



## HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 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  
(Current) (Prior)

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

Chairman, 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 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  
Vice President & Appointed Actuary

Larry Weiss  
Controller

Subscribed and sworn to before me this  
25th day of February 2021

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

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

**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	5,159	2,401	19	19	7,560
0299999. Total group	0	5,159	2,401	19	19	7,560
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	5,159	2,401	19	19	7,560

Exhibit 3 - Health Care Receivables

**N O N E**

Exhibit 3A - Health Care Receivables Collected and Accrued

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

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

## Aging Analysis of Unpaid Claims

1 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	10,405	1,862	841	707	1,546	15,361
0499999. Subtotals	10,405	1,862	841	707	1,546	15,361
0599999. Unreported claims and other claim reserves						
0699999. Total amounts withheld						
0799999. Total claims unpaid						15,361
0899999 Accrued medical incentive pool and bonus amounts						

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

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

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Guardian Life Insurance Company .....	5,617					5,617	
0199999. Individually listed receivables	5,617	0	0	0	0	5,617	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	5,617	0	0	0	0	5,617	0

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

**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		
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
0399999 Total gross payables		0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

**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 .....	39,249	28.8	1,594	100.0		39,249
4. Total capitation payments .....	39,249	28.8	1,594	100.0	0	39,249
Other Payments:						
5. Fee-for-service .....	0	0.0	XXX	XXX		
6. Contractual fee payments .....	96,992	71.2	XXX	XXX		96,992
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 .....	96,992	71.2	XXX	XXX	0	96,992
13. TOTAL (Line 4 plus Line 12)	136,241	100%	XXX	XXX	0	136,241

24

**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
99999999 Totals				XXX	XXX

**NONE**

Exhibit 8 - Furniture and Equipment Owned

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

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

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR						NAIC Company Code	14142
				Comprehensive (Hospital & Medical)		4	5	6	7		
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year		1,827						1,827			
2. First Quarter		1,560						1,560			
3. Second Quarter		1,484						1,484			
4. Third Quarter		1,511						1,511			
5. Current Year		1,594						1,594			
6. Current Year Member Months		18,693						18,693			
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician		0									
8. Non-Physician		868						868			
9. Total		868	0	0	0	0	0	868	0	0	0
10. Hospital Patient Days Incurred		0									
11. Number of Inpatient Admissions		0									
12. Health Premiums Written (b)		298,253						298,253			
13. Life Premiums Direct		0									
14. Property/Casualty Premiums Written		0									
15. Health Premiums Earned		298,253						298,253			
16. Property/Casualty Premiums Earned		0									
17. Amount Paid for Provision of Health Care Services		136,241						136,241			
18. Amount Incurred for Provision of Health Care Services		125,977						125,977			

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

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



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

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

REPORT FOR: 1. CORPORATION

MANAGED DENTALGUARD INC

2. Independence, OH

(LOCATION)

NAIC Group Code	0429	BUSINESS IN THE STATE OF	Grand Total	DURING THE YEAR								NAIC Company Code	14142
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		1	Total	2	3								
			Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>													
1. Prior Year		1,827	0	0	0	0	1,827	0	0	0	0	0	0
2. First Quarter		1,560	0	0	0	0	1,560	0	0	0	0	0	0
3. Second Quarter		1,484	0	0	0	0	1,484	0	0	0	0	0	0
4. Third Quarter		1,511	0	0	0	0	1,511	0	0	0	0	0	0
5. Current Year		1,594	0	0	0	0	1,594	0	0	0	0	0	0
6. Current Year Member Months		18,693	0	0	0	0	18,693	0	0	0	0	0	0
<b>Total Member Ambulatory Encounters for Year:</b>													
7. Physician		0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician		868	0	0	0	0	868	0	0	0	0	0	0
9. Total		868	0	0	0	0	868	0	0	0	0	0	0
10. Hospital Patient Days Incurred		0	0	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	0	0
12. Health Premiums Written (b)		298,253	0	0	0	0	298,253	0	0	0	0	0	0
13. Life Premiums Direct		0	0	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	0	0
15. Health Premiums Earned		298,253	0	0	0	0	298,253	0	0	0	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		136,241	0	0	0	0	136,241	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services		125,977	0	0	0	0	125,977	0	0	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**

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	888,952		888,952
2. Accident and health premiums due and unpaid (Line 15) .....	7,560		7,560
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) .....	8,637		8,637
6. Total assets (Line 28) .....	905,149	0	905,149
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	15,361		15,361
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0		0
9. Premiums received in advance (Line 8) .....	2,632		2,632
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) .....	32,242		32,242
15. Total liabilities (Line 24) .....	50,235	0	50,235
16. Total capital and surplus (Line 33) .....	854,914	XXX	854,914
17. Total liabilities, capital and surplus (Line 34) .....	905,149	0	905,149
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		0
19. Accrued medical incentive pool .....	0		0
20. Premiums received in advance .....	0		0
21. Reinsurance recoverable on paid losses .....	0		0
22. Other ceded reinsurance recoverables .....	0		0
23. Total ceded reinsurance recoverables .....	0		0
24. Premiums receivable .....	0		0
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		0
26. Unauthorized reinsurance .....	0		0
27. Reinsurance with Certified Reinsurers .....	0		0
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		0
29. Other ceded reinsurance payables/offsets .....	0		0
30. Total ceded reinsurance payables/offsets .....	0		0
31. Total net credit for ceded reinsurance .....	0		0

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

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 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 .....	NE					
29. Nevada .....	NV					
30. New Hampshire .....	NH					
31. New Jersey .....	NJ					
32. New Mexico .....	NM					
33. New York .....	NY					
34. North Carolina .....	NC					
35. North Dakota .....	ND					
36. Ohio .....	OH					
37. Oklahoma .....	OK					
38. Oregon .....	OR					
39. Pennsylvania .....	PA					
40. Rhode Island .....	RI					
41. South Carolina .....	SC					
42. South Dakota .....	SD					
43. Tennessee .....	TN					
44. Texas .....	TX					
45. Utah .....	UT					
46. Vermont .....	VT					
47. Virginia .....	VA					
48. Washington .....	WA					
49. West Virginia .....	WV					
50. Wisconsin .....	WI					
51. Wyoming .....	WY					
52. American Samoa .....	AS					
53. Guam .....	GU					
54. Puerto Rico .....	PR					
55. U.S. Virgin Islands .....	VI					
56. Northern Mariana Islands .....	MP					
57. Canada .....	CAN					
58. Aggregate Other Alien .....	OT					
59. Total .....						

NONE

## ANNUAL STATEMENT FOR THE YEAR 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 Rela- tionship 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 Per- centage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (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		20-1896945				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		86-0349350				Premier Group, Inc.	..CA..	..NIA..	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 Incorporated	..DE..	..IA..	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 Insurance Incorporated	..AZ..	..NIA..	First Commonwealth Inc.	Ownership..	100.000	The Guardian Life Insurance Co. of America		N

## ANNUAL STATEMENT FOR THE YEAR 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.....N/A.....	First Commonwealth Inc. .....	Ownership.....	100.000 .....	The Guardian Life Insurance Co. of America .....	N.....			

Asterisk	Explanation

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

**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	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
64246	13-5123390	Guardian Life Insurance Company of America	97,210,960	(100,000,000)			446,752,081	101,160,655		(181,350,662)	363,773,033	(1,217,274,601)
78778	13-2656036	Guardian Insurance & Annuity Company, Inc.		100,000,000			(62,632,054)	12,114,043			49,481,989	226,915,092
00000	13-4198972	Guardian Investor Services LLC					(2,802,019)			18,500,000	15,697,981	
71714	75-1277524	Berkshire Life Insurance Company of America					(130,453,312)	(113,274,697)			(243,728,009)	990,359,509
60003	04-2350154	Park Avenue Life Insurance Company					(1,229,830)				(1,229,830)	
00000	95-4326311	Managed Dental Care of California	(4,600,880)				(2,457,653)				(7,058,533)	
11199	22-3849572	Managed DentalGuard Inc. (New Jersey)					(877,576)				(877,576)	
52556	75-2698702	Managed DentalGuard Inc. (Texas)	(3,000,000)				(1,282,598)				(4,282,598)	
14142	27-4326698	Managed DentalGuard, Inc. (Ohio)					(45,716)				(45,716)	
00000	13-4023176	Park Avenue Securities, LLC					(24,210,398)				(24,210,398)	
00000	85-0810849	Guardian Advisory Services, LLC					5,790				5,790	
74004	74-1319784	Family Service Life Insurance Company					(1,319,910)				(1,319,910)	
77119	74-0952935	Sentinel American Life Insurance Company					(128,880)				(128,880)	
00000	22-1947346	Innovative Underwriters, Inc.	(400,000)				(173,135)				(573,135)	
00000	46-5427804	Hanover Square Funding, LLC					(1,693,526)				(1,693,526)	
00000	37-1780736	Park Avenue Institutional Advisers, LLC					(24,894,380)				(24,894,380)	
00000	75-2154228	First Commonwealth Inc.	(77,399,995)				(1,002,749)				(78,402,744)	
60239	36-4189451	First Commonwealth Insurance Company	(5,580,000)				(9,987,750)				(15,567,750)	
00000	36-3563031	First Commonwealth of Illinois, Inc.					7,475,368				7,475,368	
11221	36-3691770	First Commonwealth Limited Health Services Corporation (IL)	(110,000)				(110,290)				(220,290)	
47716	43-1501438	First Commonwealth of Missouri, Inc.	(370,000)				(483,279)				(853,279)	
12146	36-4117539	First Commonwealth Limited Health Services Corporation of Michigan	(750,000)				(1,714,097)				(2,464,097)	
00000	84-0733950	Reed Group Ltd.					(7,676,202)				(7,676,202)	
00000	81-0948679	GIS Canada Holdings Corp					510,093				510,093	
00000	04-3331304	Reed Group Management LLC					(117,610,056)				(117,610,056)	
00000		Reed Group Canada Services ULC					(925,872)				(925,872)	
00000		Reed Group Legal Services PC					(109,528)				(109,528)	
00000	68-0291842	Access Dental Plan					(9,539,135)				(9,539,135)	
60237	91-1857813	Premier Access Insurance Company	(5,000,085)				(18,478,469)				(23,478,554)	
00000		Guardian India Operations Private Ltd.					38,315,219				38,315,219	
15307	46-2243044	Access Dental Plan of Nevada					17,121				17,121	
15494	45-2881632	Access Dental Plan of Utah					.1,150				1,150	
00000	86-0349350	Avesis Incorporated					(596,828)				(596,828)	
11163	86-0960007	Avesis Insurance Incorporated	0				(13,351,064)				(13,351,064)	
00000	86-0986927	Avesis Third Party Administrators, Inc.					(59,929,521)				(59,929,521)	
00000	47-4192116	GIS Strategic Ventures LLC					1,042,090				1,042,090	
00000	81-5286640	Park Avenue Credit Opportunities LLC					(1,630,189)				(1,630,189)	

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)

**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				3,227,102			*	162,850,662	166,077,764	
9999999	Control Totals		0	0	0	0		0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE MANAGED DENTALGUARD INC (OHIO)  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

		Responses
	<b>MARCH FILING</b>	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	WAIVED
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	<b>APRIL FILING</b>	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	<b>JUNE FILING</b>	
8.	Will an audited financial report be filed by June 1?	WAIVED
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	WAIVED
	<b>AUGUST FILING</b>	
10.	Will 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 <b>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.</b> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
	<b>MARCH FILING</b>	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will 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
	<b>APRIL FILING</b>	
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
	<b>AUGUST FILING</b>	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
	Explanations:	
11.		
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	Bar Codes:	
2.	Actuarial Opinion [Document Identifier 440]	 1 4 1 4 2 2 0 2 0 4 4 0 0 0 0 0 0
8.	Audited Financial Report [Document Identifier 220]	 1 4 1 4 2 2 0 2 0 2 2 0 0 0 0 0 0
9.	Accountants Letter of Qualifications [Document Identifier 221]	 1 4 1 4 2 2 0 2 0 2 2 0 0 0 0 0 0
10.	Communication of Internal Control Related Matters Noted in Audit [Document Identifier 222]	 1 4 1 4 2 2 0 2 0 2 2 0 0 0 0 0 0
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 1 4 1 4 2 2 0 2 0 3 6 0 0 0 0 0 0
12.	Life Supplement [Document Identifier 205]	 1 4 1 4 2 2 0 2 0 2 0 5 0 0 0 0 0
13.	SIS Stockholder Information Supplement [Document Identifier 420]	 1 4 1 4 2 2 0 2 0 4 2 0 0 0 0 0 0

**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]

