



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDED DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE  
MANAGED DENTALGUARD INC

NAIC Group Code04290429NAIC Company Code14142Employer's ID Number27-4326698  
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUS

Licensed as business type:Dental Service Corporation

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

Incorporated/Organized08/09/2010Commenced Business10/18/2011

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

Main Administrative Office7 Hanover SquareNew York , NY, US 10004  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address7 Hanover SquareNew York , NY, US 10004  
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records7 Hanover SquareNew York , NY, US 10004  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.Guardianlife.com

Statutory Statement ContactAbel Hernandez212-919-3965  
(Name)(Area Code) (Telephone Number)  
Abel\_Hernandez@glic.com212-919-2583  
(E-mail Address)(FAX Number)

OFFICERS

Chairman, President, CEO & COOKevin KleinTreasurerWalter R Skinner

SecretaryCherita Thomas #Vice President & Appointed ActuarySanford E Penn

OTHER

Larry M Weiss, ControllerStuart J Shaw, Vice PresidentJohn A Dolan, Assistant Secretary

Harris Oliner, Assistant SecretaryGail Wallach #, Assistant Secretary

DIRECTORS OR TRUSTEES

Kevin KleinSharri L NormanLarry M Weiss

State of \_\_\_\_\_ SS:  
County of \_\_\_\_\_

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

Sanford E Penn  
Vice President & Appointed Actuary

Larry Weiss  
Controller

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE MANAGED DENTALGUARD INC (OHIO)

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

[illegible]

Exhibit 3 - Health Care Receivables

**N O N E**

Exhibit 3A - Health Care Receivables Collected and Accrued

**N O N E**

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

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## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE MANAGED DENTALGUARD INC (OHIO)

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

[illegible]

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE MANAGED DENTALGUARD INC (OHIO)

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current				
NONE								
					0399999 Total gross payables			

## EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups .....	.0	0.0		0.0		
2.	Intermediaries .....	.0	0.0		0.0		
3.	All other providers .....	46,742	28.8	1,683	100.0		46,742
4.	Total capitation payments .....	46,742	28.8	1,683	100.0	0	46,742
Other Payments:							
5.	Fee-for-service .....	.0	0.0	XXX	XXX		
6.	Contractual fee payments .....	115,745	71.2	XXX	XXX		115,745
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 .....	115,745	71.2	XXX	XXX	0	115,745
13.	TOTAL (Line 4 plus Line 12)	162,487	100%	XXX	XXX	0	162,487

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

[illegible]

Exhibit 8 - Furniture and Equipment Owned

**N O N E**





ANNUAL STATEMENT FOR THE YEAR 2017 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      MANAGED DENTALGUARD INC      2. Independence, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0429		Ohio		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year .....		1,570					1,570					
2. First Quarter .....		1,455					1,455					
3. Second Quarter .....		1,458					1,458					
4. Third Quarter .....		1,655					1,655					
5. Current Year		1,683					1,683					
6. Current Year Member Months		18,732					18,732					
Total Member Ambulatory Encounters for Year:												
7. Physician .....		384					384					
8. Non-Physician .....		0										
9. Total		384	0	0	0	0	384	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b) .....		316,170					316,170					
13. Life Premiums Direct		0										
14. Property/Casualty Premiums Written .....		0										
15. Health Premiums Earned .....		316,170					316,170					
16. Property/Casualty Premiums Earned		0										
17. Amount Paid for Provision of Health Care Services .....		162,487					162,487					
18. Amount Incurred for Provision of Health Care Services		156,625					156,625					

(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 \$ .....

30.OH



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      MANAGED DENTALGUARD INC      2. Independence, OH

NAIC Group Code		0429		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2017		(LOCATION)		NAIC Company Code		14142					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year .....		1,570		0		0		0		0		1,570		0		0		0		0	
2. First Quarter .....		1,455		0		0		0		0		1,455		0		0		0		0	
3. Second Quarter .....		1,458		0		0		0		0		1,458		0		0		0		0	
4. Third Quarter .....		1,655		0		0		0		0		1,655		0		0		0		0	
5. Current Year		1,683		0		0		0		0		1,683		0		0		0		0	
6. Current Year Member Months		18,732		0		0		0		0		18,732		0		0		0		0	
Total Member Ambulatory Encounters for Year:																					
7. Physician .....		384		0		0		0		0		384		0		0		0		0	
8. Non-Physician .....		0		0		0		0		0		0		0		0		0		0	
9. Total		384		0		0		0		0		384		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) .....		316,170		0		0		0		0		316,170		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 .....		316,170		0		0		0		0		316,170		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 .....		162,487		0		0		0		0		162,487		0		0		0		0	
18. Amount Incurred for Provision of Health Care Services		156,625		0		0		0		0		156,625		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

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**

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	609,054		609,054
2. Accident and health premiums due and unpaid (Line 15)	771		771
3. Amounts recoverable from reinsurers (Line 16.1)	0		0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	6,481		6,481
6. Total assets (Line 28)	616,306	0	616,306
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	20,622		20,622
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	2,292		2,292
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)	35,114		35,114
15. Total liabilities (Line 24)	58,028	0	58,028
16. Total capital and surplus (Line 33)	558,278	XXX	558,278
17. Total liabilities, capital and surplus (Line 34)	616,306	0	616,306
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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 2017 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 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Y/N)	16 *
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	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
.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	..N	
.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	..N	
.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	..N	
.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	..N	
.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	..N	
.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	..N	
.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	..Y	
.0429	The Guardian Life Insurance Co. of America	.11221	36-3691770				First Commonwealth Ltd Health Svs Corp	..IL	..IA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
.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	..N	
.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	..N	
.0429	The Guardian Life Insurance Co. of America	.12146	36-4117539				First Commonwealth Ltd Hlth Svs Corp of MI	..MI	..IA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
.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	..N	
.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	..Y	
.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	..N	
.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	..N	
.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	..N	
.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	..N	
.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	..N	
.0000	The Guardian Life Insurance Co. of America		84-0733950				Reed Group, Ltd	..CO	..NIA	Guardian Investor Services LLC	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
.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	..N	
.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	..N	
.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	..N	
.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	..N	
.0000	The Guardian Life Insurance Co. of America		47-1373537				Access Professional Dental Care, LLC	..DE	..NIA	Guardian Investor Services LLC	Other	0.000	The Guardian Life Insurance Co. of America	..N	
.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	..N	
.0000	The Guardian Life Insurance Co. of America		47-1272105				Access Dental Services, LLC	..DE	..NIA	Guardian Investor Services LLC	Other	0.000	The Guardian Life Insurance Co. of America	..N	
.0000	The Guardian Life Insurance Co. of America						Guardian India Operations Private Limited	..IND	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	

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	16
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	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..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	..N	
..0000	The Guardian Life Insurance Co. of America		20-1896945				Premier Group, Inc.	..CA	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		46-2514793				Blue Hills Dental Plan of Arizona, Inc.	..AZ	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		86-0349350				Avesis Incorporated	..DE	..IA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0429	The Guardian Life Insurance Co. of America	..11163	86-0960007				Avesis Insurance Incorporated	..AZ	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		86-0986927				Avesis Third Party Administrators, Inc	..AZ	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		16-1583908				Avesis of New York, Inc	..NY	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		86-0821698				Avesis of Washington D.C, Inc.	..WA	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		37-1780736				Park Avenue Institutional Advisors LLC	..DE	..NIA	Guardian Investor Services LLC	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		81-0948679				GIS Canada Holdings Corp	..DE	..NIA	Guardian Investor Services LLC	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America						Reed Group Canada Services ULC	..CAN	..NIA	Guardian Investor Services LLC	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		81-0936026				Reed Acquisitions LLC	..DE	..NIA	Guardian Investor Services LLC	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	The Guardian Life Insurance Co. of America		04-3331304				Reed Group Management LLC	..CT	..NIA	Guardian Investor Services LLC	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	
..0000	Ther Guardian Life Insurance Co. of America		81-3459665				GIS DSO Holdings, LLC	..DE	..NIA	Guardian Investor Services, LLC	Ownership	100.000	Ther Guardian Life Insurance Co. of America	..N	
..0000	Ther Guardian Life Insurance Co. of America		26-4473606				STX Healthcare Management Services, Inc.	..DE	..NIA	GIS DSO Holdings, LLC	Ownership	100.000	Ther Guardian Life Insurance Co. of America	..N	
..0000	Ther Guardian Life Insurance Co. of America		20-0075582				Vital Smiles, Inc.	..AL	..NIA	STX Healthcare Management Services, Inc.	Ownership	100.000	Ther Guardian Life Insurance Co. of America	..N	
..0000	Ther Guardian Life Insurance Co. of America						Harbor Discount Plan LLC	..TX	..NIA	STX Healthcare Management Services, Inc.	Ownership	100.000	Ther Guardian Life Insurance Co. of America	..N	
..0000	Ther Guardian Life Insurance Co. of America		47-5246254				GIS Credit Opportunities, LLC	..DE	..NIA	Guardian Investor Services, LLC	Ownership	100.000	Ther Guardian Life Insurance Co. of America	..N	

Asterisk	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE MANAGED DENTALGUARD INC (OHIO)

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
64246	13-5123390	Guardian Life Insurance Company of America	43,749,400	(106,273,764)			270,021,436	95,241,454		(25,310,000)	277,428,525	(736,556,321)
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.	0	44,000,000			(107,014,855)	3,586,805		(23,400,000)	(82,828,051)	187,860,329
00000	13-4198972	Guardian Investor Services LLC	0	111,923,234			(8,184,746)			25,310,000	129,048,488	
71714	75-1277524	Berkshire Life Insurance Company of America	0	0			(114,334,356)	(98,828,258)			(213,162,614)	548,695,992
60003	04-2350154	Park Avenue Life Insurance Company	0	(25,000,000)			(4,011,453)				(29,011,453)	
00000	95-4326311	Managed Dental Care of California	(5,086,400)	0			(3,542,416)				(8,628,816)	
11199	22-3849572	Managed DentalGuard Inc. (New Jersey)	0	0			(1,791,762)				(1,791,762)	
52556	75-2698702	Managed DentalGuard Inc. (Texas)	(900,000)	0			(2,357,463)				(3,257,463)	
14142	27-4326698	Managed DentalGuard, Inc. (Ohio)	0	0			(46,132)				(46,132)	
00000	13-4023176	Park Avenue Securities, LLC	0	6,000,000			(11,350,978)				(5,350,978)	
74004	74-1319784	Family Service Life Insurance Company	0	0			(3,529,117)				(3,529,117)	
77119	74-0952935	Sentinel American Life Insurance Company	0	0			(369,208)				(369,208)	
00000	22-1947346	Innovative Underwriters, Inc.	(500,000)	0			(359,199)				(859,199)	
00000		Guardian Acquisition I, LLC	0	24,536,021			0				24,536,021	
00000	46-5427804	Hanover Square Funding, LLC	0	0			(2,223,649)			23,400,000	21,176,351	
00000	37-1780736	Park Avenue Institutional Advisers, LLC	0	0			(6,680,065)				(6,680,065)	
00000	45-3696877	Guardian Distributors, LLC	0	0			8,134,349				8,134,349	
00000	75-2154228	First Commonwealth Inc.	(16,000,000)	(55,185,491)			(522,804)				(71,708,295)	
60239	36-4189451	First Commonwealth Insurance Company	(12,630,000)	0			(14,260,226)				(26,890,226)	
00000	36-3563031	First Commonwealth of Illinois, Inc.	0	0			11,972,236				11,972,236	
11221	36-3691770	First Commonwealth Limited Health Services Corporation (IL)	(130,000)	0			(138,832)				(268,832)	
47716	43-1501438	First Commonwealth of Missouri, Inc.	(300,000)	0			(598,767)				(898,767)	
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(820,000)	0			(2,699,094)				(3,519,094)	
00000	84-0733950	Reed Group Ltd.	0	0			1,961,049				1,961,049	
00000	81-0948679	GIS Canada Holdings Corp.	0	0			537,363				537,363	
00000	04-3331304	Reed Group Management LLC	0	0			(5,119,734)				(5,119,734)	
00000		Reed Group Canada Services ULC	0	0			(189,238)				(189,238)	
00000	68-0291842	Access Dental Plan	0	0			(6,736,650)				(6,736,650)	
60237	91-1857813	Premier Access Insurance Company	(7,383,000)	0			(19,571,346)				(26,954,346)	
00000		Guardian India Operations Private Ltd.	0	0			12,235,431				12,235,431	
15307	46-2243044	Access Dental Plan of Nevada	0	0			(50,684)				(50,684)	
15494	45-2881632	Access Dental Plan of Utah	0	0			(965)				(965)	
00000	47-1373537	Access Professional Dental Care, LLC	0	0			1,407,747				1,407,747	
00000	47-1272105	Access Dental Services, LLC	0	0			2,539,981				2,539,981	
00000	26-4473606	STX Healthcare Management Services, Inc.	0	0			2,747,281				2,747,281	
00000		Harbor Discount Plan LLC	0	0			(148,470)				(148,470)	
00000	20-0075582	Vital Smiles, Inc.	0	0			1,456				1,456	
00000	86-0349350	Avesis Incorporated	0	0			12,335,621				12,335,621	
11163	86-0960007	Avesis Insurance Incorporated	0	0			(10,897,365)				(10,897,365)	



SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
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00000	86-0986927	Avesis Third Party Administrators, Inc.	0				3,576,374				3,576,374	
00000	86-0821698	Avesis of Washington D.C, Inc.	0				175				175	
00000	47-4192116	GIS Strategic Ventures, LLC	0				88,890				88,890	
00000	81-5286640	Park Avenue Credit Opportunities LLC	0				28,980				28,980	
00000	47-5246254	GIS Credit Opportunities, LLC	0				(858,796)				(858,796)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 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
MARCH FILING		
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
APRIL FILING		
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
JUNE FILING		
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

AUGUST FILING		
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) 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.

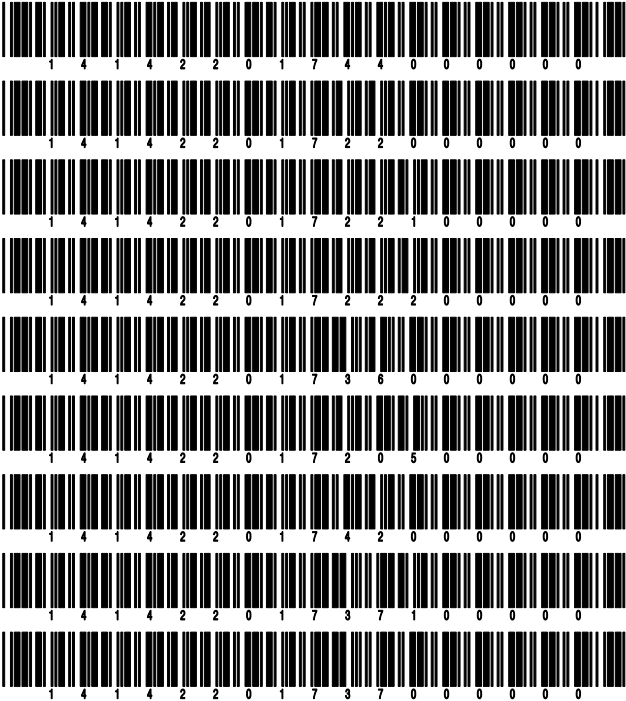
MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
14.	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
15.	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
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
17.	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
18.	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
19.	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
APRIL FILING		
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
22.	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
23.	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
AUGUST FILING		
24.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	NO

Explanations:

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Bar Codes:

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE  MANAGED DENTALGUARD INC (OHIO)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

16.	Medicare Part D Coverage Supplement [Document Identifier 365]	 <div>141422017365000000</div>
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 <div>141422017224000000</div>
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 <div>141422017225000000</div>
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 <div>141422017226000000</div>
20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 <div>141422017306000000</div>
21.	Life Supplement [Document Identifier 211]	 <div>141422017211000000</div>
22.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 <div>141422017216000000</div>
23.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 <div>141422017217000000</div>
24.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 <div>141422017223000000</div>

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Schedule D - Part 1 ..... E10

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Schedule D - Part 1A - Section 2 ..... SI08

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