



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

MANAGED DENTALGUARD INC

NAIC Group Code: 0428 (Current) 0429 (Prior) NAIC Company Code: 14142 Employer's ID Number: 27-4328698

Organized under the Laws of Ohio State of Domicile or Part of Entry OH

Country of Domicile US

Licensed as business type: Dental Service Corporation

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

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

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

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

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

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

Internet Website Address www.Guardianlife.com

Statutory Statement Contact Abel Hernandez 212-919-3085
(Name) (Area Code) (Telephone Number)
Abel.Hernandez@gdlc.com 212-919-2583
(E-mail Address) (FAX Number)

OFFICERS

Chairman, President, CEO & COO Walter Kevin Klein Treasurer Walter R. Skinner
Secretary Charles L. Thomas Vice President & Appointed Actuary Sanford E. Penn

OTHER

Larry M. Weiss, Controller Stuart J. Shaw, Vice President John A. Dolan, Assistant Secretary
Harris Cinar, Assistant Secretary

DIRECTORS OR TRUSTEES

Walter Kevin Klein Shari L. Norman Larry 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 regulations in lieu of or in addition to the enclosed statement.

Sanford E. Penn

Sanford E. Penn
Vice President & Appointed Actuary

Larry Weiss

Larry Weiss
Controller

Subscribed and sworn to before me this 25th day of February 2019
A. C. [Signature]

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: _____

ALEXANDER GRINBERG
COMMISSION # 2210235
NOTARY PUBLIC OF NEW JERSEY
COMMISSION EXPIRES 10/19/2019

ANNUAL STATEMENT FOR THE YEAR 2018 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 2018 OF THE MANAGED DENTALGUARD INC (OHIO)

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

24

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2018 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		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	14142	
			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	1,683					1,683					
2.	First Quarter	1,738					1,738					
3.	Second Quarter	1,766					1,766					
4.	Third Quarter	1,430					1,430					
5.	Current Year	1,703					1,703					
6.	Current Year Member Months	20,149					20,149					
Total Member Ambulatory Encounters for Year:												
7.	Physician	0										
8.	Non-Physician	408					408					
9.	Total	408	0	0	0	0	408	0	0	0	0	
10.	Hospital Patient Days Incurred	0										
11.	Number of Inpatient Admissions	0										
12.	Health Premiums Written (b)	345,738					345,738					
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	345,738					345,738					
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	191,299					191,299					
18.	Amount Incurred for Provision of Health Care Services	191,128					191,128					

(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 2018 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		Grand Total		2018							NAIC Company Code	
		Comprehensive (Hospital & Medical)									14142	
		1	2	3	4	5	6	7	8	9	10	
		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	1,683	0	0	0	0	1,683	0	0	0	0	
2.	First Quarter	1,738	0	0	0	0	1,738	0	0	0	0	
3.	Second Quarter	1,766	0	0	0	0	1,766	0	0	0	0	
4.	Third Quarter	1,430	0	0	0	0	1,430	0	0	0	0	
5.	Current Year	1,703	0	0	0	0	1,703	0	0	0	0	
6.	Current Year Member Months	20,149	0	0	0	0	20,149	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	0	0	0	0	0	0	0	0	0	0	
8.	Non-Physician	408	0	0	0	0	408	0	0	0	0	
9.	Total	408	0	0	0	0	408	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)	345,738	0	0	0	0	345,738	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	345,738	0	0	0	0	345,738	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	191,299	0	0	0	0	191,299	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	191,128	0	0	0	0	191,128	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .
(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

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)	690,330		690,330
2. Accident and health premiums due and unpaid (Line 15)	1,074		1,074
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)	11,158		11,158
6. Total assets (Line 28)	702,562	0	702,562
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	20,451		20,451
8. Accrued medical incentive pool and bonus payments (Line 2)	0		0
9. Premiums received in advance (Line 8)	4,263		4,263
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)	35,042		35,042
15. Total liabilities (Line 24)	59,756	0	59,756
16. Total capital and surplus (Line 33)	642,806	XXX	642,806
17. Total liabilities, capital and surplus (Line 34)	702,562	0	702,562
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 2018 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	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 Location	Relation-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)	*
.0429	The Guardian Life Insurance Co. of America	.64246	13-5123390	3081309			The Guardian Life Insurance Co. of America	.NY		The Guardian Life Insurance Co. of America			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				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				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				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				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		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		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						Guardian India Operations Private Limited	.IND	.NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	.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	

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	Relation-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		86-0349350				Aveis 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				Aveis 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				Aveis 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				Aveis 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				Aveis of Washington D.C, Inc.	..WA	..NIA	First Commonwealth Inc.	Ownership	100.000	The Guardian Life Insurance Co. of America	..N	

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2018 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	43,071,400	2,397,985			253,615,423	108,928,878			408,013,686	(894,983,320)
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.		50,000,000 (54,397,985)			(73,988,937)	2,495,579		(23,900,000)	(45,393,357)	199,011,517
00000	13-4198972	Guardian Investor Services LLC					11,400,242				(42,997,743)	
71714	75-1277524	Berkshire Life Insurance Company of America					(133,354,630)	(111,424,457)			(244,779,088)	695,971,803
60003	04-2350154	Park Avenue Life Insurance Company					(2,565,601)				(2,565,601)	
00000	95-4326311	Managed Dental Care of California	(5,086,400)				(2,536,638)				(7,623,038)	
11199	22-3849572	Managed DentalGuard Inc. (New Jersey)					(1,950,717)				(1,950,717)	
52556	75-2698702	Managed DentalGuard Inc. (Texas)	(2,250,000)				(1,577,995)				(3,827,995)	
14142	27-4326698	Managed DentalGuard, Inc. (Ohio)					(40,763)				(40,763)	
00000	13-4023176	Park Avenue Securities, LLC					(27,510,099)				(27,510,099)	
74004	74-1319784	Family Service Life Insurance Company					(2,709,247)				(2,709,247)	
77119	74-0952935	Sentinel American Life Insurance Company					(289,046)				(289,046)	
00000	22-1947346	Innovative Underwriters, Inc.	(375,000)				(204,875)				(579,875)	
00000	61-1895246	Guardian Acquisition I, LLC		2,000,000							2,000,000	
00000	46-5427804	Hanover Square Funding, LLC					(2,397,049)			23,900,000	21,502,951	
00000	37-1780736	Park Avenue Institutional Advisers, LLC					(11,299,635)				(11,299,635)	
00000	45-3696877	Guardian Distributors, LLC					12,936,493				12,936,493	
00000	75-2154228	First Commonwealth Inc.	(18,000,000)				928,833				(17,071,167)	
60239	36-4189451	First Commonwealth Insurance Company	(5,400,000)				(11,375,341)				(16,775,341)	
00000	36-3563031	First Commonwealth of Illinois, Inc.					10,065,162				10,065,162	
11221	36-3691770	First Commonwealth Limited Health Services Corporation (IL)	(120,000)				(107,055)				(227,055)	
47716	43-1501438	First Commonwealth of Missouri, Inc.					(495,830)				(495,830)	
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(750,000)									
00000	84-0733950	Reed Group Ltd.					(2,162,967)				(2,912,967)	
00000	81-0948679	GIS Canada Holdings Corp					(1,047,512)				(1,047,512)	
00000	04-3331304	Reed Group Management LLC					308,254				308,254	
00000	68-0291842	Access Dental Plan					861,500				861,500	
60237	91-1857813	Premier Access Insurance Company	(11,090,000)				(4,909,874)				(4,909,874)	
00000		Guardian India Operations Private Ltd.					(15,206,378)				(26,296,378)	
15307	46-2243044	Access Dental Plan of Nevada					20,138,183				20,138,183	
15494	45-2881632	Access Dental Plan of Utah					(2,464)				(2,464)	
00000	47-1373537	Access Professional Dental Care, LLC					(100)				(100)	
00000	47-1272105	Access Dental Services, LLC					(120,882)				(120,882)	
00000	26-4473606	STX Healthcare Management Services, Inc.					424,236				424,236	
00000		Harbor Discount Plan LLC					977,918				977,918	
00000	20-0075582	Vital Smiles, Inc.					(79,599)				(79,599)	
00000	86-0349350	Avesis Incorporated					66,596				66,596	
11163	86-0960007	Avesis Insurance Incorporated					5,476,779				5,476,779	
00000	86-0986927	Avesis Third Party Administrators, Inc					(13,342,477)				(13,342,477)	
							(7,306,034)				(7,306,034)	

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)
00000	86-0821698	Avesis of Washington D.C, Inc.					53				53	
00000	47-4192116	GIS Strategic Ventures LLC					1,137,378				1,137,378	
00000	81-5286640	Park Avenue Credit Opportunities LLC					(331,495)				(331,495)	
00000	47-5246254	GIS Credit Opportunities LLC					(1,423,811)				(1,423,811)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 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.

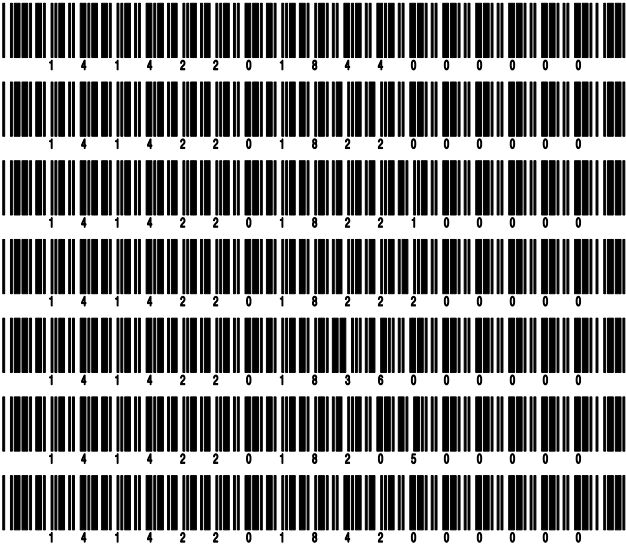
		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	WAIVED
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based 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 if your company is engaged in the type of business covered by the supplement. 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
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

11.	Explanations:
12.	
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26.	

Bar Codes:	
2.	Actuarial Opinion [Document Identifier 440]
8.	Audited Financial Report [Document Identifier 220]
9.	Accountants Letter of Qualifications [Document Identifier 221]
10.	Communication of Internal Control Related Matters Noted in Audit [Document Identifier 222]
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12.	Life Supplement [Document Identifier 205]
13.	SIS Stockholder Information Supplement [Document Identifier 420]



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE MANAGED DENTALGUARD INC (OHIO)

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.	Participating Opinion for Exhibit 5 [Document Identifier 371]	<div><div></div><div>141422018371000000</div></div>
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	<div><div></div><div>141422018370000000</div></div>
16.	Medicare Part D Coverage Supplement [Document Identifier 365]	<div><div></div><div>141422018365000000</div></div>
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	<div><div></div><div>141422018224000000</div></div>
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	<div><div></div><div>141422018225000000</div></div>
19.	Relief from the Requirements for Audit Committees [Document Identifier 226]	<div><div></div><div>141422018226000000</div></div>
20.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	<div><div></div><div>141422018306000000</div></div>
21.	Life Supplement [Document Identifier 211]	<div><div></div><div>141422018211000000</div></div>
22.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	<div><div></div><div>141422018216000000</div></div>
23.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	<div><div></div><div>141422018217000000</div></div>
24.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	<div><div></div><div>141422018290000000</div></div>
25.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	<div><div></div><div>141422018300000000</div></div>
26.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	<div><div></div><div>141422018223000000</div></div>

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