  |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?   | NO  |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?   | NO  |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?  | NO  |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?  | NO  |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?  | NO  |
|   | <b>APRIL FILING</b>   |
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?   | NO  |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?   | NO  |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?   | NO  |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?   | NO  |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?  | NO  |
|   | <b>AUGUST FILING</b>  |
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?  | NO  |
| Explanations:   |   |
| 11.   |   |
| 12.   |   |
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| Bar Codes:  |   |
| 2. Actuarial Opinion [Document Identifier 440]  | <br>1 4 1 4 2 2 0 1 5 4 4 0 0 0 0 0 0 |
| 8. Audited Financial Report [Document Identifier 220]   | <br>1 4 1 4 2 2 0 1 5 2 2 0 0 0 0 0 0 |
| 9. Accountants Letter of Qualifications [Document Identifier 221]   | <br>1 4 1 4 2 2 0 1 5 2 2 1 0 0 0 0 0 |
| 10. Communication of Internal Control Related Matters Noted in Audit [Document Identifier 222]  | <br>1 4 1 4 2 2 0 1 5 2 2 2 0 0 0 0 0 |
| 11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]  | <br>1 4 1 4 2 2 0 1 5 3 6 0 0 0 0 0 0 |
| 12. Life Supplement [Document Identifier 205]   | <br>1 4 1 4 2 2 0 1 5 2 0 5 0 0 0 0 0 |
| 13. Property/Casualty Supplement [Document Identifier 207]  | <br>1 4 1 4 2 2 0 1 5 4 2 0 0 0 0 0 0 |
| 14. SIS Stockholder Information Supplement [Document Identifier 420]  | <br>1 4 1 4 2 2 0 1 5 4 2 0 0 0 0 0 0 |

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE MANAGED DENTALGUARD INC (OHIO)  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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



## ALPHABETICAL INDEX

### **ANNUAL STATEMENT BLANK**

|  |      |
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