



1636202020100100

ANNUAL STATEMENT

For the Year Ending DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

TSG Guard, Inc.

16363202020100100

2020

Document Code: 201

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 <input type="checkbox"/>	Property/Casualty <input type="checkbox"/>	Hospital, Medical & Dental Service or Indemnity <input type="checkbox"/>			
	Dental Service Corporation <input type="checkbox"/>	Vision Service Corporation <input type="checkbox"/>	Health Maintenance Organization <input checked="" type="checkbox"/>			
	Other <input type="checkbox"/>	Is HMO Federally Qualified? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>				
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)		7171 Keck Park Circle NW North Canton, OH, US 44720 (Area Code) (Telephone Number)			
Mail Address	7171 Keck Park Circle NW (Street and Number or P.O. Box)		7171 Keck Park Circle NW North Canton, OH, US 44720 (Area Code) (Telephone Number)			
Primary Location of Books and Records	7171 Keck Park Circle NW (Street and Number)		7171 Keck Park Circle NW North Canton, OH, US 44720 (Area Code) (Telephone Number)			
Internet Website Address	www.valorhealthplan.com		www.valorhealthplan.com (Area Code) (Telephone Number)			
Statutory Statement Contact	Justin Lawrence Logan (Name) justin.logan@altercareonline.net (E-Mail Address)		(330)498-8171 (Area Code)(Telephone Number)(Extension) (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
Margaret Schroer Goodman
Peter Alan Kuhn
Carol Rolf

Gerald Francis Schroer Jr.
Shannan David Ritchie
John Herbert McMillian

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
(Printed Name)
1.
President
(Title)

(Signature)
John D Goodman
(Printed Name)
2.
Secretary
(Title)

(Signature)
George E Film
(Printed Name)
3.
Treasurer
(Title)

Subscribed and sworn to before me this
____ day of _____, 2021

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

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ...	N O N E					

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
.....	6,008	.....	.....	.....	.....	6,008
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	.....	.....	.....	458,828	458,828	.....
0199999 Subtotal - Pharmaceutical Rebate Receivables	6,008	.....	.....	458,828	458,828	6,008
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 .....	.....	.....	.....	.....	.....	.....
Other Receivables						
.....
0699998 Other Receivables - Not Individually Listed	18,052	.....	.....	.....	18,052	.....
0699999 Subtotal - Other Receivables	18,052	.....	.....	.....	18,052	.....
0799999 Gross health care receivables	24,060	.....	.....	458,828	476,880	6,008

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

Type of Health Care Receivable	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		
1. Pharmaceutical rebate receivables	3,569	284,723		464,836	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			18,052	63,986	
7. TOTALS (Lines 1 through 6)	67,555	284,723		482,888	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 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Total - Individually Listed Claims Unpaid	212,814	1,539,862	710,943	218,864	158,874	2,841,358
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals	212,814	1,539,862	710,943	218,864	158,874	2,841,358
0599999 Unreported claims and other claim reserves						
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						2,841,358
0899999 Accrued Medical Incentive Pool and Bonus Amounts						(40,188)

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
Individually listed receivables							
TSG	400,000					400,000	
0199999 Total - Individually listed receivables	400,000					400,000	
0299999 Receivables not individually listed							
0399999 TOTAL Gross Amounts Receivable	400,000					400,000	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

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

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	.....	.....	.....	.....	.....	.....
4. TOTAL Capitation Payments .....	.....	.....	.....	.....	.....	.....
Other Payments:						
5. Fee-for-service .....	.....	.....	XXX	XXX	.....	.....
6. Contractual fee payments	9,621,395	100.000	XXX	XXX	.....	9,621,395
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	9,621,395	100.000	XXX	XXX	.....	9,621,395
13. TOTAL (Line 4 plus Line 12)	9,621,395	100.000	XXX	XXX	.....	9,621,395

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 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	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	NAIC Company Code 16363
		2	3								
	Total	Individual	Group								
TOTAL Members at end of:											
1. Prior Year	352										352
2. First Quarter	398										398
3. Second Quarter	419										419
4. Third Quarter	481										481
5. Current Year	471										471
6. Current Year Member Months	5,205										5,205
TOTAL Member Ambulatory Encounters for Year:											
7. Physician	9,096										9,096
8. Non-Physician	6,950										6,950
9. TOTAL	16,046										16,046
10. Hospital Patient Days Incurred	1,250										1,250
11. Number of Inpatient Admissions	203										203
12. Health Premiums Written (b)	12,048,897										12,048,897
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned	12,048,897										12,048,897
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services	9,621,395										9,621,395
18. Amount Incurred for Provision of Health Care Services	9,621,395										9,621,395

(a) For health business: number of persons insured under PPO managed care products471 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....12,048,897



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 16363

NAIC Group Code	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
TOTAL Members at end of:										
1. Prior Year	352								352	
2. First Quarter	398								398	
3. Second Quarter	419								419	
4. Third Quarter	481								481	
5. Current Year	471								471	
6. Current Year Member Months	5,205								5,205	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	9,096								9,096	
8. Non-Physician	6,950								6,950	
9. TOTAL	16,046								16,046	
10. Hospital Patient Days Incurred	1,250								1,250	
11. Number of Inpatient Admissions	203								203	
12. Health Premiums Written (b)	12,048,897								12,048,897	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	12,048,897								12,048,897	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	9,621,395								9,621,395	
18. Amount Incurred for Provision of Health Care Services	9,621,395								9,621,395	

(a) For health business: number of persons insured under PPO managed care products471 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....12,048,897

31 Schedule S - Part 1 - Section 2 **NONE**

32 Schedule S - Part 2 **NONE**

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
38636	13-3031176	01/01/2019	PARTNER REINS CO OF THE US	NY	A		71,732						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							71,732						
1099999 Total - General Account - Authorized - Non-Affiliates							71,732						
1199999 Total - General Account - Authorized							71,732						
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													
3699999 Subtotal - General Account - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
4099999 Total - General Account - Reciprocal Jurisdiction - Affiliates													
4499999 Total - General Account - Reciprocal Jurisdiction													
4599999 Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified							71,732						
4899999 Subtotal - Separate Accounts - Authorized - Affiliates - U.S. - Total													
5299999 Total - Separate Accounts - Authorized Affiliates													
5699999 Total - Separate Accounts - Authorized													
5999999 Subtotal - Separate Accounts - Unauthorized - Affiliates - U.S. - Total													
6399999 Total - Separate Accounts - Unauthorized - Affiliates													
6799999 Total - Separate Accounts - Unauthorized													
7099999 Subtotal - Separate Accounts - Certified - Affiliates - U.S. - Total													
7499999 Total - Separate Accounts - Certified - Affiliates													
7899999 Total - Separate Accounts - Certified													
8199999 Subtotal - Separate Accounts - Reciprocal Jurisdiction - Affiliates - U.S. - Total													
8599999 Total - Separate Accounts - Reciprocal Jurisdiction - Affiliates													
8999999 Total - Separate Accounts - Reciprocal Jurisdiction													
9099999 Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified													
9199999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							71,732						
9999999 Total (Sum of 4599999 and 9099999)							71,732						

34 Schedule S - Part 4 **NONE**

35 Schedule S - Part 5 **NONE**

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

	1 2020	2 2019	3 2018	4 2017	5 2016
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare	72	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)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	3,443,673		3,443,673
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)	1,558,162		1,558,162
6. TOTAL Assets (Line 28)	5,001,835		5,001,835
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,841,358		2,841,358
8. Accrued medical incentive pool and bonus payments (Line 2)	(40,188)		(40,188)
9. Premiums received in advance (Line 8)	103,663		103,663
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)	200,491		200,491
15. TOTAL Liabilities (Line 24)	3,105,324		3,105,324
16. TOTAL Capital and Surplus (Line 33)	1,896,511	X X X	1,896,511
17. TOTAL Liabilities, Capital and Surplus (Line 34)	5,001,835		5,001,835
NET CREDIT FOR CEDED REINSURANCE			
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

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CAN)
58. Aggregate other alien (OT)
59. TOTALS

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

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

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



16363202022400000

2020

Document Code: 224

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



16363202022500000

2020

Document Code: 225

Approval for Relief related to Require. for Audit Committees



16363202022600000

2020

Document Code: 226

LTC Supplemental Interrogatories



16363202030600000

2020

Document Code: 306

Health Life Supplement - April



16363202021100000

2020

Document Code: 211

Supplemental Health Care Exhibit



16363202021600000

2020

Document Code: 216

Supplemental Health Care Exhibit's Expense Allocation Report



16363202021700000

2020

Document Code: 217

LHA Guaranty Association Reconciliation



16363202029000000

2020

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



16363202030000000

2020

Document Code: 300

Management's Report of Internal Control over Financial Reporting



16363202022300000

2020

Document Code: 223

