

## Summary of Subsidiary Corporations

Complete and submit a separate summary for each subsidiary corporation (reproduce form if necessary). A subsidiary is any controlled, owned or affiliated entity as described in Section 500.115 of the Michigan Insurance Code of 1956 as amended. Complete on a calendar year basis unless otherwise indicated.

SUBMIT FORM AND ATTACHMENTS WITH MICHIGAN ANNUAL STATEMENT FILING.

Submission Required By:  
DENTAL SERVICE CORPORATIONS

**2016**  
DUE 3/1/17

Name of Company (Insurer--NOT Subsidiary)		NAIC Group number	NAIC Company code
Name and address of Subsidiary		Subsidiary contact person name and title	
		Contact person phone number (     )	Subsidiary state of incorporation
Summary of business activity of Subsidiary		Subsidiary Tax I. D. Number (FEIN)	Subsidiary date of incorporation
Subsidiary--Total number of shares authorized	Describe all lawsuits or other litigation pending against Subsidiary		
Subsidiary--Par value of stock			
Number of Subsidiary shares owned by Insurer at year end 2015			
Number of Subsidiary shares owned by Insurer at year end 2016			
2016 Dividends Subsidiary paid to Insurer			
Dates dividends were paid:			

### Required Attachments (if applicable)

I. Attach a detailed description and supporting documentation on any of these relationships or transactions between Insurer and the Subsidiary: (check to show attachments are included; if there were no such transactions or relationships, check to indicate none)

1. Loans, other investments, purchases, sales of, or exchanges of securities of the Subsidiary.

Attachments included     None

2. Purchases, sales of, or exchanges of assets.

Attachments included     None

3. Transactions not in the ordinary course of business.

Attachments included     None

4. Guarantees for the benefit of a subsidiary which may result in a contingent exposure to Insurer's assets.

Attachments included     None

5. All management and service contracts and all cost sharing arrangements.

Attachments included     None

II. Attach financial statements and exhibits for the report year ending December 31, 2016. List titles of the attachments below:

III. Attach a completed form FIS 0084 Summary of Subsidiary Corporations for each Subsidiary of the Subsidiary. List names of all the Subsidiaries of the Subsidiary below: (indicate if none)

None

PA 218 of 1956 as amended, requires submission by dental service corporations who were controlled, owned or were affiliated with an entity during the calendar reporting year, as described in Section 500.115 of the Michigan Insurance Code of 1956 as amended. Failure to properly complete and file this report may result in a compliance action against the corporation.



**Michigan Department of Insurance and Financial Services**

DIFS is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
Visit DIFS online at: [www.michigan.gov/difs](http://www.michigan.gov/difs) Phone DIFS toll-free at: 877-999-6442