



16363202120100103

2021

Document Code: 201

105520210100103

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021

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 <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 Web Site Address	www.valorhealthplan.com		www.valorhealthplan.com (Area Code) (Telephone Number)			
Statutory Statement Contact	Justin Lawrence Logan (Name)		Justin Lawrence Logan (Area Code)(Telephone Number)(Extension)			
	justin.logan@altercareonline.net (E-Mail Address)		justin.logan@altercareonline.net (Area Code)(Telephone Number)(Extension)			
			(330)498-8171 (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)

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	399,972		399,972	399,958
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	816,281		816,281	783,957
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....1,894,356), cash equivalents (\$.....64,411) and short-term investments (\$.....0)	1,958,767		1,958,767	2,259,758
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,175,020		3,175,020	3,443,673
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	6,989		6,989	3,900
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	1,306,433		1,306,433	746,576
18.1 Current federal and foreign income tax recoverable and interest thereon	277,352		277,352	277,352
18.2 Net deferred tax asset	113,411		113,411	113,411
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	12,852		12,852	10,915
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				400,000
24. Health care (\$.....0) and other amounts receivable	744,141	741,655	2,486	6,008
25. Aggregate write-ins for other-than-invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	5,636,198	741,655	4,894,543	5,001,835
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	5,636,198	741,655	4,894,543	5,001,835
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,519,237		2,519,237	2,841,358
2. Accrued medical incentive pool and bonus amounts				(40,188)
3. Unpaid claims adjustment expenses	16,830		16,830	16,830
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act				
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance	18,172		18,172	103,663
9. General expenses due or accrued	345,116		345,116	182,915
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))				
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated				
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates				
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers, \$.....0 unauthorized reinsurers and \$.....0 certified reinsurers)				
20. Reinsurance in unauthorized and certified (\$.....0) companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	809		809	746
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	2,900,164		2,900,164	3,105,324
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX		
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	5,239,895	4,310,599
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	(3,245,516)	(2,414,088)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	1,994,379	1,896,511
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	4,894,543	5,001,835
DETAILS OF WRITE-INS				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		4 Total
			3 Total	
1. Member Months	XXX	4,413	3,748	5,205
2. Net premium income (including \$.....0 non-health premium income)	XXX	11,128,278	8,658,343	11,951,982
3. Change in unearned premium reserves and reserves for rate credits	XXX			
4. Fee-for-service (net of \$.....0 medical expenses)	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX			
7. Aggregate write-ins for other non-health revenues	XXX			
8. Total revenues (Lines 2 to 7)	XXX	11,128,278	8,658,343	11,951,982
Hospital and Medical:				
9. Hospital/medical benefits		6,130,595	4,193,920	7,615,656
10. Other professional services		18,400	250	9,100
11. Outside referrals		1,546,616	1,323,700	1,323,700
12. Emergency room and out-of-area		161,385	33,130	33,130
13. Prescription drugs		993,134	966,686	639,809
14. Aggregate write-ins for other hospital and medical				
15. Incentive pool, withhold adjustments and bonus amounts				
16. Subtotal (Lines 9 to 15)		8,850,131	6,517,686	9,621,395
Less:				
17. Net reinsurance recoveries				
18. Total hospital and medical (Lines 16 minus 17)		8,850,131	6,517,686	9,621,395
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$.....1,091,377 cost containment expenses		1,176,637	904,606	1,261,376
21. General administrative expenses		1,797,659	1,497,623	2,117,291
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only)				
23. Total underwriting deductions (Lines 18 through 22)		11,824,426	8,919,914	13,000,063
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(696,148)	(261,572)	(1,048,080)
25. Net investment income earned		27,170	18,649	40,346
26. Net realized capital gains (losses) less capital gains tax of \$.....0		96,554	14,049	14,054
27. Net investment gains or (losses) (Lines 25 plus 26)		123,724	32,698	54,400
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)]				
29. Aggregate write-ins for other income or expenses				
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	(572,424)	(228,874)	(993,681)
31. Federal and foreign income taxes incurred	XXX			(199,230)
32. Net income (loss) (Lines 30 minus 31)	XXX	(572,424)	(228,874)	(794,451)
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page				
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2901.				
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page				
2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	1,896,511	1,924,641	1,924,641
34. Net income or (loss) from Line 32	(572,424)	(228,874)	(794,451)
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	5,771	(4,512)	11,518
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax			105,177
39. Change in nonadmitted assets	(264,775)	14,656	(458,699)
40. Change in unauthorized and certified reinsurance			
41. Change in treasury stock			
42. Change in surplus notes			
43. Cumulative effect of changes in accounting principles			
44. Capital Changes:			
44.1 Paid in			
44.2 Transferred from surplus (Stock Dividend)			
44.3 Transferred to surplus			
45. Surplus adjustments:			
45.1 Paid in	929,296	148,641	1,108,325
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders			
47. Aggregate write-ins for gains or (losses) in surplus			
48. Net change in capital and surplus (Lines 34 to 47)	97,868	(70,090)	(28,130)
49. Capital and surplus end of reporting period (Line 33 plus 48)	1,994,379	1,854,551	1,896,511
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations				
1.	Premiums collected net of reinsurance	11,042,788	8,668,589	12,052,080
2.	Net investment income	24,066	20,987	40,097
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	11,066,854	8,689,577	12,092,177
5.	Benefit and loss related payments	9,393,316	6,231,213	8,524,742
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	3,371,889	2,970,720	3,808,779
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)			
10.	TOTAL (Lines 5 through 9)	12,765,206	9,201,933	12,333,521
11.	Net cash from operations (Line 4 minus Line 10)	(1,698,352)	(512,356)	(241,345)
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds		193,825	80,000
12.2	Stocks	205,969	50,817	164,643
12.3	Mortgage loans			
12.4	Real estate			
12.5	Other invested assets			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments	14		
12.7	Miscellaneous proceeds	100,518	146	151
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7)	306,501	244,789	244,793
13.	Cost of investments acquired (long-term only):			
13.1	Bonds		471,500	
13.2	Stocks	236,500	75,512	547,012
13.3	Mortgage loans			
13.4	Real estate			
13.5	Other invested assets			
13.6	Miscellaneous applications		0	
13.7	TOTAL investments acquired (Lines 13.1 to 13.6)	236,500	547,012	547,012
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	70,001	(302,223)	(302,218)
Cash from Financing and Miscellaneous Sources				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes			
16.2	Capital and paid in surplus, less treasury stock	929,296	148,641	1,108,325
16.3	Borrowed funds			
16.4	Net deposits on deposit-type contracts and other insurance liabilities			
16.5	Dividends to stockholders			
16.6	Other cash provided (applied)	398,063	1,294	(402,840)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	1,327,359	149,935	705,485
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(300,992)	(664,644)	161,922
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year	2,259,758	2,097,836	2,097,836
19.2	End of period (Line 18 plus Line 19.1)	1,958,767	1,433,192	2,259,758

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001				
---------	--	--	--	--

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	471							471		
2. First Quarter	473							473		
3. Second Quarter	497							497		
4. Third Quarter	539							539		
5. Current Year										
6. Current Year Member Months	4,413							4,413		
Total Member Ambulatory Encounters for Period:										
7. Physician	9,823							9,823		
8. Non-Physician	5,637							5,637		
9. Total	15,460							15,460		
10. Hospital Patient Days Incurred	948							948		
11. Number of Inpatient Admissions	152							152		
12. Health Premiums Written (a)	11,128,278							11,128,278		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,128,278							11,128,278		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,850,131							8,850,131		
18. Amount Incurred for Provision of Health Care Services	8,850,131							8,850,131		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....11,128,278.

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 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						2,519,237
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						2,519,237
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

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 Dec 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 & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	3,004,801	6,127,263	(163,442)	2,682,679	2,841,359	2,841,358
7. Title XIX - Medicaid						
8. Other health						
9. Health subtotal (Lines 1 to 8)	3,004,801	6,127,263	(163,442)	2,682,679	2,841,359	2,841,358
10. Healthcare receivables (a)						
11. Other non-health						
12. Medical incentive pools and bonus amounts						(40,188)
13. Totals (Lines 9 - 10 + 11 + 12)	3,004,801	6,127,263	(163,442)	2,682,679	2,841,359	2,801,170

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

Notes to Financial Statement

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Accounting Practices

1) The accompanying financial statements of TSG Guard Inc are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance. The Ohio Department of Insurance recognizes only statutory accounting prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio.

	2021	2020
NET INCOME		
1) TSG Guard Inc State Basis	\$(572,424)	\$(794,451)
2) State Prescribed Practices that increase/(decrease) NAIC SAP	\$0	\$0
3) State Permitted Practices that increase/(decrease) NAIC SAP	\$0	\$0
4) NAIC SAP (1-2-3=4)	\$(572,424)	\$(794,451)
SURPLUS		
5) TSG Guard Inc State Basis	\$1,994,379	\$1,896,511
6) State Prescribed Practices that increase/(decrease) NAIC SAP	\$0	\$0
7) State Permitted Practices that increase/(decrease) NAIC SAP	\$0	\$0
8) NAIC SAP (1-2-3=4)	\$1,994,379	\$1,896,511

B. Use of Estimates in the Preparation of the Statutory Basis Financial Statements

1) The preparation of financial statement in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- 1) Short-term investments are stated at amortized cost.
- 2) Bonds were stated at amortized cost using the straight-line method.
- 3) Common stock is stated at market value.
- 4) The Company had no preferred stock during the periods reported.
- 5) The Company had no mortgage loans during the periods reported.
- 6) The Company had no loan backed securities during the periods reported.
- 7) The Company had no investments in subsidiaries and affiliates.
- 8) The Company had no investments in joint ventures, partnerships, or limited liability companies during the periods reported.
- 9) The Company had no derivatives during the periods reported.
- 10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- 11) Claims unpaid and claim adjustment expenses include an amount based on individual case estimates and loss reports and an amount based on past experience for losses incurred but not reported (IBNR). Such liabilities are necessarily based on assumptions and estimates. While management believes the amounts to be adequate, the ultimate liabilities may be in excess of or less than the amounts provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. The Company obtains an estimate of the liabilities for unpaid losses from its independent actuary calculations quarterly.
- 12) The Company has not modified its capitalization policy from the prior period.
- 13) The Company uses current year received pharmacy rebates as a percentage of current year claim expense to estimate current rebate receivable off of the most recent quarter's pharmacy claim expense in accordance with SSAP. 84

D. Going Concern

1) Management has concluded that there is no substantial doubt of the Company's ability to continue as a going concern.

2. ACCOUNTING CHANGES AND CORRECTIONS OF ERRORS – N/A

3. BUSINESS COMBINATIONS AND GOODWILL – N/A

Notes to Financial Statement

4. DISCONTINUED OPERATIONS – N/A

5. INVESTMENTS

- A. The Company had no investment in Mortgage Loan during the periods reported.
- B. The Company had no investments in Restructured Loans during the periods reported.
- C. The Company had no investments in Reverse Mortgages during the periods reported.
- D. The Company had no investments in Loan-Backed Securities during the periods reported.
- E. The Company had no investments in Repurchase Agreements during the periods reported.
- F. The Company had no investments in Repurchase Agreement accounted for as secured borrowing.
- G. The Company had no investments in Reverse Repurchase Agreement accounted for as secured borrowing.
- H. The Company had no investments in Repurchase Agreements accounted for as a sale
- I. The Company had no investments in Reverse Repurchase Agreements accounted for as a sale
- J. The Company had no investments in Real Estate during the periods reported.
- K. The Company had no LIHTC during the periods reported.
- L. None of the Company's assets were restricted during the periods reported.
- M. The Company had no Working Capital Finance Investments during the periods reported.
- N. The Company was not involved in any Offsetting and Netting of Assets and Liabilities during the periods reported.
- O. The Company had no 5GI securities during the periods reported.
- P. The Company had no Short Sales during the periods reported
- Q. The Company had no Prepayment Penalties or Acceleration Fees during the periods reported.

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES – N/A

7. INVESTMENT INCOME – N/A

8. DERIVATIVE INSTRUMENTS

- A-B. The Company did not own derivative financial instruments during the periods reported.

9. INCOME TAXES – N/A

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES – N/A

11. DEBT

- A-B. The Company did not have any debt including capital notes.

12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS

- A-D. The Company had no defined benefit plans during the periods reported.
- E. The Company had \$14,037 of cost related to its defined contribution plan. There were no significant changes in the rate of contributions, a business combination or a divestiture.
- F. The Company had no multiemployer plans during the periods reported.
- G. The Company had no consolidated company plans during the periods reported.
- H. The Company had no compensated absences plans during the periods reported.
- I. The Company had no postretirement benefit plans during the periods reported.

13. CAPITAL AND SURPLUS, SHAREHOLDERS' DIVIDEND RESTRICTIONS AND QUASI-REORGANIZATIONS – N/A

14. LIABILITIES, CONTINGENCIES and ASSESSMENTS – N/A

15. LEASES – N/A

16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATIONS OF CREDIT RISK – N/A

17. SALE, TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES

- A. The Company had no transfers of receivables reported as sales.
- B. The Company had no transfers of financial assets.
- C. The Company had no wash sales.

Notes to Financial Statement

18. GAIN OR LOSS TO THE REPORTING ENTITY FROM UNINSURED PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS – N/A

19. DIRECT PREMIUM WRITTEN/PRODUCED BY MANAGING GENERAL AGENTS/THIRD PARTY ADMINISTRATORS – N/A

20. FAIR VALUE MEASUREMENT

A. The Company has assets that are measured at fair value on a recurring basis and had no assets with fair value measurements using significant unobservable inputs.

1)

Fair Value Measurements at Reporting Date				
(1)	(2)	(3)	(4)	(5)
Description	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Common Stock	\$ 816,281	\$ -	\$ -	\$ 816,281
Total assets at fair value	\$ 816,281	\$ -	\$ -	\$ 816,281

2) The Company has no Level 2 or Level 3 assets.

3) The Company recognizes transfers between levels on the actual date of the event or change in circumstances that caused the transfer.

4) The Company uses the valuation technique that is based on the quoted prices in the active markets.

5) The Company does not have any derivative assets or liabilities.

B. The Company does not have any other fair value assets to disclose.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$413,828	\$413,828	\$413,828			
Industrial and Misc.						
Common Stock	\$816,281	\$816,281	\$816,281			

D. The Company had no fair value instruments or classes of financial instruments where it was not practical to estimate the fair value at either September 30, 2020 or 2019.

E. The Company had no investments valued using NAV.

21. OTHER ITEMS – N/A

22. EVENTS SUBSEQUENT

A. As of November 15, 2021 there have been no Type I events subsequent to September 30, 2021, which would have a material effect on the financial condition of the Company.

B. As of November 15, 2021 there have been no Type II events subsequent to September 30, 2021, which would have a material effect on the financial condition of the Company.

23. REINSURANCE – N/A

24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION

A. The Company has no federal contracts subject to redetermination.

B. The Company records accrued retrospective premiums as an adjustment to earned premiums.

C. The Company has no net premiums written that are subject to retrospective rating features.

D. Not Applicable

E. Risk Sharing Provisions of Affordable Care Act

Notes to Financial Statement

- 1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? NO
- 2) Impact of Risk-Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year.
- 3) The company had no Roll-forward of prior year ACA risk sharing assets.

25. CHANGE IN INCURRED CLAIMS AND CLAIMS ADJUSTMENT EXPENSES

- A. As a result of the 2021 payments being higher than the year end 2020 reserve amount, the Company has experienced \$163,442 of negative development. The Company has no 12/31/2020 liability remaining as of 9/30/2021.
- B. There were no significant changes in methodologies.

26. INTERCOMPANY POOLING ARRANGEMENTS – N/A

27. STRUCTURED SETTLEMENTS – N/A

28. HEALTH CARE RECEIVABLES –

- A. Pharmacy Rebates

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received within 90 Days of Billing	Actual Rebates Received within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
3/31/2021		\$ 7,163	\$ 7,163	\$ -	\$ -
6/30/2021		\$ 5,287	\$ 5,287	\$ -	\$ -
9/30/2021		\$ 2,486.	\$ 2,486	\$ -	\$ -
12/31/2021		\$ -	\$ -	\$ -	\$ -

- B. The Company did not have any risk sharing receivables during the periods reported.

29. PARTICIPATING POLICIES – N/A

30. PREMIUM DEFICIENCY RESERVES – N/A

31. ANTICIPATED SALVAGE AND SUBROGATION – N/A

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 [X]
1.3 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]
1.4 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?
 Yes [] No [X]
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:
 Yes [] No [X]
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]
If yes, complete and file the merger history data file with the NAIC.

4.2 If yes, provide the name of 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 Name of Entity	2 NAIC Company Code	3 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?
 Yes [] No [] N/A [X]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.
.....

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.
.....

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).
.....

6.4 By what department or departments?
.....

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.
 Yes [] No [X]
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?
 Yes [] No [X]
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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

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?
 Yes [X] No []
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 Yes [] No [X]
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 Yes [] No [X]
(c) Compliance with applicable governmental laws, rules and regulations;
 Yes [] No [X]
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 Yes [] No [X]
(e) Accountability for adherence to the code.
.....

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).
 Yes [] No [X]
9.3 Have any provisions of the code of ethics been waived for any of the specified officers?
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:
.....

GENERAL INTERROGATORIES (Continued)

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above		

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?

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

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
PNC Bank, NA	1 Cascade Plaza Akron OH 44308

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 and complete 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
PNC Bank, NA	U

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[X] No[]

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[X] No[]

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
NA	PNC Bank, NA	AD6GFRVSDT01YPT1CS68	NA	NO

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:

- 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.
- Issuer or obligor is current on all contracted interest and principal payments.
- 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:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- 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.
- 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]

GENERAL INTERROGATORIES (Continued)

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	.....	90.525%
1.2 A&H cost containment percent	.....	10.997%
1.3 A&H expense percent excluding cost containment expenses	.....	15.730%

2.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

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[X]

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[X]

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[X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

Q
13

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status (a)	Direct Business Only								
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life and Annuity Premiums and Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit -Type Contracts
1. Alabama (AL)	N									
2. Alaska (AK)	N									
3. Arizona (AZ)	N									
4. Arkansas (AR)	N									
5. California (CA)	N									
6. Colorado (CO)	N									
7. Connecticut (CT)	N									
8. Delaware (DE)	N									
9. District of Columbia (DC)	N									
10. Florida (FL)	N									
11. Georgia (GA)	N									
12. Hawaii (HI)	N									
13. Idaho (ID)	N									
14. Illinois (IL)	N									
15. Indiana (IN)	N									
16. Iowa (IA)	N									
17. Kansas (KS)	N									
18. Kentucky (KY)	N									
19. Louisiana (LA)	N									
20. Maine (ME)	N									
21. Maryland (MD)	N									
22. Massachusetts (MA)	N									
23. Michigan (MI)	N									
24. Minnesota (MN)	N									
25. Mississippi (MS)	N									
26. Missouri (MO)	N									
27. Montana (MT)	N									
28. Nebraska (NE)	N									
29. Nevada (NV)	N									
30. New Hampshire (NH)	N									
31. New Jersey (NJ)	N									
32. New Mexico (NM)	N									
33. New York (NY)	N									
34. North Carolina (NC)	N									
35. North Dakota (ND)	N									
36. Ohio (OH)	L	11,128,278							11,128,278	
37. Oklahoma (OK)	N									
38. Oregon (OR)	N									
39. Pennsylvania (PA)	N									
40. Rhode Island (RI)	N									
41. South Carolina (SC)	N									
42. South Dakota (SD)	N									
43. Tennessee (TN)	N									
44. Texas (TX)	N									
45. Utah (UT)	N									
46. Vermont (VT)	N									
47. Virginia (VA)	N									
48. Washington (WA)	N									
49. West Virginia (WV)	N									
50. Wisconsin (WI)	N									
51. Wyoming (WY)	N									
52. American Samoa (AS)	N									
53. Guam (GU)	N									
54. Puerto Rico (PR)	N									
55. U.S. Virgin Islands (VI)	N									
56. Northern Mariana Islands (MP)	N									
57. Canada (CAN)	N									
58. Aggregate other alien (OT)	XXX									
59. Subtotal	XXX	11,128,278							11,128,278	
60. Reporting entity contributions for Employee Benefit Plans	XXX									
61. Total (Direct Business)	XXX	11,128,278							11,128,278	

DETAILS OF WRITE-INS

58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX									
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX									

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 N - None of the above - Not allowed to write business in the state

1 R - Registered - Non-domiciled RRGs
 Q - Qualified - Qualified or accredited reinsurer

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

The Schroer Group

QQ



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?	*
		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	

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

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



2021

Document Code: 365

1636320213650003

SCHEDULE A - VERIFICATION

Real Estate

	1 Year To Date	2 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 Year To Date	2 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
9. Total foreign exchange change in book value/recorded investment
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 Year To Date	2 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 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,183,915	855,975
2. Cost of bonds and stocks acquired	236,500	547,012
3. Accrual of discount	14	150
4. Unrealized valuation increase (decrease)	5,771	11,518
5. Total gain (loss) on disposals	(3,978)	13,903
6. Deduct consideration for bonds and stocks disposed of	205,969	244,643
7. Deduct amortization of premium .....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other-than-temporary impairment recognized .....	.....	.....
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10)	1,216,253	1,183,915
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12)	1,216,253	1,183,915

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)	399,967	.....	.....	5	399,963	399,967	399,972	399,958
2. NAIC 2 (a)
3. NAIC 3 (a)
4. NAIC 4 (a)
5. NAIC 5 (a)
6. NAIC 6 (a)
7. Total Bonds	399,967	.....	.....	5	399,963	399,967	399,972	399,958
PREFERRED STOCK								
8. NAIC 1
9. NAIC 2
10. NAIC 3
11. NAIC 4
12. NAIC 5
13. NAIC 6
14. Total Preferred Stock
15. Total Bonds & Preferred Stock	399,967	.....	.....	5	399,963	399,967	399,972	399,958

(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**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	0	XXX			

SCHEDULE DA - Verification**Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	19,999
2. Cost of short-term investments acquired		
3. Accrual of discount		1
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		20,000
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	0	0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

SI04 Schedule DB - Part A Verification **NONE**

SI04 Schedule DB - Part B Verification **NONE**

SI05 Schedule DB Part C Section 1 **NONE**

SI06 Schedule DB Part C Section 2 **NONE**

SI07 Schedule DB - Verification **NONE**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	73,854	73,282
2. Cost of cash equivalents acquired	196,526	265,214
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	205,969	264,643
7. Deduct amortization of premium		
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	64,411	73,854
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	64,411	73,854

E01 Schedule A Part 2 **NONE**

E01 Schedule A Part 3 **NONE**

E02 Schedule B Part 2 **NONE**

E02 Schedule B Part 3 **NONE**

E03 Schedule BA Part 2 **NONE**

E03 Schedule BA Part 3 **NONE**

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
8399998	Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
8399999	Subtotal - Bonds				XXX				XXX
8999998	Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
8999999	Subtotal - Preferred Stocks				XXX		XXX		XXX
Common Stocks - Closed-End Funds									
413838566	Oakmark Intl Sm Cap-R6 (OAZEX)		07/14/2021 ..	PNC Investments	177,054	2,500	XXX		
957663669	Western Asset Core Plus (WAPSX)		08/06/2021 ..	PNC Investments	6,025,806	75,000	XXX		
77958B402	T Rowe Price Institutional (RPIFX)		08/11/2021 ..	PNC Investments	4,715,625	45,000	XXX		
9699999	Subtotal - Common Stocks - Closed-End Funds				XXX	122,500	XXX		XXX
9799997	Subtotal - Common Stocks - Part 3				XXX	122,500	XXX		XXX
9799998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX
9799999	Subtotal - Common Stocks				XXX	122,500	XXX		XXX
9899999	Subtotal - Preferred and Common Stocks				XXX	122,500	XXX		XXX
9999999	Total - Bonds, Preferred and Common Stocks				XXX	122,500	XXX		XXX

SCHEDULE D - PART 4**Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of
During the Current Quarter**

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value (Decrease)	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation, NAIC Designation Modifier and SVO Admin- istrative Symbol		
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other Than Temporary Impairment Recognized	13 Current Year's (Amortization)/ Accretion	14 Total Change in B/A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B/A.C.V.									
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	
8399999 Subtotal - Bonds					... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	
8999999 Subtotal - Preferred Stocks					... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	
Common Stocks - Mutual Funds																							
41383657 .. Oakmark Intl Sm Cap-Inst (OANEX)	07/14/2021	PNC Investments			177.054	2,500	... XXX ..	2,500	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
957663503 .. Western Asset Core Plus Bond Fd (WACPX)	08/06/2021	PNC Investments			6,020.879	75,000	... XXX ..	75,000	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
77958B105 .. T Rowe Price Institutional (PFFRX)	08/11/2021	PNC Investments			4,720.472	45,000	... XXX ..	45,000	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
9499999 Subtotal - Common Stocks - Mutual Funds					... XXX ..	122,500	... XXX ..	122,500	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
9799997 Subtotal - Common Stocks - Part 4					... XXX ..	122,500	... XXX ..	122,500	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
9799999 Subtotal - Common Stocks					... XXX ..	122,500	... XXX ..	122,500	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
9899999 Subtotal - Preferred and Common Stocks					... XXX ..	122,500	... XXX ..	122,500	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..
9999999 Total - Bonds, Preferred and Common Stocks					... XXX ..	122,500	... XXX ..	122,500	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..	... XXX ..

E06 Schedule DB Part A Section 1	NONE
E07 Schedule DB Part B Section 1	NONE
E08 Schedule DB Part D Section 1	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity	NONE
E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity	NONE
E10 Schedule DB Part E	NONE
E11 Schedule DL - Part 1 - Securities Lending Collateral Assets	NONE
E12 Schedule DL - Part 2 - Securities Lending Collateral Assets	NONE

SCHEDULE E - PART 1 - CASH**Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
open depositaries									
PNC Bank	United States .....	.....	.....	.....	.....	3,348,835	1,578,735	1,894,356	XXX
0199998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositaries ..	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0199999 Totals - Open Depositories .....	.....	XXX	... XXX ..	.....	.....	3,348,835	1,578,735	1,894,356	XXX
0299998 Deposits in .....0	depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositaries	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0299999 Totals - Suspended Depositories .....	.....	XXX	... XXX ..	.....	.....	.....	.....	.....	XXX
0399999 Total Cash On Deposit .....	.....	XXX	... XXX ..	.....	.....	3,348,835	1,578,735	1,894,356	XXX
0499999 Cash in Company's Office .....	.....	XXX	... XXX ..	... XXX ..	.....	.....	.....	.....	XXX
0599999 Total Cash .....	.....	XXX	... XXX ..	.....	.....	3,348,835	1,578,735	1,894,356	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 CUSIP	2 Description	3 Code	4 Date Acquired	5 Rate of Interest	6 Maturity Date	7 Book/Adjusted Carrying Value	8 Amount of Interest Due & Accrued	9 Amount Received During Year
	Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations			0.000				
				0.000				
				0.000				
				0.000				
3299999	Subtotal - Bonds - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations							
3899999	Subtotal - Bonds - Industrial & Miscellaneous (Unaffiliated)							
7699999	Subtotal - Bonds - Issuer Obligations							
8399999	Subtotal - Bonds							
	All Other Money Market Mutual Funds							
	PNC Govt Money Market und #405		04/11/2018	0.000	XXX	64,411		9
8699999	Subtotal - All Other Money Market Mutual Funds					64,411		9
9999999	Total Cash Equivalents					64,411		9