



ANNUAL STATEMENT  
For the Year Ending DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE  
TSG Guard, Inc.

NAIC Group Code	0000	0000	NAIC Company Code	16363	Employer's ID Number	823519395
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]	Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]			
Incorporated/Organized	11/08/2017		Commenced Business	01/01/2019		
Statutory Home Office	339 East Maple Street Suite 100		North Canton, OH, US 44720			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	339 East Maple Street Suite 100					
	(Street and Number)					
	North Canton, OH, US 44720		(330)498-8200			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Mail Address	339 East Maple Street Suite 100		North Canton, OH, US 44720			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	339 East Maple Street Suite 100					
	(Street and Number)					
	North Canton, OH, US 44720		(330)498-8200			
	(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)			
Internet Website Address	www.valorhealthplan.com					
Statutory Statement Contact	Justin Lawrence Logan		(330)498-8171			
	(Name)		(Area Code)(Telephone Number)(Extension)			
	justin.logan@altercareonline.net		(330)498-5210			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title
Gerald Francis Schroer Jr	President
John David Goodman	Secretary
George Edgar Film	Treasurer
Scott Andrew Haas	Vice President

OTHERS

DIRECTORS OR TRUSTEES

Susanne Finley Schroer	Gerald Francis Schroer Jr.
Margaret Schroer Goodman	Shannan David Ritchie
Peter Alan Kuhn	John Herbert McMillian
Carol Rolf	

State of Ohio  
County of Stark ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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.

(Signature)	(Signature)	(Signature)
Gerald F Shcroer Jr	John D Goodman	George E Film
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[ ]
day of , 2020	b. If no:	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299997 Subtotal - Group Subscribers: .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
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) ..	.....	.....	.....	.....	.....	.....

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	3,569					3,569
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	3,569					3,569
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....	63,986					63,986
0699999 Subtotal - Other Receivables .....	63,986					63,986
0799999 Gross health care receivables .....	67,555					67,555

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5  Health Care Receivables in Prior Years (Columns 1 + 3)	6  Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1  On Amounts Accrued Prior to January 1 of Current Year	2  On Amounts Accrued During the Year	3  On Amounts Accrued December 31 of Prior Year	4  On Amounts Accrued During the Year		
Type of Health Care Receivable						
1. Pharmaceutical rebate receivables .....	.....	22,837	.....	3,569	.....	.....
2. Claim overpayment receivables .....	.....	.....	.....	.....	.....	.....
3. Loans and advances to providers .....	.....	.....	.....	.....	.....	.....
4. Capitation arrangement receivables .....	.....	.....	.....	.....	.....	.....
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables .....	.....	.....	.....	63,986	.....	.....
7. TOTALS (Lines 1 through 6) .....	.....	22,837	.....	67,555	.....	.....

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	.....	.....	.....	.....	.....	.....
0499999 Subtotals .....	.....	.....	.....	.....	.....	.....
0599999 Unreported claims and other claim reserves .....						948,996
0699999 TOTAL Amounts Withheld .....						.....
0799999 TOTAL Claims Unpaid .....						948,996
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						340,188

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
0299999 Receivables not individually listed .....	.....	.....	.....	.....	.....	.....	.....
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
0299999 Payables not Individually Listed .....	X X X .....	.....	.....	.....
0399999 TOTAL Gross Payables .....	X X X .....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>							
1.	Medical groups .....						
2.	Intermediaries .....						
3.	All other providers .....						
4.	TOTAL Capitation Payments .....						
<b>Other Payments:</b>							
5.	Fee-for-service .....			X X X .....	X X X .....		
6.	Contractual fee payments .....	3,614,222	100.000	X X X .....	X X X .....		3,614,222
7.	Bonus/withhold arrangements - fee-for-service .....			X X X .....	X X X .....		
8.	Bonus/withhold arrangements - contractual fee payments .....			X X X .....	X X X .....		
9.	Non-contingent salaries .....			X X X .....	X X X .....		
10.	Aggregate cost arrangements .....			X X X .....	X X X .....		
11.	All other payments .....			X X X .....	X X X .....		
12.	TOTAL Other Payments .....	3,614,222	100.000	X X X .....	X X X .....		3,614,222
13.	TOTAL (Line 4 plus Line 12) .....	3,614,222	100.000	X X X .....	X X X .....		3,614,222

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
9999999 TOTALS .....			X X X .....	X X X .....	X X X .....



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code NAIC Company Code 16363

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year										
2. First Quarter	187							187		
3. Second Quarter	253							253		
4. Third Quarter	316							316		
5. Current Year	352							352		
6. Current Year Member Months	3,042							3,042		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	4,726							4,726		
8. Non-Physician	8,233							8,233		
9. TOTAL	12,959							12,959		
10. Hospital Patient Days Incurred	614							614		
11. Number of Inpatient Admissions	106							106		
12. Health Premiums Written (b)	6,717,517							6,717,517		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	3,614,222							3,614,222		
18. Amount Incurred for Provision of Health Care Services	4,922,619							4,922,619		

(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 \$.....6,717,517



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION:		2. LOCATION:								
NAIC Group Code		BUSINESS IN THE STATE OF <b>GRAND TOTAL</b> DURING THE YEAR						NAIC Company Code 16363		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3				Federal Employees Health Benefits Plan			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only		Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....	187							187		
3. Second Quarter .....	253							253		
4. Third Quarter .....	316							316		
5. Current Year .....	352							352		
6. Current Year Member Months .....	3,042							3,042		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	4,726							4,726		
8. Non-Physician .....	8,233							8,233		
9. TOTAL .....	12,959							12,959		
10. Hospital Patient Days Incurred .....	614							614		
11. Number of Inpatient Admissions .....	106							106		
12. Health Premiums Written (b) .....	6,717,517							6,717,517		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	3,614,222							3,614,222		
18. Amount Incurred for Provision of Health Care Services .....	4,922,619							4,922,619		

(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 \$.....6,717,517

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
9999999 Total (Sum of 1199999 and 2299999) .....					.....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
38636	13-3031176	01/01/2019	PARTNER REINS CO OF THE US	NY	SSL/I	A	59,569						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							59,569						
1099999 Total - General Account - Authorized - Non-Affiliates							59,569						
1199999 Total - General Account Authorized							59,569						
1499999 Subtotal - General Account - Unauthorized - Affiliates - U.S. - Total													
1899999 Total - General Account - Unauthorized - Affiliates													
2299999 Total - General Account - Unauthorized													
2599999 Subtotal - General Account - Certified - Affiliates - U.S. - Total													
2999999 Total - General Account - Certified - Affiliates													
3399999 Total - General Account - Certified													
3499999 Total - General Account - Authorized, Unauthorized and Certified							59,569						
3799999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
4199999 Total - Separate Accounts - Authorized - Affiliates													
4599999 Total - Separate Accounts - Authorized													
4899999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Unauthorized - Affiliates													
5699999 Total - Separate Accounts - Unauthorized													
5999999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Certified - Affiliates													
6799999 Total - Separate Accounts - Certified													
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified													
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							59,569						
9999999 Total (Sum of 3499999 and 6899999)							59,569						

SCHEDULE S - PART 4  
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
9999999 Total (Sum of 2399999 and 3499999) .....				.....	.....	.....	.....	.....	.... X X X ...	.....	.....	.....	.....	.....

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....	.....	.....	.....	.....

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral						23	24	25	26	
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domi- ciliary Juris- diction	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	16	17	18	19	20	21	22	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)
															Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)				
															9999999 Total (Sum of 2399999 and 3499999)										

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.....	.....	.....	.....	.....



SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums .....					
2. Title XVIII-Medicare .....	60				
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....					
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....					
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

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) .....	2,953,811		2,953,811
2. Accident and health premiums due and unpaid (Line 15) .....			
3. Amounts recoverable from reinsurers (Line 16.1) .....			
4. Net credit for ceded reinsurance .....	X X X		
5. All other admitted assets (Balance) .....	438,256		438,256
6. TOTAL Assets (Line 28) .....	3,392,068		3,392,068
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	948,996		948,996
8. Accrued medical incentive pool and bonus payments (Line 2) .....	340,188		340,188
9. Premiums received in advance (Line 8) .....	3,565		3,565
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	174,678		174,678
15. TOTAL Liabilities (Line 24) .....	1,467,426		1,467,426
16. TOTAL Capital and Surplus (Line 33) .....	1,924,641	X X X	1,924,641
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	3,392,068		3,392,068
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....			
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....			
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....			

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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. TOTALS .....						

NONE

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 Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Relation-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
.....	.....	00000	34-1745891	.....	.....	.....	The Schroer Group, Inc .....	OH .	... UIP ..	Self .....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....
.....	.....	00000	32-0269872	.....	.....	.....	TSG Leadership, Inc. ....	OH .	... NIA ..	The Schroer Group, Inc .....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....
.....	.....	00000	01-0916887	.....	.....	.....	TSG Resources, Inc. ....	OH .	... NIA ..	The Schroer Group, Inc .....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....
.....	.....	00000	32-0047454	.....	.....	.....	TSG Investments, Inc. ....	OH .	... NIA ..	The Schroer Group, Inc .....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....
.....	.....	00000	32-0047455	.....	.....	.....	TSG Nursing Centers, inc. ....	OH .	... NIA ..	The Schroer Group, Inc .....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....
.....	.....	00000	32-0047457	.....	.....	.....	TSG Ancillaries, Inc. ....	OH .	... NIA ..	The Schroer Group, Inc .....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....
.....	.....	00000	32-0047458	.....	.....	.....	TSG Services, Inc. ....	OH .	... UDP ..	The Schroer Group, Inc .....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....
.....	.....	16363	82-3519395	.....	.....	.....	TSG Guard, Inc. ....	OH .	... RE ..	TSG Services, Inc. ....	Ownership .....	..... 100.0	The Schroer Group, Inc .....	.... N ....	.....

Asterisk	Explanation
0000001	.....

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 16363 .. ..... 0 .....	.. 82-3519395 .. .. 34-1745891 ..	TSG GUARD INC ..... The Schroer Group, Inc .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....	..... .....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

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.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
  - 2. Will an actuarial opinion be filed by March 1? Waived
  - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Waived
  - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Waived
- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
  - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
  - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
  - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
- AUGUST FILING
- 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
  - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
  - 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
  - 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
  - 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
  - 17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? No
  - 18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
  - 19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
- APRIL FILING
- 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
  - 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
  - 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? No
  - 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? No
  - 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? No
  - 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? No
- AUGUST FILING
- 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? No

Explanation:

Bar Code:

Statement of Actuarial Opinion / Certification



Risk-Based Capital Filing



Medicare Supplement Insurance Experience Exhibit



Health Life Supplement - March



Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Medicare Part D Coverage Supplement



SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Approval for Relief related to five-year rotation for lead Audit Partner



16363201922400000

2019

Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



16363201922500000

2019

Document Code: 225

Approval for Relief related to Require. for Audit Committees



16363201922600000

2019

Document Code: 226

LTC Supplemental Interrogatories



16363201930600000

2019

Document Code: 306

Health Life Supplement - April



16363201921100000

2019

Document Code: 211

Supplemental Health Care Exhibit



16363201921600000

2019

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



16363201921700000

2019

Document Code: 217

LHA Guaranty Association Reconciliation



16363201929000000

2019

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



16363201930000000

2019

Document Code: 300

Management's Report of Internal Control over Financial Reporting



16363201922300000

2019

Document Code: 223

**OVERFLOW PAGE FOR WRITE-INS**



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