HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE

MANAGED DENTALGUARD INC

NAIC Group Code 0429 (Current) 0429 (Prior) NAIC Company Code 14142 Employer's ID Number 27-4326698

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as business type: Dental Service Corporation

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

Incorporated/Organized 08/09/2010 Commenced Business 10/18/2011

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

Main Administrative Office 10 Hudson Yard (Street and Number)
New York, NY, US 10001 (City or Town, State, Country and Zip Code), (Area Code) (Telephone Number)

Mail Address 10 Hudson Yard (Street and Number or P.O. Box), New York, NY, US 10001 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 10 Hudson Yard (Street and Number)
New York, NY, US 10001 (City or Town, State, Country and Zip Code), (Area Code) (Telephone Number)

Internet Website Address www.Guardianlife.com

Statutory Statement Contact Abel Hernandez (Name), 212-919-3965 (Area Code) (Telephone Number)
Abel_Hernandez@glic.com (E-mail Address), 212-919-2583 (FAX Number)

OFFICERS

President, CEO & COO Sharri L Norman
Treasurer Walter R Skinner
Secretary Cherita 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 Oliner, Assistant Secretary
Gail B Wallach, Assistant Secretary

DIRECTORS OR TRUSTEES

Robert B Fahey
Sharri L Norman
Larry M Weiss

State of _____
County of _____ SS:

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 M Weiss
Controller

Subscribed and sworn to before me this
20 day of February, 2020

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

NINA BUTENKO
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 6/27/2024

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	0	2,037	316			2,353
0299999. Total group	0	2,037	316	0	0	2,353
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	2,037	316	0	0	2,353

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)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 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	7,858	6,370	3,345	1,693	6,359	25,625
0499999. Subtotals	7,858	6,370	3,345	1,693	6,359	25,625
0599999. Unreported claims and other claim reserves						
0699999. Total amounts withheld						
0799999. Total claims unpaid						25,625
0899999 Accrued medical incentive pool and bonus amounts						

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
Guardian Life Insurance Company	1,095					1,095	
0199999. Individually listed receivables	1,095	0	0	0	0	1,095	0
0299999. Receivables not individually listed						0	
0399999 Total gross amounts receivable	1,095	0	0	0	0	1,095	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
0199999. Individually listed payables		0	0	0
0299999. Payables not individually listed		0	0	
0399999 Total gross payables		0	0	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 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	46,538	27.8	1,827	100.0		46,538
4. Total capitation payments	46,538	27.8	1,827	100.0	0	46,538
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	120,616	72.2	XXX	XXX		120,616
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	120,616	72.2	XXX	XXX	0	120,616
13. TOTAL (Line 4 plus Line 12)	167,154	100%	XXX	XXX	0	167,154

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

Exhibit 8 - Furniture and Equipment Owned

N O N E

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 2019 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	1,703					1,703				
2. First Quarter	1,835					1,835				
3. Second Quarter	1,770					1,770				
4. Third Quarter	1,782					1,782				
5. Current Year	1,827					1,827				
6. Current Year Member Months	21,384					21,384				
Total Member Ambulatory Encounters for Year:										
7 Physician	0									
8. Non-Physician	1,160					1,160				
9. Total	1,160	0	0	0	0	1,160	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	338,339					338,339				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	338,339					338,339				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	167,154					167,154				
18 Amount Incurred for Provision of Health Care Services	172,328					172,328				

(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 $ .....

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 2019 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	1,703	0	0	0	0	1,703	0	0	0	0
2. First Quarter	1,835	0	0	0	0	1,835	0	0	0	0
3. Second Quarter	1,770	0	0	0	0	1,770	0	0	0	0
4. Third Quarter	1,782	0	0	0	0	1,782	0	0	0	0
5. Current Year	1,827	0	0	0	0	1,827	0	0	0	0
6. Current Year Member Months	21,384	0	0	0	0	21,384	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	1,160	0	0	0	0	1,160	0	0	0	0
9. Total	1,160	0	0	0	0	1,160	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)	338,339	0	0	0	0	338,339	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	338,339	0	0	0	0	338,339	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	167,154	0	0	0	0	167,154	0	0	0	0
18 Amount Incurred for Provision of Health Care Services	172,328	0	0	0	0	172,328	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)	803,824		803,824
2.	Accident and health premiums due and unpaid (Line 15)	2,353		2,353
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)	4,704		4,704
6.	Total assets (Line 28)	810,881	0	810,881
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	25,625		25,625
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	4,621		4,621
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)	34,417		34,417
15.	Total liabilities (Line 24)	64,663	0	64,663
16.	Total capital and surplus (Line 33)	746,218	XXX	746,218
17.	Total liabilities, capital and surplus (Line 34)	810,881	0	810,881
	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 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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	[illegible]						
29. Nevada	N[illegible]						
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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
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	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 Life Insurance Co. of America	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	
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		20-1896945				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		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	

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi-ciliary Loca-tion	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	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 *
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	

Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
64246	13-5123390	Guardian Life Insurance Company of America	62,845,000	(61,799,356)	(32,210,803)		401,005,095	187,678,745		(30,750,000)	526,768,682	(1,019,650,842)
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.		87,000,000	41,992,936		(122,358,321)	1,637,117		(43,900,000)	(35,628,268)	211,826,723
00000	13-4198972	Guardian Investor Services LLC			(9,782,133)		(9,063,189)			30,750,000	11,904,678	
71714	75-1277524	Berkshire Life Insurance Company of America					(110,198,559)	(189,315,861)			(299,514,420)	807,824,119
60003	04-2350154	Park Avenue Life Insurance Company		(13,000,000)			(2,576,739)				(15,576,739)	
00000	95-4326311	Managed Dental Care of California	(5,780,000)				(2,676,828)				(8,456,828)	
11199	22-3849572	Managed DentalGuard Inc. (New Jersey)					(1,025,542)				(1,025,542)	
52556	75-2698702	Managed DentalGuard Inc. (Texas)	(5,000,000)				(1,423,266)				(6,423,266)	
14142	27-4326698	Managed DentalGuard, Inc. (Ohio)					(45,101)				(45,101)	
00000	13-4023176	Park Avenue Securities, LLC		13,000,000			(31,074,510)				(18,074,510)	
74004	74-1319784	Family Service Life Insurance Company					(3,184,600)				(3,184,600)	
77119	74-0952935	Sentinel American Life Insurance Company					(328,548)				(328,548)	
00000	22-1947346	Innovative Underwriters, Inc.	(600,000)				(239,515)				(839,515)	
00000	61-1895246	Guardian Acquisition I, LLC		(25,200,645)			0				(25,200,645)	
00000	46-5427804	Hanover Square Funding, LLC					(1,585,015)			43,900,000	42,314,985	
00000	37-1780736	Park Avenue Institutional Advisers, LLC					(18,602,682)				(18,602,682)	
00000	45-3696877	Guardian Distributors, LLC					5,645,531				5,645,531	
00000	75-2154228	First Commonwealth Inc.	(23,000,000)				(375,439)				(23,375,439)	
60239	36-4189451	First Commonwealth Insurance Company	(8,000,000)				(10,563,299)				(18,563,299)	
00000	36-3563031	First Commonwealth of Illinois, Inc.					9,216,535				9,216,535	
11221	36-3691770	First Commonwealth Limited Health Services Corporation (IL)	(110,000)				(114,010)				(224,010)	
47716	43-1501438	First Commonwealth of Missouri, Inc.	(90,000)				(546,279)				(636,279)	
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(1,980,000)				(1,950,855)				(3,930,855)	
00000	84-0733950	Reed Group Ltd.					(4,105,725)				(4,105,725)	
00000	81-0948679	GIS Canada Holdings Corp					320,693				320,693	
00000	04-3331304	Reed Group Management LLC					(16,220,027)				(16,220,027)	
00000		Reed Group Canada Services ULC					(1,935,281)				(1,935,281)	
00000		Reed Group Legal Services PC					868				868	
00000	68-0291842	Access Dental Plan					(12,862,410)				(12,862,410)	
60237	91-1857813	Premier Access Insurance Company	(18,285,000)				(17,445,579)				(35,730,579)	
00000		Guardian India Operations Private Ltd.					22,731,243				22,731,243	
15307	46-2243044	Access Dental Plan of Nevada					(72,197)				(72,197)	
15494	45-2881632	Access Dental Plan of Utah					(18,030)				(18,030)	
00000	86-0349350	Avesis Incorporated					(763,879)				(763,879)	
11163	86-0960007	Avesis Insurance Incorporated					(14,829,220)				(14,829,220)	
00000	86-0986927	Avesis Third Party Administrators, Inc					(49,211,107)				(49,211,107)	
00000	47-4192116	GIS Strategic Ventures LLC					(111,658)				(111,658)	
00000	81-5286640	Park Avenue Credit Opportunities LLC					(27,031)				(27,031)	

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	47-5246254	GIS Credit Opportunities LLC					(3,385,527)				(3,385,527)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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

Explanations:

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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]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14. Participating Opinion for Exhibit 5 [Document Identifier 371]

15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

16. Medicare Part D Coverage Supplement [Document Identifier 365]

17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

19. Relief from the Requirements for Audit Committees [Document Identifier 226]

20. Long-Term Care Experience Reporting Forms [Document Identifier 306]

21. Life Supplement [Document Identifier 211]

22. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]

23. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]

24. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]

25 Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]

26 Management’s Report of Internal Control Over Financial Reporting [Document Identifier 223]

ALPHABETICAL INDEX

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ANNUAL STATEMENT BLANK (Continued)