

Amended Explanation Page

For Amendment 1 :Adjusted item classification between Bonds and Common Stock on Assets Page, no impact to the Capital and Surplus. Also updated all the schedules that were impacted by this including Notes, Exhibit of Capital Gains, Cash Flow, Summary Investment Schedule, and all Schedule D's that would be impacted by it.

For Amendment 2: Schedule D, Verification Between Years and Schedule D, Summary By Country because of the item classification from Amendment 1.



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2020
OF THE CONDITION AND AFFAIRS OF THE
TSG Guard, Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	16363	Employer's ID Number	823519395
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	7171 Keck Park Circle NW (Street and Number)		North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)			
Main Administrative Office			7171 Keck Park Circle NW (Street and Number)			
	North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)		(330)498-8200 (Area Code) (Telephone Number)			
Mail Address	7171 Keck Park Circle NW (Street and Number or P.O. Box)		North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			7171 Keck Park Circle NW (Street and Number)			
	North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)		(330)498-8200 (Area Code) (Telephone Number)			
Internet Website Address	www.valorhealthplan.com					
Statutory Statement Contact	Justin Lawrence Logan (Name)		(330)498-8171 (Area Code)(Telephone Number)(Extension)			
	justin.logan@altercareonline.net (E-Mail Address)		(330)498-5210 (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 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) Gerald F Shcroer Jr	(Signature) John D Goodman	(Signature) George E Film
(Printed Name) 1.	(Printed Name) 2.	(Printed Name) 3.
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[] No[X]
day of , 2021	b. If no:	2
	1. State the amendment number	09/13/2021
	2. Date filed	1
	3. Number of pages attached	

(Notary Public Signature)