

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
MANAGED DENTALGUARD INC

NAIC Group Code 0429 0429 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
 Incorporated/Organized 08/09/2010 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 10 Hudson Yard
 (Street and Number) New York, NY, US 10001 (Area Code) (Telephone Number)
 (City or Town, State, Country and Zip Code)
 Mail Address 10 Hudson Yard New York, NY, US 10001
 (Street and Number or P.O. Box) (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 (Area Code) (Telephone Number)
 (City or Town, State, Country and Zip Code)
 Internet Website Address www.Guardianlife.com
 Statutory Statement Contact Abel Hernandez 212-919-3965
 (Name) Abel.Hernandez@glic.com (Area Code) (Telephone Number)
 (E-mail Address) 212-919-2583 (FAX Number)

OFFICERS

President, Chief Executive Officer & Chief Operating Officer	<u>Sharri L Norman</u>	Treasurer	<u>Walter R Skinner</u>
Secretary	<u>Cherita L Thomas</u>	Vice President & Appointed Actuary	<u>Sanford E Penn</u>

OTHER

<u>Larry M Weiss, Controller</u>	<u>Stuart J Shaw, Vice President</u>	<u>John A Dolan, Assistant Secretary</u>
<u>Harris Oliner, Assistant Secretary</u>	<u>Gail B Wallach, Assistant Secretary</u>	

DIRECTORS OR TRUSTEES

<u>Kevin Klein</u>	<u>Sharri L Norman</u>	<u>Larry M Weiss</u>
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State of New Jersey SS: _____
 County of Middlesex

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

Sanford E Penn
Vice President & Appointed Actuary

Larry Weiss

Larry Weiss
Controller

Subscribed and sworn to before me this
9TH day of May, 2020

A. Col

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

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	669,717		669,717	668,546
2. Stocks:				0
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				0
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				0
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 162,534), cash equivalents (\$) and short-term investments (\$)	162,534		162,534	135,278
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	832,251	0	832,251	803,824
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	3,015		3,015	3,008
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	7,014	38	6,976	2,353
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	601
18.2 Net deferred tax asset	376	376	0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	1,095
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	842,656	414	842,242	810,881
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	842,656	414	842,242	810,881
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Misc Receivable			0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	29,312		29,312	25,625
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses		441	441	385
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance		3,121	3,121	4,621
9. General expenses due or accrued		38,973	38,973	31,857
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))		5,525	5,525	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others		2,179	2,179	2,175
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates		2,433	2,433	0
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	0	60	60	0
24. Total liabilities (Lines 1 to 23)	29,312	52,732	82,044	64,663
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	299,990	299,990
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	460,198	446,218
32. Less treasury stock, at cost: 32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	760,198	746,218
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	842,242	810,881
DETAILS OF WRITE-INS				
2301. Investment Clearing		60	60	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	60	60	0
2501. Est. ACA Payable in Subsq Yr	XXX	XXX		0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	4,912	5,311	21,384
2. Net premium income (including \$ non-health premium income).....	XXX	74,353	88,296	338,339
3. Change in unearned premium reserves and reserve for rate credits.....	XXX			
4. Fee-for-service (net of \$ medical expenses).....	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	74,353	88,296	338,339
Hospital and Medical:				
9. Hospital/medical benefits				0
10. Other professional services		39,481	58,889	172,328
11. Outside referrals				
12. Emergency room and out-of-area				
13. Prescription drugs				
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)	0	39,481	58,889	172,328
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)	0	39,481	58,889	172,328
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$ cost containment expenses		310	279	1,350
21. General administrative expenses		18,946	12,208	47,821
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22).....	0	58,737	71,376	221,499
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	15,616	16,920	116,840
25. Net investment income earned		3,928	3,471	14,137
26. Net realized capital gains (losses) less capital gains tax of \$				
27. Net investment gains (losses) (Lines 25 plus 26)	0	3,928	3,471	14,137
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$)] (amount charged off \$)].....				
29. Aggregate write-ins for other income or expenses	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	19,544	20,391	130,977
31. Federal and foreign income taxes incurred	XXX	5,525	4,282	27,566
32. Net income (loss) (Lines 30 minus 31)	XXX	14,019	16,109	103,411
DETAILS OF WRITE-INS				
0601.....	XXX			
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.....				
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	746,218	642,807	642,807
34. Net income or (loss) from Line 32	14,019	16,109	103,411
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$			
37. Change in net unrealized foreign exchange capital gain or (loss).....			
38. Change in net deferred income tax		60	
39. Change in nonadmitted assets			(60)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus	(38)	0	0
48. Net change in capital & surplus (Lines 34 to 47)	13,981	16,109	103,411
49. Capital and surplus end of reporting period (Line 33 plus 48)	760,199	658,916	746,218
DETAILS OF WRITE-INS			
4701. Change in None Admitted Premiums	(38)		
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	(38)	0	0

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	68,192	80,038	337,418
2. Net investment income	2,750	2,750	9,554
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	70,942	82,788	346,972
5. Benefit and loss related payments	35,794	47,021	167,154
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	12,085	14,690	48,902
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(601)	1,691	29,858
10. Total (Lines 5 through 9)	47,278	63,402	245,914
11. Net cash from operations (Line 4 minus Line 10)	23,664	19,386	101,058
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	0	0	0
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	0	99,176
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0	99,176
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	0	0	(99,176)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	3,592	2,839	7,973
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	3,592	2,839	7,973
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	27,256	22,225	9,855
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	135,278	125,423	125,423
19.2 End of period (Line 18 plus Line 19.1)	162,534	147,648	135,278

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

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STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	1,827	0	0	0	0	1,827	0	0	0	0
2. First Quarter	1,560					1,560				
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	4,912					4,912				
Total Member Ambulatory Encounters for Period:										
7. Physician	0									
8. Non-Physician	211					211				
9. Total	211	0	0	0	0	211	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	74,353					74,353				
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	74,353					74,353				
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	35,794					35,794				
18. Amount Incurred for Provision of Health Care Services	39,481					39,481				

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

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claim

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

UNDERWRITING AND INVESTMENT EXHIBIT**ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only	6,706	29,088	10,169	19,143	16,875	25,625
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	6,706	29,088	10,169	19,143	16,875	25,625
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9-10+11+12)	6,706	29,088	10,169	19,143	16,875	25,625

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

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

Basis of Presentation

The financial statements of Managed DentalGuard, Inc. (Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance (ODI) requires insurance companies domiciled therein to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual* (NAIC SAP) subject to any deviations prescribed or permitted by the ODI. There are no material differences between the Company's surplus and net income (loss) calculated in accordance with the ODI and NAIC SAP for the periods ending March 31, 2020 and December 31, 2019.

Note 1 - Summary of Significant Accounting Policies and Going Concern

	<u>SSAP #</u>	<u>F/S Page</u>	<u>F/S Line #</u>	<u>March 31, 2020</u>	<u>December 31, 2019</u>
NET INCOME					
(1) Net Income, state basis (Page 4, Line 32, Columns 2 & 4)	1	4	32	\$ 14,019	\$ 103,411
(2) State Prescribed Practices that increase/(decrease) NAIC SAP				-	-
(3) State Permitted Practices that increase/(decrease) NAIC SAP				-	-
(4) Net Income, NAIC SAP (1-2-3=4)				<u>\$ 14,019</u>	<u>\$ 103,411</u>
STATUTORY SURPLUS					
(5) Statutory surplus, state basis (Page 3, Line 33, Columns 3 & 4)	1	3	33	\$ 760,198	\$ 746,218
(6) State Prescribed Practices that increase/(decrease) NAIC SAP				-	-
(7) State Permitted Practices that increase/(decrease) NAIC SAP				-	-
(8) Statutory Surplus, NAIC SAP (5-6-7=8)				<u>\$ 760,198</u>	<u>\$ 746,218</u>

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

No significant changes from December 31, 2019

C. Accounting Policy

Dental premiums are earned ratably over the terms of the related insurance policies.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds
No significant changes from December 31, 2019
3. Common Stocks
Not applicable
4. Preferred Stocks
Not applicable
5. Mortgage Loans
Not applicable
6. Loan-Backed Securities
Not applicable
7. Investment in Subsidiaries, Controlled and Affiliated Companies
Not applicable
8. Investment in Joint Ventures, Partnerships and Limited Liability Companies
Not applicable
9. Derivatives
Not applicable
10. Investment Income as a Factor in the Premium and methodologies
Not applicable

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
NOTES TO FINANCIAL STATEMENTS

11. A Summary of management's policies and methodologies
No significant changes from December 31, 2019
12. If the Capitalization policy and the resultant predefined thresholds changed from prior period, the reason for change.
Not applicable

13. The method used to estimate pharmaceutical rebate receivables
Not applicable

D. Going Concern

The management has no doubt about Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not applicable

3. Business Combinations and Goodwill

- A. Statutory Purchase Method
Not applicable.

- B. Statutory Merger
Not applicable.

- C. Assumption Reinsurance
Not applicable.

- D. Impairment Loss
Not applicable.

4. Discontinued Operations

Not applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
The Company owns no mortgage loan assets.

- B. Debt Restructuring
The Company owns no investments which have had a debt restructuring.

- C. Reverse Mortgages
The Company owns no reverse mortgage assets.

- D. Loan-Backed Securities
The Company owns no loan backed securities.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not applicable

- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable

- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable

- H. Repurchase Agreements Transactions Accounted for as a Sale
Not applicable

- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
Not applicable

- J. Real Estate
Not applicable

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
NOTES TO FINANCIAL STATEMENTS

- K. Investment in Low Income Housing Tax Credits (LIHTC)
Not applicable
- L. Restricted Assets
The Company's restricted assets as of March 31, 2020 and December 31, 2019 are as follows:
 - (1) Restricted Assets (Including Pledged)
No significant changes from December 31, 2019
 - (2) Details of Assets Pledged as Collateral Not Captured in Other Categories
Not applicable
 - (3) Details of Other Restricted Assets
Not applicable
 - (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements
Not applicable
- M. Working Capital Finance Investments
Not applicable.
- N. Offsetting and Netting of Assets and Liabilities
Not applicable.
- O. Structured Notes
Not applicable
- P. 5GI Securities
Not applicable
- Q. Short Sales
Not applicable
- R. Prepayment Penalty and Acceleration Fees
Not applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets
- B. The Company did not recognize any impairment write down for its investments in Joint ventures, Partnerships and Limited Liabilities Companies during statement periods.

7. Investment Income

No significant changes from December 31, 2019

8. Derivative Instruments

Not applicable

9. Income Taxes

No significant changes since December 31, 2019

10. Information Concerning Parent, Subsidiaries and Affiliates

No significant changes from December 31, 2019

11. Debt

- A. Capital Notes
Not applicable
- B. FHLB (Federal Home Loan Bank) Agreements
Not applicable

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
NOTES TO FINANCIAL STATEMENTS

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
No significant changes from December 31, 2019

14. Liabilities, Contingencies and Assessments
Not applicable

15. Leases
Not applicable

16. Information About Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentration of Credit Risk
Not applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
Not applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
Not applicable

20. Fair Value Measurements
Not applicable

21. Other Items

A. A. Extraordinary Items
Not applicable.

B. Troubled Debt Restructuring: Debtors
Not applicable

C. Other Disclosures

1. Revenue Recognition
No significant changes from December 31, 2019.
2. Other Professional Services for Benefits
No significant changes from December 31, 2019.
3. Federal Income Taxes
No significant changes from December 31, 2019.
4. Net Investment Income
No significant changes from December 31, 2019.
5. Supplemental Health Care Exhibit
The Company only writes dental business. It does not write comprehensive major medical health business. Therefore, the Company is not required to file the Supplemental Health Care Exhibit.
6. The Company has \$38 in non-admitted assets in uncollected premiums as at March 31, 2020. The Company routinely assesses the collectability of these receivables.

D. Business Interruption Insurance Recoveries
Not applicable.

E. State Transferable and Non-transferable Tax Credits
Not applicable.

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
NOTES TO FINANCIAL STATEMENTS

F. Subprime-Mortgage- Related Risk Exposure
Not applicable.

G. Retained Assets
Not applicable.

H. Insurance-Linked Securities (ILS) Contracts
Not applicable

I. Offsetting and Netting of Assets and Liabilities
Not applicable

J. Joint and Several Liabilities
Not applicable

K. Risk Sharing Provisions of the Affordable Care Act

The risk sharing provisions of the Affordable Care Act do not apply to any of the Guardian current products as we do not offer medical insurance coverage on the exchange.

22. Events Subsequent

Type I – Recognized Subsequent Events
Not Applicable

Type II – Non-recognized Subsequent Events

The health insurance industry assessment mandated by the Patient Protection and Affordable Care Act of 2010 was levied on health insurers beginning in 2014 based on a ratio of an insurer's net health insurance premiums written for the previous calendar year compared to the total premiums written by U.S. health insurance industry for that year. The Consolidated Appropriations Act 2016 imposed a suspension for the 2019 calendar year and repeal after the 2020 fee year. Therefore, no liability was established for the 2019 calendar year. On January 1, 2020, the Company will record a liability for the amount \$6,767 for the estimated fee to be paid in September 2020. The estimated fee is based on \$339,338 of dental premiums written in 2019. There will be no fee after the 2020 calendar year.

23. Reinsurance
Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination
Not applicable

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of March 31, 2020 were \$29,753. As of 03/30/2020, \$6,775 was paid for incurred claims for dental services provided in 2019 or prior. Reserves remaining for prior years are now \$10,169 as a result of re-estimation of unpaid claims. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The 03/31/2020 reserves are \$3,743 or 14.4% higher than the 12/31/2019 reserve.

The liability for unpaid accident and health claims and claim adjustment expenses represents the Company's best estimate with a margin; however, there may be future adjustments to this estimate and related assumptions. Such adjustments, reflecting any variety of new and adverse trends, could possibly be significant and result in increase in liabilities. As of March 31, 2020, and December 31, 2019, the Company had no significant changes in methodologies and assumptions used in calculating the liability. The Company updates its experience study annually for recent company claim experience used to set the liability for unpaid claims.

The Company's claims liability, claims incurred, claims payments and other professional service for benefits, including capitation, for the periods ending March 31, 2020 and December 31, 2019 are as follows:

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
NOTES TO FINANCIAL STATEMENTS

	<u>March 31, 2020</u>	<u>December 31, 2019</u>
Claims unpaid, beginning of year	\$ 26,010	\$ 20,811
Incurred related to:		
Current year	48,704	177,476
Prior year	(8,913)	(3,798)
Total incurred	<u>\$ 39,791</u>	<u>\$ 173,678</u>
Paid related to:		
Current year	29,273	161,646
Prior year	6,775	6,832
Total paid	<u>\$ 36,048</u>	<u>\$ 168,479</u>
Claims unpaid, end of year	<u>\$ 29,753</u>	<u>\$ 26,010</u>

- 26. Intercompany Pooling Arrangements**
Not applicable
- 27. Structured Settlements**
Not applicable
- 28. Health Care Receivables**
Not applicable
- 29. Participating Policies**
Not applicable
- 30. Premium Deficiency Reserves**
Not applicable
- 31. Anticipated Salvage and Subrogation**
Not applicable

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

1.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

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

2.2 If yes, date of change: _____

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

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. _____

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period. Yes [] No [X]

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

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [] N/A [X] If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

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

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

6.4 By what department or departments?

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

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

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

7.2 If yes, give full information:

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [X] No []

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
Park Avenue Securities, LLC Park Avenue Institutional Advisers LLC	New York, NY New York, NY	NO..... NO.....	NO..... NO.....	NO..... NO.....	YES..... YES.....

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
GENERAL INTERROGATORIES

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [] No []
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

9.2 Has the code of ethics for senior managers been amended? Yes [] No []

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No []

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No []
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$
 13. Amount of real estate and mortgages held in short-term investments: \$
 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$ 0	\$ 0
14.22 Preferred Stock	\$ 0	\$ 0
14.23 Common Stock	\$ 0	\$ 0
14.24 Short-Term Investments	\$ 0	\$ 0
14.25 Mortgage Loans on Real Estate	\$ 0	\$ 0
14.26 All Other	\$ 0	\$ 0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$ 0	\$ 0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No []
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
 If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. \$ 0
 16.3 Total payable for securities lending reported on the liability page. \$ 0

**STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
GENERAL INTERROGATORIES**

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

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

1 Name of Custodian(s)	2 Custodian Address
JP MORGAN CHASE	270 PARK AVENUE, FLOOR 41, NEW YORK, NY 10017

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No []

17.4 If yes, give full information relating thereto:

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
Paul Gillin	A.....
Charles Golden	A.....
Keith Simon	A.....
Martin Vernon	A.....
John Gargana	A.....
Rob Simmons	A.....
Rob Crimmins	A.....
Kampoleak Pal	A.....
Kevin Booth	A.....
Demetrios Tsaparas	A.....
Douglas Dupont	A.....
Tim Cashman	A.....
Brian Keating	A.....
William Lee	A.....
Paul Jablansky	A.....
Douglas Gaylor	A.....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
N/A	The Guardian Life Insurance Company of America	N1Y1DVMKMBHFYCCAIX69	N/A	DS.....

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

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No []

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No []

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- The fund only or predominantly holds bonds in its portfolio.
- The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent 53.1 %

1.2 A&H cost containment percent 0.0 %

1.3 A&H expense percent excluding cost containment expenses 25.5 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date \$ 0

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date \$ 0

3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [] No [X]

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No [X]

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

NON E

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama	AL	N						0	
2. Alaska	AK	N						0	
3. Arizona	AZ	N						0	
4. Arkansas	AR	N						0	
5. California	CA	N						0	
6. Colorado	CO	N						0	
7. Connecticut	CT	N						0	
8. Delaware	DE	N						0	
9. District of Columbia	DC	N						0	
10. Florida	FL	N						0	
11. Georgia	GA	N						0	
12. Hawaii	HI	N						0	
13. Idaho	ID	N						0	
14. Illinois	IL	N						0	
15. Indiana	IN	N						0	
16. Iowa	IA	N						0	
17. Kansas	KS	N						0	
18. Kentucky	KY	N						0	
19. Louisiana	LA	N						0	
20. Maine	ME	N						0	
21. Maryland	MD	N						0	
22. Massachusetts	MA	N						0	
23. Michigan	MI	N						0	
24. Minnesota	MN	N						0	
25. Mississippi	MS	N						0	
26. Missouri	MO	N						0	
27. Montana	MT	N						0	
28. Nebraska	NE	N						0	
29. Nevada	NV	N						0	
30. New Hampshire	NH	N						0	
31. New Jersey	NJ	N						0	
32. New Mexico	NM	N						0	
33. New York	NY	N						0	
34. North Carolina	NC	N						0	
35. North Dakota	ND	N						0	
36. Ohio	OH	L	74,353					74,353	
37. Oklahoma	OK	N						0	
38. Oregon	OR	N						0	
39. Pennsylvania	PA	N						0	
40. Rhode Island	RI	N						0	
41. South Carolina	SC	N						0	
42. South Dakota	SD	N						0	
43. Tennessee	TN	N						0	
44. Texas	TX	N						0	
45. Utah	UT	N						0	
46. Vermont	VT	N						0	
47. Virginia	VA	N						0	
48. Washington	WA	N						0	
49. West Virginia	WV	N						0	
50. Wisconsin	WI	N						0	
51. Wyoming	WY	N						0	
52. American Samoa	AS	N						0	
53. Guam	GU	N						0	
54. Puerto Rico	PR	N						0	
55. U.S. Virgin Islands	VI	N						0	
56. Northern Mariana Islands	MP	N						0	
57. Canada	CAN	N						0	
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	74,353	0	0	0	0	74,353	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX							0
61. Totals (Direct Business)		XXX	74,353	0	0	0	0	74,353	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

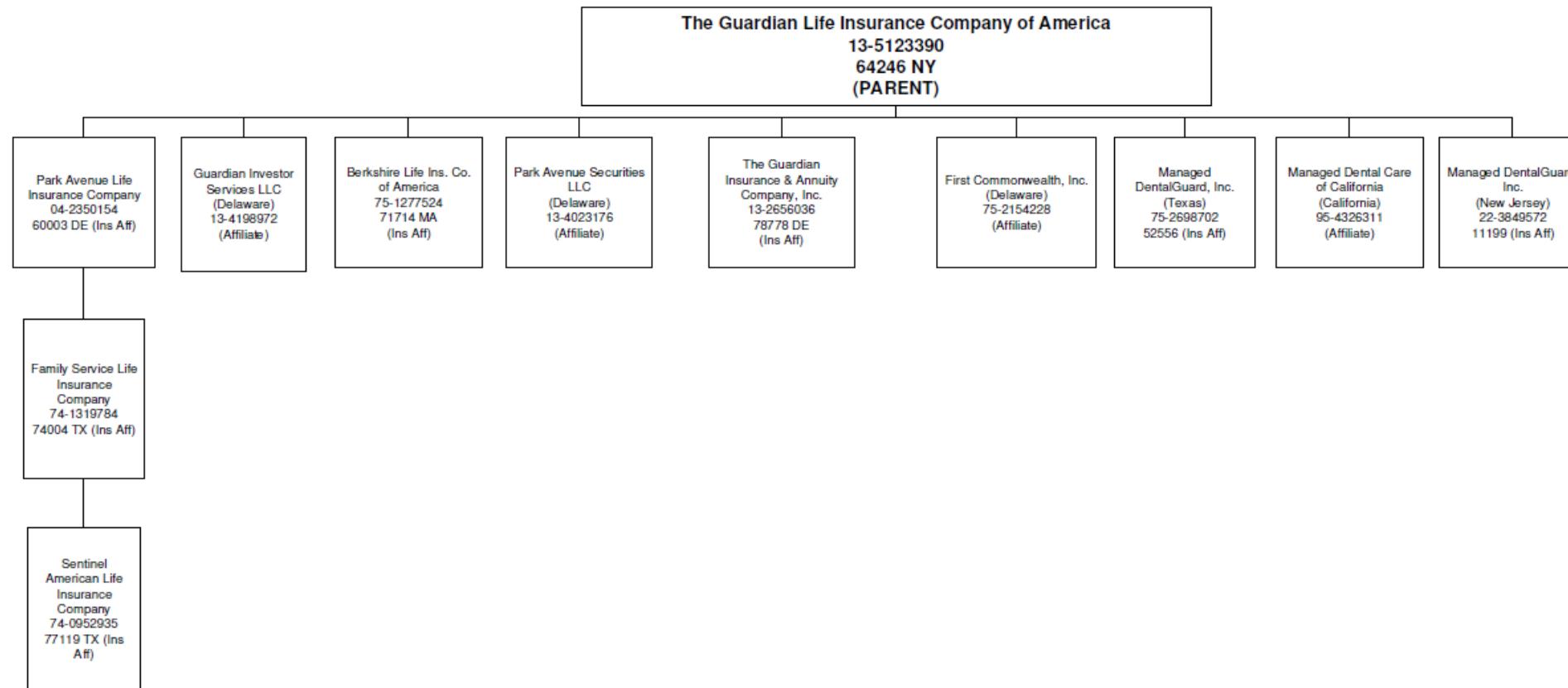
(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG..... 1 R - Registered - Non-domiciled RRGs..... 0

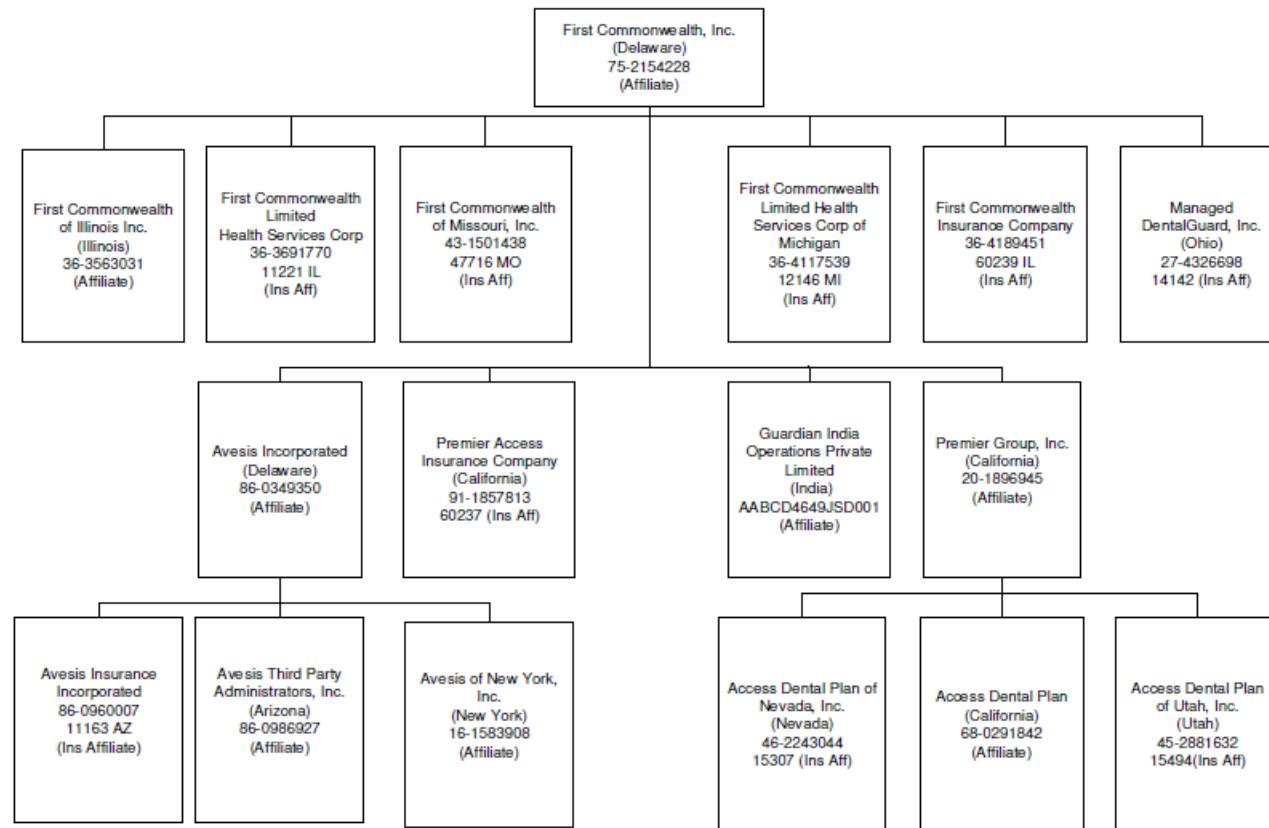
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0 Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 56

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)



STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)



STATEMENT AS OF MARCH 31, 2020 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 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)	*
..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		
..0429	The Guardian Life Insurance Co. of America	60003	04-2350154				Park Avenue Life Insurance Company	..DE..	..IA..	The Guardian Life Insurance Co. of America	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	74004	74-1319784				Family Service Life Insurance Company	..TX..	..IA..	Park Avenue Life Insurance Company	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	77119	74-0952935				Sentinel American Life Insurance Company	..TX..	..IA..	Family Service Life Insurance Company	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	78778	13-2656036				The Guardian Insurance & Annuity Co., Inc.	..DE..	..IA..	The Guardian Life Insurance Co. of America	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		13-4023176				Park Avenue Securities LLC	..DE..	..NIA..	The Guardian Life Insurance Co. of America	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		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		
..0000	The Guardian Life Insurance Co. of America		36-3563031				First Commonwealth of Illinois Inc.	..IL..	..NIA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	47716	43-1501438				First Commonwealth of Missouri, Inc.	..MO..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	12146	36-4117539				First Commonwealth Ltd Hlth Svs Corp of MI	..MI..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	60239	36-4189451				First Commonwealth Insurance Company	..IL..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		75-2154228				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		
..0429	The Guardian Life Insurance Co. of America	52556	75-2698702				Managed DentalGuard Inc. (Texas)	..TX..	..IA..	The Guardian Life Insurance Co. of America	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	11199	22-3849572				Managed DentalGuard Inc. (New Jersey)	..NJ..	..IA..	The Guardian Life Insurance Co. of America	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	14142	27-4326698				Managed DentalGuard Inc. (Ohio)	..OH..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		13-4198972				Guardian Investor Services LLC	..DE..	..NIA..	The Guardian Life Insurance Co. of America	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	60237	91-1857813				Premier Access Insurance Company	..CA..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	15494	45-2881632				Access Dental Plan of Utah, Inc.	..UT..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	15307	46-2243044				Access Dental Plan of Nevada, Inc.	..NV..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		68-0291842				Access Dental Plan	..CA..	..NIA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		20-1896945				Guardian India Operations Private Limited	..IND..	..NIA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		86-0349350				Premier Group, Inc.	..CA..	..NIA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0429	The Guardian Life Insurance Co. of America	11163	86-0960007				Avesis Incorporated	..DE..	..IA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		
..0000	The Guardian Life Insurance Co. of America		86-0986927				Avesis Insurance Incorporated	..AZ..	..NIA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:

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



STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)
OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

NONE**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest paid and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

NONE**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

NONE**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year668,546	.564,907
2. Cost of bonds and stocks acquired99,176
3. Accrual of discount	1,171	.4,463
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals		
6. Deduct consideration for bonds and stocks disposed of	0	
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)669,717	.668,546
12. Deduct total nonadmitted amounts		0
13. Statement value at end of current period (Line 11 minus Line 12)669,717	.668,546

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	668,546	0	0	1,171	669,717	0	0	668,546
2. NAIC 2 (a)	0				0			
3. NAIC 3 (a)	0				0			
4. NAIC 4 (a)	0				0			
5. NAIC 5 (a)	0				0			
6. NAIC 6 (a)	0			0				
7. Total Bonds	668,546	0	0	1,171	669,717	0	0	668,546
PREFERRED STOCK								
8. NAIC 1	0				0			
9. NAIC 2	0				0			
10. NAIC 3	0				0			
11. NAIC 4	0				0			
12. NAIC 5	0				0			
13. NAIC 6	0			0				
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	668,546	0	0	1,171	669,717	0	0	668,546

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SI02

Schedule DA - Part 1 - Short-Term Investments

N O N E

Schedule DA - Verification - Short-Term Investments

N O N E

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

Schedule E - Part 2 - Verification - Cash Equivalents

N O N E

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of
N O N E

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
JP Morgan Chase					144,630	146,673	162,534	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	0	0	144,630	146,673	162,534	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	144,630	146,673	162,534	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999. Total - Cash	XXX	XXX	0	0	144,630	146,673	162,534	XXX

STATEMENT AS OF MARCH 31, 2020 OF THE Managed DentalGuard Inc. (Ohio)

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

8899999 - Total Cash Equivalents

E14