



HEALTH QUARTERLY STATEMENT  
AS OF JUNE 30, 2024  
OF THE CONDITION AND AFFAIRS OF THE  
MANAGED DENTALGUARD INC

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

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

Country of Domicile US

Licensed as business type: Dental Service Corporation

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

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

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

Main Administrative Office 10 Hudson Yards (Street and Number) New York, NY, US 10001 (City or Town, State, Country and Zip Code) 212-598-8829 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 10 Hudson Yards (Street and Number) New York, NY, US 10001 (City or Town, State, Country and Zip Code) 212-598-8829 (Area Code) (Telephone Number)

Internet Website Address www.Guardianlife.com

Statutory Statement Contact Haydn Phillip Padmore (Name) 212-598-8829 (Area Code) (Telephone Number) Haydn\_Padmore@glic.com (E-mail Address) (FAX Number)

OFFICERS

President, CEO & COO Sharri Lynn Norman  
Secretary Rose Angela Burachio

Treasurer Debra Anne Udicious  
Controller Thomas Scott Barnes

OTHER

John Anthony Dolan, Assistant Secretary

Harris Oliner, Assistant Secretary

Sanford Ephraim Penn, VP & Appointed Actuary

DIRECTORS OR TRUSTEES

Thomas Scott Barnes

Sharri Lynn Norman

Jill Marie Purcell

State of New Jersey

County of Middlesex

SS:

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

Sanford Penn

Sanford Ephraim Penn  
Vice President & Appointed Actuary

Thomas S Barnes

Thomas Scott Barnes  
Controller

Subscribed and sworn to before me this 31st day of July, 2024

A. Glick

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

ALEXANDER GRINBERG  
COMMISSION # 2210235  
NOTARY PUBLIC OF NEW JERSEY  
COMMISSION EXPIRES 10/19/2024

STATEMENT AS OF JUNE 30, 2024 OF THE MANAGED DENTALGUARD INC (OHIO)

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 .....	1,018,099	0	1,018,099	630,256
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....160,713 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....0 ) .....	160,713	0	160,713	509,178
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	1,178,812	0	1,178,812	1,139,435
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	6,828	0	6,828	1,007
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,209	2,768	2,441	9,995
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....0 ) and contracts subject to redetermination (\$ .....0 ) .....	0	0	0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon ....	0	0	0	1,120
18.2 Net deferred tax asset .....	849	849	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	0	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	1,883	0	1,883	266
24. Health care (\$ .....0 ) and other amounts receivable .....	0	0	0	0
25. Aggregate write-ins for other than invested assets .....	651	0	651	632
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	1,194,233	3,617	1,190,615	1,152,455
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	1,194,233	3,617	1,190,615	1,152,455
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. Premium tax credit .....	651	0	651	0
2502. Miscellaneous receivables .....	0	0	0	632
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)	651	0	651	632

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	14,867	0	14,867	16,881
2. Accrued medical incentive pool and bonus amounts .....	0	0	0	0
3. Unpaid claims adjustment expenses .....	0	403	403	305
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	0	0	0	0
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	0	0	0	0
8. Premiums received in advance .....	0	3,698	3,698	3,037
9. General expenses due or accrued .....	0	29,599	29,599	30,109
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized gains (losses)) .....	0	1,237	1,237	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	3	3	3
13. Remittances and items not allocated .....	0	0	0	1,386
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	0	0	0	0
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	0	0	0	0
23. Aggregate write-ins for other liabilities (including \$ .....0 current) .....	0	0	0	0
24. Total liabilities (Lines 1 to 23) .....	14,867	34,941	49,807	51,722
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
26. Common capital stock .....	XXX	XXX	0	0
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	300,000	300,000
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	840,808	800,733
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	1,140,808	1,100,733
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	1,190,615	1,152,455
DETAILS OF WRITE-INS				
2301. ....				
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	0	0	0
2501. ....	XXX	XXX		
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	6,238	6,796	13,690
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	105,300	115,588	230,238
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	0	0
4. Fee-for-service (net of \$ .....0 medical expenses) .....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
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	105,300	115,588	230,238
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	0	0	0	0
10. Other professional services .....	0	42,924	54,989	103,340
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	0	0	0	0
13. Prescription drugs .....	0	0	0	0
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0
16. Subtotal (Lines 9 to 15) .....	0	42,924	54,989	103,340
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	0	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	0	42,924	54,989	103,340
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ .....200 cost containment expenses .....	0	391	116	843
21. General administrative expenses .....	0	15,725	22,500	34,184
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	59,040	77,605	138,367
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	46,260	37,983	91,871
25. Net investment income earned .....	0	7,992	2,983	4,774
26. Net realized capital gains (losses) less capital gains tax of \$ .....0 .....	0	0	0	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	7,992	2,983	4,774
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )].....	0	0	0	0
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	54,251	40,966	96,646
31. Federal and foreign income taxes incurred .....	XXX	11,408	8,650	20,367
32. Net income (loss) (Lines 30 minus 31) .....	XXX	42,843	32,316	76,279
<b>DETAILS OF WRITE-INS</b>				
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.....	1,100,733	1,024,420	1,024,420
34. Net income or (loss) from Line 32 .....	42,843	32,316	76,279
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	596	40	64
39. Change in nonadmitted assets .....	(3,364)	(4)	(29)
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.....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	40,075	32,351	76,313
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,140,808	1,056,771	1,100,733
DETAILS OF WRITE-INS			
4701. ....			
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)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	110,747	116,674	229,507
2. Net investment income .....	4,188	7,438	12,125
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	114,935	124,112	241,632
5. Benefit and loss related payments .....	44,938	46,032	94,101
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	17,180	18,800	35,454
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses) .....	9,051	11,120	20,960
10. Total (Lines 5 through 9) .....	71,169	75,953	150,516
11. Net cash from operations (Line 4 minus Line 10) .....	43,765	48,159	91,117
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	200,000	200,000
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	200,000	200,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	389,859	0	0
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) .....	389,859	0	0
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) .....	(389,859)	200,000	200,000
<b>Cash from Financing and Miscellaneous Sources</b>			
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) .....	(2,371)	(1,878)	(305)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(2,371)	(1,878)	(305)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .	(348,465)	246,282	290,811
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	509,178	218,367	218,367
19.2 End of period (Line 18 plus Line 19.1) .....	160,713	464,649	509,178

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13	14
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Total Members at end of:														
1. Prior Year .....	1,111	0	0	0	0	1,111	0	0	0	0	0	0	0	0
2. First Quarter .....	1,082	0	0	0	0	1,082	0	0	0	0	0	0	0	0
3. Second Quarter .....	710	0	0	0	0	710	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	6,238	0	0	0	0	6,238	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Period:														
7 Physician .....	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....	211	0	0	0	0	211	0	0	0	0	0	0	0	0
9. Total	211	0	0	0	0	211	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	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	0	0
12. Health Premiums Written (a) .....	105,300	0	0	0	0	105,300	0	0	0	0	0	0	0	0
13. Life Premiums Direct .....	0	0	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	0	0
15. Health Premiums Earned.....	105,300	0	0	0	0	105,300	0	0	0	0	0	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	44,938	0	0	0	0	44,938	0	0	0	0	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	42,924	0	0	0	0	42,924	0	0	0	0	0	0	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

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

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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  Claims Incurred in Prior Years (Columns 1 + 3)	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) individual .....	0	0	0	0	0	0
2. Comprehensive (hospital and medical) group .....	0	0	0	0	0	0
3. Medicare Supplement .....	0	0	0	0	0	0
4. Vision only .....	0	0	0	0	0	0
5. Dental only .....	1,712	43,226	2,337	12,530	4,049	16,881
6. Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
7. Title XVIII - Medicare .....	0	0	0	0	0	0
8. Title XIX - Medicaid .....	0	0	0	0	0	0
9. Credit A&H .....	0	0	0	0	0	0
10. Disability Income .....	0	0	0	0	0	0
11. Long-term care .....	0	0	0	0	0	0
12. Other health .....	0	0	0	0	0	0
13. Health subtotal (Lines 1 to 12) .....	1,712	43,226	2,337	12,530	4,049	16,881
14. Health care receivables (a) .....	0	0	0	0	0	0
15. Other non-health .....	0	0	0	0	0	0
16. Medical incentive pools and bonus amounts .....	0	0	0	0	0	0
17. Totals (Lines 13 - 14 + 15 + 16)	1,712	43,226	2,337	12,530	4,049	16,881

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern

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 June 30, 2024 and December 31, 2023.

	SSAP #	F/S Page	F/S Line #	June 30, 2024	December 31, 2023
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	1	4	32	\$ 42,843	\$ 76,279
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	1	4	32	\$ 42,843	\$ 76,279
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	1	3	33	\$ 1,140,808	\$ 1,100,733
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	1	3	33	\$ 1,140,808	\$ 1,100,733

B. Use of Estimates in the Preparation of the Financial Statements  
No significant changes from December 31, 2023

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, 2023
- 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 Deficiency Calculation  
Not applicable
- 11.A Summary of management's policies and methodologies  
No significant changes from December 31, 2023
- 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.

NOTE 2 Accounting Changes and Corrections of Errors  
Not applicable

NOTE 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

NOTES TO FINANCIAL STATEMENTS

- E. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill  
Not applicable

NOTE 4 Discontinued Operations  
Not applicable

NOTE 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
- K. Low Income Housing tax Credits (LIHTC)  
Not applicable
- L. Restricted Assets  
The Company's restricted assets as of June 30, 2024 and December 31, 2023 are as follows:
  - 1. Restricted Assets (Including Pledged)  
No significant changes since December 31, 2023
  - 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)  
Not applicable
  - 3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)  
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. 5GI Securities  
Not applicable
- P. Short Sales  
Not applicable
- Q. Prepayment Penalty and Acceleration Fees  
Not applicable
- R. Reporting Entity's Share of Cash Pool by Asset Type  
Not applicable

NOTE 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.

# NOTES TO FINANCIAL STATEMENTS

**NOTE 7 Investment Income**

No significant changes from December 31, 2023

**NOTE 8 Derivative Instruments**

Not applicable

**NOTE 9 Income Taxes**

No significant changes from December 31, 2023

**NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

No significant changes from December 31, 2023

**NOTE 11 Debt**

Not applicable

**NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

Not applicable

**NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

No significant changes from December 31, 2023

**NOTE 14 Liabilities, Contingencies and Assessments**

Not applicable

**NOTE 15 Leases**

Not applicable

**NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

Not applicable

**NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not applicable

**NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not applicable

**NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable

**NOTE 20 Fair Value Measurements**

Not applicable

**NOTE 21 Other Items**

- A. Unusual or Infrequent Items  
Not applicable
- B. Troubled Debt Restructuring: Debtors  
Not applicable
- C. Other Disclosures

1. Revenue Recognition  
No significant changes from December 31, 2023

2. Other Professional Services for Benefits  
No significant changes from December 31, 2023

3. Federal Income Taxes  
No significant changes from December 31, 2023

4. Net Investment Income  
No significant changes from December 31, 2023

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 non-admitted assets in uncollected premiums of \$2,768.38 as of June 30, 2024. 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

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.	The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy	0.000%
	Not applicable	

NOTE 22 Events Subsequent  
No significant changes from December 31, 2023

NOTE 23 Reinsurance  
Not applicable

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

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of June 30, 2024 were \$15,269. As of 06/30/2024, \$1,729 was paid for incurred claims for dental services provided in 2023 or prior. Reserves remaining for prior years are now \$2,337 as a result of re-estimation of unpaid claims. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The 06/30/2024 reserves are \$1,917 or 11.2% lower than the 12/31/2023 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 June 30, 2024, and December 31, 2023, 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 June 30, 2024 and December 31, 2023 are as follows:

	June 30, 2024	December 31, 2023
Claims unpaid, beginning of year	\$ 17,186	\$ 7,912
Incurred related to:		
Current year	\$ 56,373	\$ 104,235
Prior year	\$ (13,058)	\$ (52)
Total incurred	\$ 43,315	\$ 104,183
Paid related to:		
Current year	\$ 43,503	\$ 88,183
Prior year	\$ 1,729	\$ 6,726
Total paid	\$ 45,232	\$ 94,909
Claims unpaid, end of year	\$ 15,269	\$ 17,186

NOTE 26 Intercompany Pooling Arrangements  
Not applicable

NOTE 27 Structured Settlements  
Not applicable

NOTE 28 Health Care Receivables  
Not applicable

NOTE 29 Participating Policies  
Not applicable

NOTE 30 Premium Deficiency Reserves  
Not applicable

NOTE 31 Anticipated Salvage and Subrogation  
Not applicable

STATEMENT AS OF JUNE 30, 2024 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? .....

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              | 2                 | 3                 |
| Name of Entity | NAIC Company Code | 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? .....

If yes, attach an explanation.

Yes [ ] No [ ] N/A [ X ]
- 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. ....

12/31/2018
- 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). ....

06/02/2020
- 6.4

By what department or departments?  
Ohio Department of Insurance .....
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC
Park Avenue Investment Advisory, LLC .....	New York, NY .....	NO	NO	NO	YES
Park Avenue Institutional Advisers LLC .....	New York, NY .....	NO	NO	NO	YES
Park Avenue Securities LLC .....	New York, NY .....	NO	NO	NO	YES

STATEMENT AS OF JUNE 30, 2024 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? .....  
(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.

Yes [ X ] No [ ]

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 [ X ]

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 [ X ]

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 [ X ]

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 [ X ]

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: .....

\$.....

0

13.

Amount of real estate and mortgages held in short-term investments: .....

\$.....

0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]

14.2

If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 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 [ X ]

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 JUNE 30, 2024 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 [ X ] 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 [ X ]
- 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
ANDREW LIGGIO .....	A.....
CHRISTOPHER ALEXANDER .....	A.....
DANIELLE DEPIPPPO .....	A.....
DAVID PADULO .....	A.....
DEMETRIOS TSAPARAS .....	A.....
JOHN BLANEY .....	A.....
JOHN GARGANA .....	A.....
MARTIN VERNON .....	A.....
ROB CRIMMINS .....	A.....
ROB SIMMONS .....	A.....
ROHAN WILLIAMSON .....	A.....
WILLIAM LEE .....	A.....
XIAOCUN LU .....	A.....
XIAOLONG SUN .....	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 [ X ]
- 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 [ X ]
- 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 .....	N1Y1DVMMKBHFYCCA1X69 .....	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 [ X ] 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:
- a. 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.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. 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 [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. 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.
  - d. 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 [ X ]

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:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. 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.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. 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.
  - f. 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 [ X ]



GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

40.8 %

1.2 A&H cost containment percent

0.0 %

1.3 A&H expense percent excluding cost containment expenses

14.9 %

2.1

Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

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 ☒

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 ☒

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 ☒

## SCHEDULE S - CEDED REINSURANCE

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
			NONE						

STATEMENT AS OF JUNE 30, 2024 OF THE MANAGED DENTALGUARD INC (OHIO)

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, etc.	1	Direct Business Only									
		2	3	4	5	6	7	8	9	10	
	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts	
1. Alabama .....	AL	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. Alaska .....	AK	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Arizona .....	AZ	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Arkansas .....	AR	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. California .....	CA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Colorado .....	CO	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Connecticut .....	CT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Delaware .....	DE	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. District of Columbia	DC	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Florida .....	FL	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Georgia .....	GA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Hawaii .....	HI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Idaho .....	ID	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Illinois .....	IL	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Indiana .....	IN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Iowa .....	IA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Kansas .....	KS	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Kentucky .....	KY	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Louisiana .....	LA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
20. Maine .....	ME	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
21. Maryland .....	MD	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Massachusetts .....	MA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Michigan .....	MI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Minnesota .....	MN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
25. Mississippi .....	MS	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Missouri .....	MO	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Montana .....	MT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Nebraska .....	NE	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. Nevada .....	NV	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. New Hampshire .....	NH	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
31. New Jersey .....	NJ	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
32. New Mexico .....	NM	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
33. New York .....	NY	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. North Carolina .....	NC	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. North Dakota .....	ND	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
36. Ohio .....	OH	.L	105,300	.0	.0	.0	.0	.0	105,300	.0	.0
37. Oklahoma .....	OK	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
38. Oregon .....	OR	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
39. Pennsylvania .....	PA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
40. Rhode Island .....	RI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
41. South Carolina .....	SC	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
42. South Dakota .....	SD	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
43. Tennessee .....	TN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
44. Texas .....	TX	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
45. Utah .....	UT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
46. Vermont .....	VT	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
47. Virginia .....	VA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
48. Washington .....	WA	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
49. West Virginia .....	WV	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
50. Wisconsin .....	WI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
51. Wyoming .....	WY	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
52. American Samoa .....	AS	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
53. Guam .....	GU	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
54. Puerto Rico .....	PR	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
55. U.S. Virgin Islands .....	VI	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
56. Northern Mariana Islands	MP	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
57. Canada .....	CAN	.N.	.0	.0	.0	.0	.0	.0	.0	.0	.0
58. Aggregate Other Aliens .....	OT	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
59. Subtotal .....	.XXX	105,300	.0	.0	.0	.0	.0	.0	105,300	.0	.0
60. Reporting Entity Contributions for Employee Benefit Plans .....	.XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
61. Totals (Direct Business)	.XXX	105,300	0	0	0	0	0	0	105,300	0	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	.0	.0	.0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....	.XXX	0	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 1

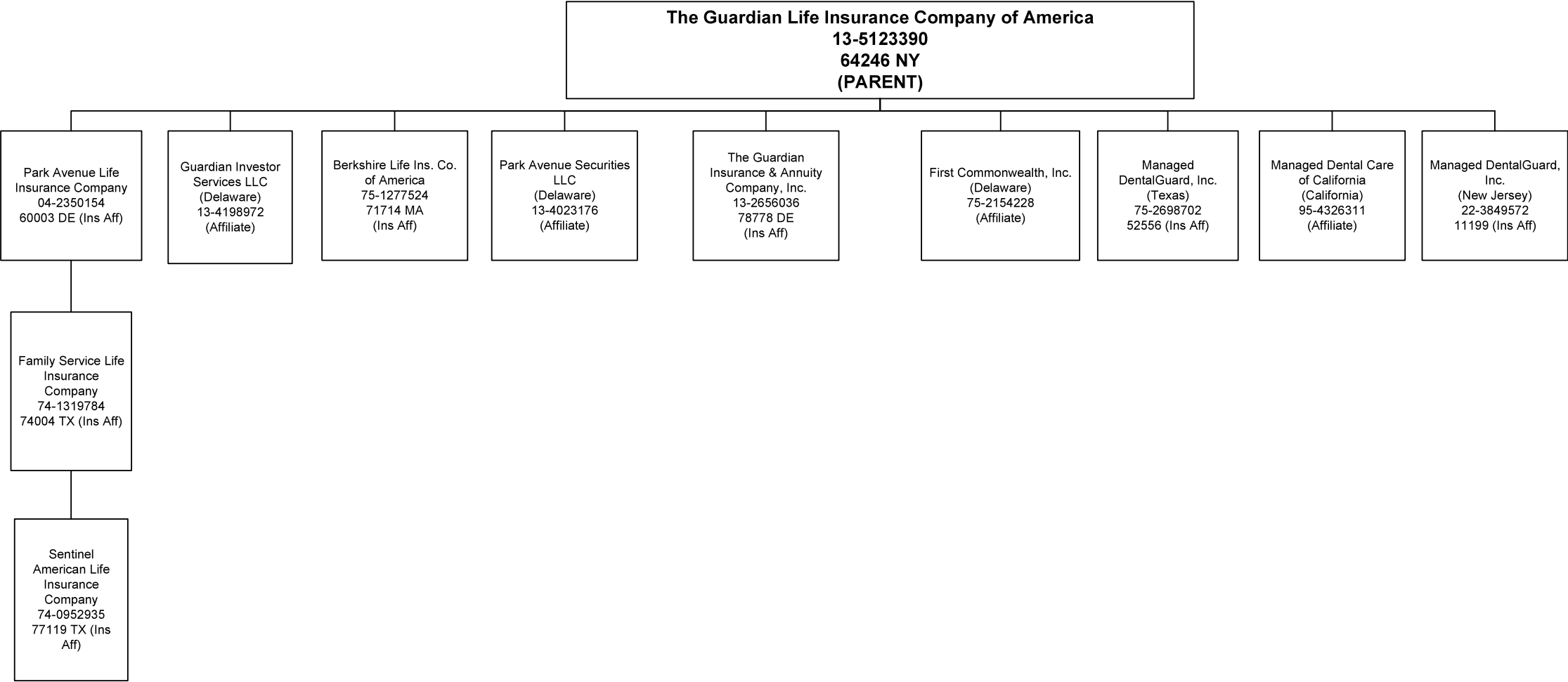
2. R - Registered - Non-domiciled RRGs..... 0

3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state. .... 0

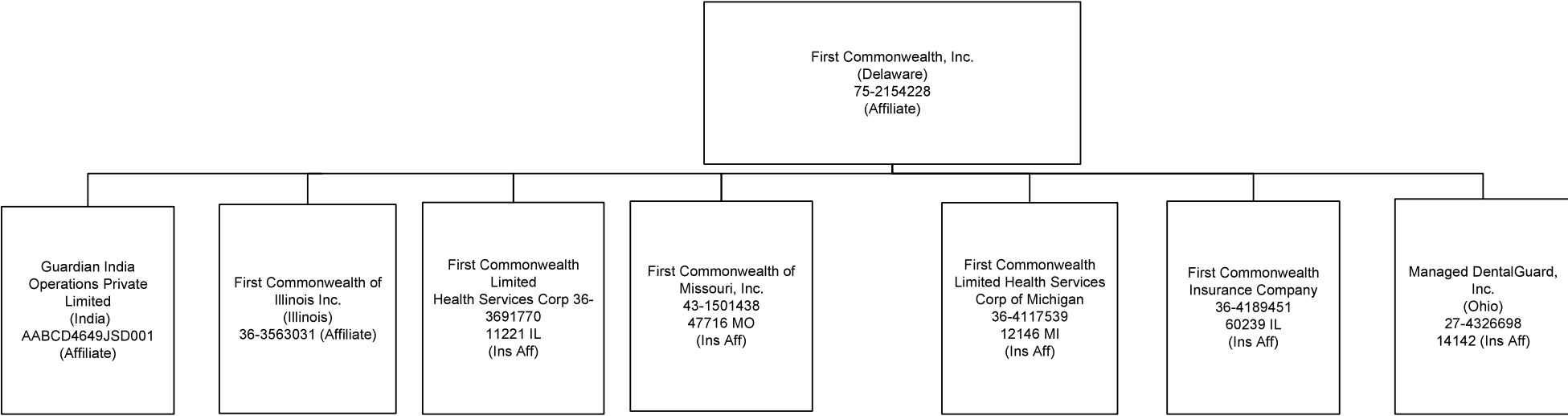
4. Q - Qualified - Qualified or accredited reinsurer..... 0

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

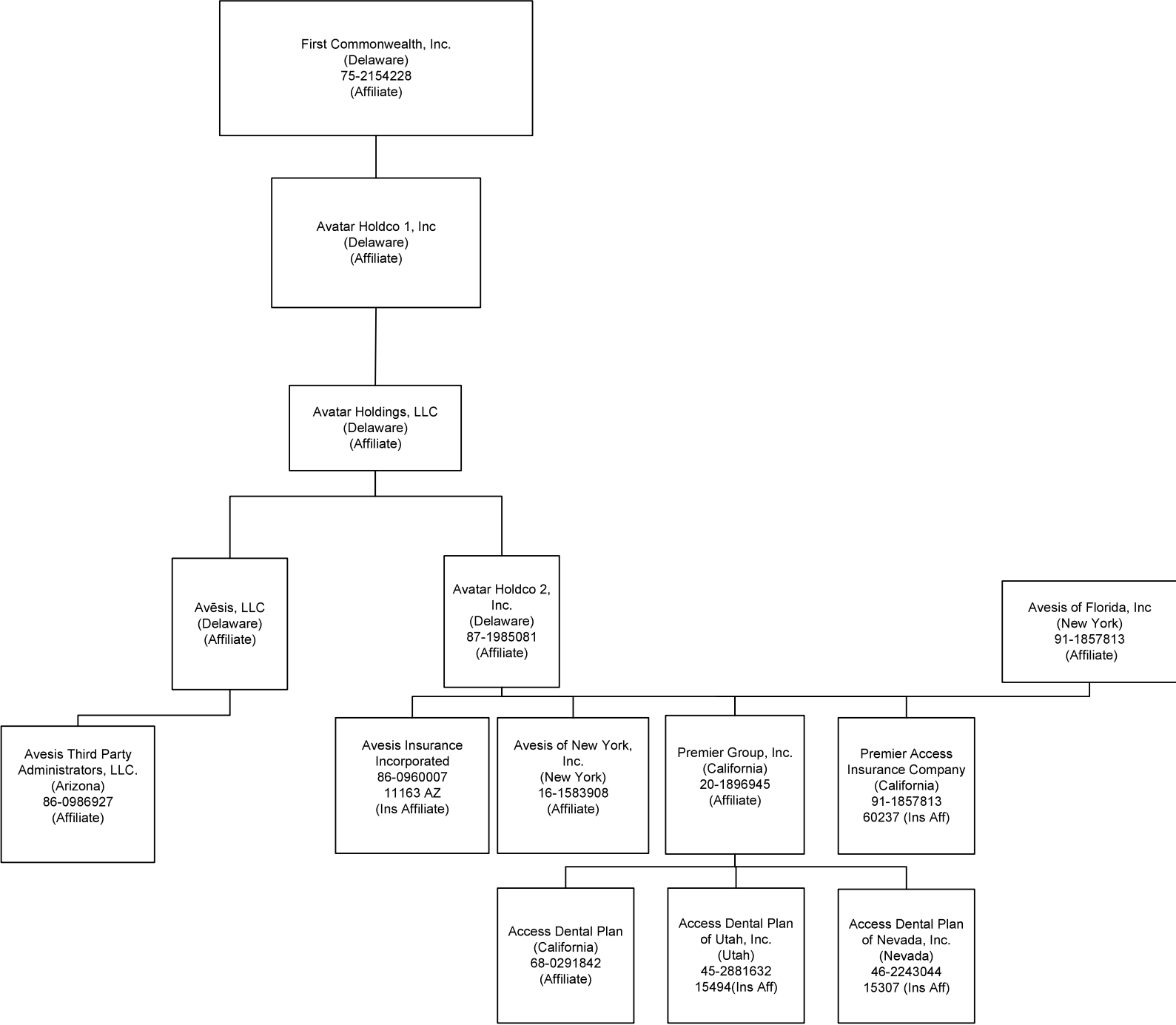
Premiums are allocated on the basis of home addresses provided by the majority of clients' divisional locations.



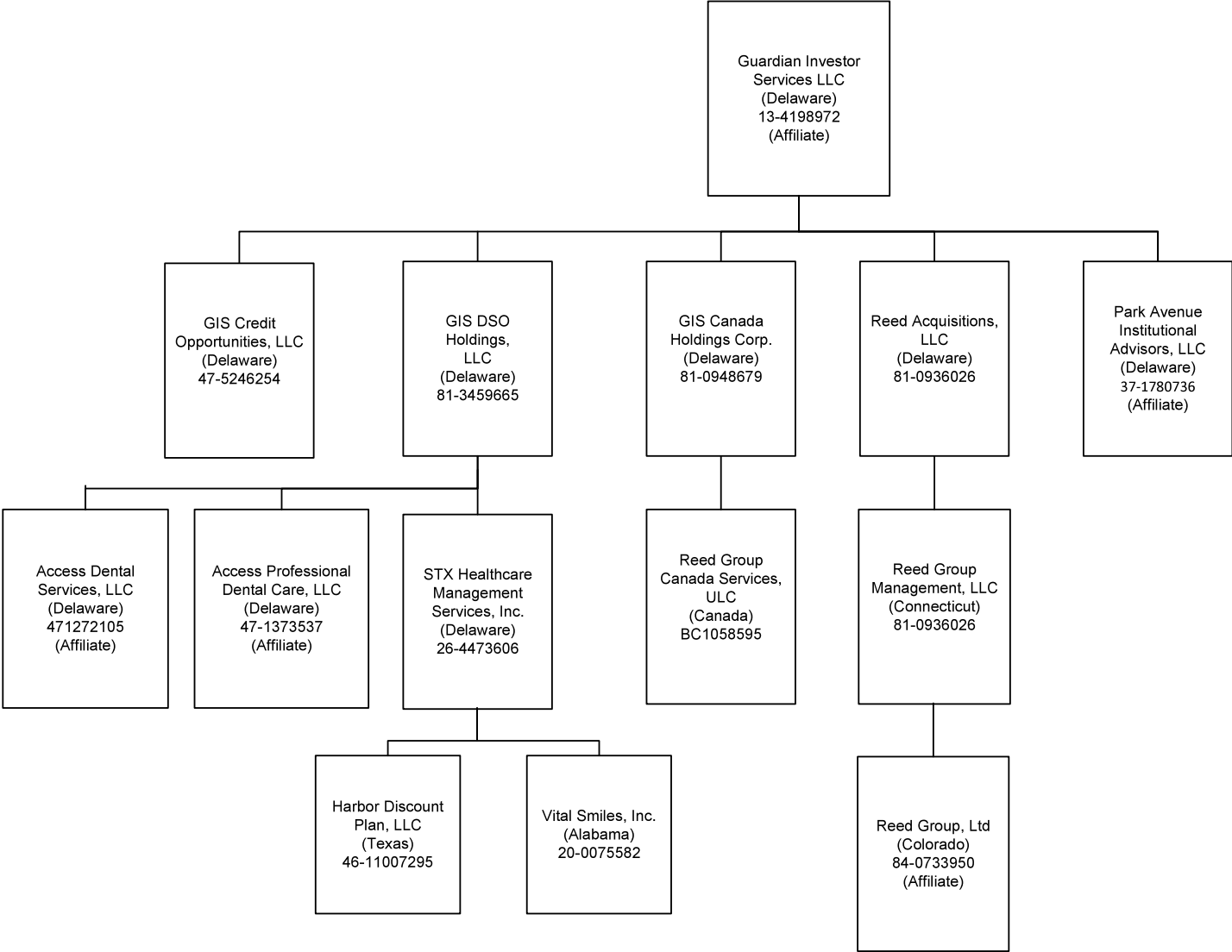
STATEMENT AS OF JUNE 30, 2024 OF THE MANAGED DENTALGUARD INC (OHIO)



STATEMENT AS OF JUNE 30, 2024 OF THE MANAGED DENTALGUARD INC (OHIO)



STATEMENT AS OF JUNE 30, 2024 OF THE MANAGED DENTALGUARD INC (OHIO)



STATEMENT AS OF JUNE 30, 2024 OF THE MANAGED DENTALGUARD INC (OHIO)

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

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14  Ultimate Controlling Entity(ies)/Person(s)	15  Is an SCA Filing Re- quired? (Yes/No)	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)					
. 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		.. 0.000	The Guardian Life Insurance Co. of America	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. YES	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. YES	
. 0429	The Guardian Life Insurance Co. of America	71714	75-1277524	2391878			Berkshire Life Insurance Company of America	.. MA	.. IA	The Guardian Life Insurance Co. of America	Ownership	.. 100.000	The Guardian Life Insurance Co. of America	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 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	.. NO	
. 0000	The Guardian Life Insurance Co. of America						Guardian India Operations Private Limited	.. IND	.. NIA	First Commonwealth Inc.	Ownership	.. 100.000	The Guardian Life Insurance Co. of America	.. NO	
. 0000	The Guardian Life Insurance Co. of America		20-1896945				Premier Group, Inc.	.. CA	.. NIA	First Commonwealth Inc.	Ownership	.. 100.000	The Guardian Life Insurance Co. of America	.. NO	
. 0000	The Guardian Life Insurance Co. of America		86-0349350				Avesis, LLC	.. DE	.. IA	First Commonwealth Inc.	Ownership	.. 100.000	The Guardian Life Insurance Co. of America	.. NO	
. 0429	The Guardian Life Insurance Co. of America	11163	86-0960007				Avesis Insurance Incorporated	.. AZ	.. NIA	First Commonwealth Inc.	Ownership	.. 100.000	The Guardian Life Insurance Co. of America	.. NO	



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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
. 0000 ...	The Guardian Life Insurance Co. of America .....	.....	86-0986927 ..	.....	.....	.....	Avesis TPA, LLC .....	.. AZ.....	.....NIA.....	First Commonwealth Inc. ....	Ownership.....	100.000 ...	The Guardian Life Insurance Co. of America .....	... NO.....	.....
. 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 .....	... NO.....	.....
. 0000 ...	The Guardian Life Insurance Co. of America .....	.....	87-1961981 ..	.....	.....	.....	Avatar Holdco 1, Inc.* .....	.. DE.....	.....NIA.....	First Commonwealth Inc. ....	Ownership.....	100.000 ...	The Guardian Life Insurance Co. of America .....	... NO.....	.....
. 0000 ...	The Guardian Life Insurance Co. of America .....	.....	35-2728506 ..	.....	.....	.....	Avatar Holdings, LLC* .....	.. DE.....	.....NIA.....	First Commonwealth Inc. ....	Ownership.....	88.000 ...	The Guardian Life Insurance Co. of America .....	... NO.....	.....
. 0000 ...	The Guardian Life Insurance Co. of America .....	.....	87-1985081 ..	.....	.....	.....	Avatar Hold Co 2, Inc .....	.. DE.....	.....NIA.....	First Commonwealth Inc. ....	Ownership.....	88.000 ...	The Guardian Life Insurance Co. of America .....	... NO.....	.....
. 0000 ...	The Guardian Life Insurance Co. of America .....	.....	91-1857813 ..	.....	.....	.....	Avesis of Florida, Inc .....	.. NY.....	.....NIA.....	First Commonwealth Inc. ....	Ownership.....	88.000 ...	The Guardian Life Insurance Co. of America .....	... NO.....	.....

Asterisk	Explanation

STATEMENT AS OF JUNE 30, 2024 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. 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

AUGUST FILING

2. 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? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter. ....	NO
--	----

Explanation:

1. MDG is a Health Company, the Company does not write business on Medicare Part D coverage.
2.

Bar Code:

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



2. Communication of Internal Control Related Matters Noted in Audit (2nd Quarter Only) [Document Identifier 222]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	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)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	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 points 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)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	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)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	630,256	836,660
2. Cost of bonds and stocks acquired .....	389,859	0
3. Accrual of discount .....	995	270
4. Unrealized valuation increase/(decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration for bonds and stocks disposed of .....	0	200,000
7. Deduct amortization of premium .....	3,011	6,673
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	1,018,099	630,256
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	1,018,099	630,256

STATEMENT AS OF JUNE 30, 2024 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) .....	1,018,970	0	0	(870)	1,018,970	1,018,099	0	630,256
2. NAIC 2 (a) .....	0	0	0	0	0	0	0	0
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	1,018,970	0	0	(870)	1,018,970	1,018,099	0	630,256
PREFERRED STOCK								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	1,018,970	0	0	(870)	1,018,970	1,018,099	0	630,256

(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 \$ .....0 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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**

## SCHEDULE E - PART 1 - CASH

E13



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]