



16363202120100100

2021

Document Code: 201

16365202120100100

ANNUAL STATEMENT

For the Year Ending **DECEMBER 31, 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 Website 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)498-5210 (Fax Number)			

OFFICERS

Name	Title
Gerald Francis Schroer Jr	President
Orian Leon Nutter III	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)
Orian L. Nutter
(Printed Name)
2.
Secretary
(Title)

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

Subscribed and sworn to before me this
____ day of _____, 2022

- 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 Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	399,977		399,977	399,958
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common Stocks	812,920		812,920	783,957
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
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 (\$.....2,446,147, Schedule E Part 1), cash equivalents (\$.....77,494, Schedule E Part 2) and short-term investments (\$.....0, Schedule DA)	2,523,641		2,523,641	2,259,758
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	3,736,538		3,736,538	3,443,673
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	11,911		11,911	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	1,350,558		1,350,558	746,576
18.1 Current federal and foreign income tax recoverable and interest thereon	214,043		214,043	277,352
18.2 Net deferred tax asset	254,612		254,612	113,411
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	12,817		12,817	10,915
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment 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	1,063,318	1,063,318		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)	6,643,798	1,063,318	5,580,480	5,001,835
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	6,643,798	1,063,318	5,580,480	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 Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	2,472,400		2,472,400	2,841,358
2. Accrued medical incentive pool and bonus amounts				(40,188)
3. Unpaid claims adjustment expenses	31,826		31,826	16,830
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	71,765		71,765	
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserves				
7. Aggregate health claim reserves				
8. Premiums received in advance	62,617		62,617	103,663
9. General expenses due or accrued	169,302		169,302	182,915
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital 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				746
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. TOTAL Liabilities (Lines 1 to 23)	2,807,910		2,807,910	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	5,457,231	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	(2,684,661)	(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	2,772,569	1,896,511
34. TOTAL Liabilities, Capital and Surplus (Lines 24 and 33)	XXX	XXX	5,580,480	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		Prior Year
	1 Uncovered	2 Total	3 Total
	XXX	6,076	5,205
1. Member Months	XXX	6,076	5,205
2. Net premium income (including \$.....0 non-health premium income)	XXX	15,245,474	11,951,982
3. Change in unearned premium reserves and reserve 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	15,245,474	11,951,982
Hospital and Medical:			
9. Hospital/medical benefits		7,349,117	7,615,656
10. Other professional services		18,400	9,100
11. Outside referrals		2,152,071	1,323,700
12. Emergency room and out-of-area		211,106	33,130
13. Prescription drugs		1,217,130	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)		10,947,823	9,621,395
Less:			
17. Net reinsurance recoveries			
18. TOTAL Hospital and Medical (Lines 16 minus 17)		10,947,823	9,621,395
19. Non-health claims (net)			
20. Claims adjustment expenses, including \$.....1,500,258 cost containment expenses		1,682,538	1,261,376
21. General administrative expenses		2,418,254	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)		15,048,616	13,000,063
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	196,858	(1,048,080)
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)		43,780	40,346
26. Net realized capital gains (losses) less capital gains tax of \$.....0		(3,395)	14,054
27. Net investment gains (losses) (Lines 25 plus 26)		40,385	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	237,243	(993,681)
31. Federal and foreign income taxes incurred	XXX	(47,018)	(199,230)
32. Net income (loss) (Lines 30 minus 31)	XXX	284,261	(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 (Line 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 (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL & SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year	1,896,511	1,924,641
34. Net income or (loss) from Line 32	284,261	(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	730	11,518
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	30,874	105,177
39. Change in nonadmitted assets	(586,438)	(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	1,146,632	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)	876,058	(28,130)
49. Capital and surplus end of reporting year (Line 33 plus 48)	2,772,569	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	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance	15,276,193	12,052,080
2.	Net investment income	35,750	40,097
3.	Miscellaneous income		
4.	TOTAL (Lines 1 through 3)	15,311,943	12,092,177
5.	Benefit and loss related payments	11,857,023	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	4,704,137	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)	16,561,161	12,333,521
11.	Net cash from operations (Line 4 minus Line 10)	(1,249,218)	(241,345)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		80,000
12.2	Stocks	266,719	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		
12.7	Miscellaneous proceeds	19	151
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	266,738	244,793
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks	298,366	547,012
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	298,366	547,012
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(31,628)	(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	1,146,632	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)	398,097	(402,840)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,544,729	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)	263,883	161,922
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	2,259,758	2,097,836
19.2	End of year (Line 18 plus Line 19.1)	2,523,641	2,259,758

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

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

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....
6. Title XVIII - Medicare	15,337,783	.....	92,310	15,245,474
7. Title XIX - Medicaid .....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....
9. Health subtotal (Lines 1 through 8)	15,337,783	.....	92,310	15,245,474
10. Life .....	.....	.....	.....	.....
11. Property/casualty .....	.....	.....	.....	.....
12. TOTALS (Lines 9 to 11)	15,337,783	.....	92,310	15,245,474

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	11,316,781						11,316,781			
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	11,316,781						11,316,781			
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	2,472,400						2,472,400			
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	2,472,400						2,472,400			
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	2,841,358						2,841,358			
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	2,841,358						2,841,358			
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year										
12. Incurred benefits:										
12.1 Direct	10,947,823						10,947,823			
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net	10,947,823						10,947,823			
13. Incurred medical incentive pools and bonuses										

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
1.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. Incurred but Unreported:										
2.1 Direct	2,472,400	.....	.....	.....	.....	.....	2,472,400	.....	.....	.....
2.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2.4 Net	2,472,400	.....	.....	.....	.....	.....	2,472,400	.....	.....	.....
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3.4 Net .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4. TOTALS										
4.1 Direct	2,472,400	.....	.....	.....	.....	.....	2,472,400	.....	.....	.....
4.2 Reinsurance assumed .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.3 Reinsurance ceded .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4.4 Net	2,472,400	.....	.....	.....	.....	.....	2,472,400	.....	.....	.....

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	.....	.....	.....	.....	.....	.....
2. Medicare Supplement .....	.....	.....	.....	.....	.....	.....
3. Dental only .....	.....	.....	.....	.....	.....	.....
4. Vision only .....	.....	.....	.....	.....	.....	.....
5. Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
6. Title XVIII - Medicare	2,841,359	8,435,235	.....	2,472,400	2,841,359	2,841,359
7. Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
8. Other health .....	.....	.....	.....	.....	.....	.....
9. Health subtotal (Lines 1 to 8)	2,841,359	8,435,235	.....	2,472,400	2,841,359	2,841,359
10. Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
11. Other non-health .....	.....	.....	.....	.....	.....	.....
12. Medical incentive pool and bonus amounts .....	.....	.....	.....	.....	.....	(40,188)
13. TOTALS (Lines 9 - 10 + 11 + 12)	2,841,359	8,435,235	.....	2,472,400	2,841,359	2,801,171

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

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Grand Total
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....
4. 2019	XXX	XXX	3,615	3,615	3,615
5. 2020	XXX	XXX	XXX	8,298	8,298
6. 2021	XXX	XXX	XXX	XXX	9,712

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....
4. 2019	XXX	XXX	4,904	3,615	3,615
5. 2020	XXX	XXX	XXX	11,099	8,298
6. 2021	XXX	XXX	XXX	XXX	12,184

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2019	6,658	3,615	(151)	(4.183)	3,464	52.023	.....	.....	3,464	52.023
4. 2020	11,952	8,298	(1,328)	(16.003)	6,970	58.317	.....	.....	6,970	58.317
5. 2021	15,317	9,712	296	3.047	10,008	65.337	2,472	32	12,512	81.687

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)
Title XVIII - Medicare
Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....
4. 2019	XXX	XXX	.....	3,615	3,615
5. 2020	XXX	XXX	XXX	.....	8,298
6. 2021	XXX	XXX	XXX	XXX	9,712

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior .....	.....	.....	.....	.....	.....
2. 2017 .....	.....	.....	.....	.....	.....
3. 2018	XXX	.....	.....	.....	.....
4. 2019	XXX	XXX	.....	4,904	3,615
5. 2020	XXX	XXX	XXX	.....	11,099
6. 2021	XXX	XXX	XXX	XXX	12,184

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred	1	2	3	4	5	6	7	8	9	10
	Premiums Earned	Claims Payments	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Unpaid Claims Adjustment Expenses	Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	(Col. 9/1) Percent
1. 2017 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2. 2018 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3. 2019	6,658	3,615	(151)	(4.183)	3,464	52.023	.....	.....	3,464	52.023
4. 2020	11,952	8,298	(1,328)	(16.003)	6,970	58.317	.....	.....	6,970	58.317
5. 2021	15,317	9,712	296	3.047	10,008	65.337	2,472	32	12,512	81.687

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XIX-Medicaid NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1 Total	2 Compre- hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves									
2. Additional policy reserves (a)	71,765						71,765		
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$.....0 for investment income)									
5. Aggregate write-ins for other policy reserves									
6. TOTALS (Gross)	71,765						71,765		
7. Reinsurance ceded									
8. TOTALS (Net) (Page 3, Line 4)	71,765						71,765		
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. TOTALS (Gross)									
13. Reinsurance ceded									
14. TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)									
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)									

(a) Includes \$.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$.....0 for occupancy of own building)			31,167		31,167
2. Salaries, wages and other benefits	1,445,422		956,556		2,401,978
3. Commissions (less \$.....0 ceded plus \$.....0 assumed)					
4. Legal fees and expenses					
5. Certifications and accreditation fees			6,754		6,754
6. Auditing, actuarial and other consulting services			621,576		621,576
7. Traveling expenses	50,199		34,072		84,271
8. Marketing and advertising			30,305		30,305
9. Postage, express and telephone			9,294		9,294
10. Printing and office supplies	4,637		10,643		15,280
11. Occupancy, depreciation and amortization					
12. Equipment			3,166		3,166
13. Cost or depreciation of EDP equipment and software			5,431		5,431
14. Outsourced services including EDP, claims, and other services		182,280	(120,391)		61,889
15. Boards, bureaus and association fees					
16. Insurance, except on real estate			21,686		21,686
17. Collection and bank service charges			2,781		2,781
18. Group service and administration fees			621,877		621,877
19. Reimbursements by uninsured plans					
20. Reimbursements from fiscal intermediaries					
21. Real estate expenses					
22. Real estate taxes					
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes					
23.2 State premium taxes			370		370
23.3 Regulatory authority licenses and fees			9,715		9,715
23.4 Payroll taxes			173,254		173,254
23.5 Other (excluding federal income and real estate taxes)					
24. Investment expenses not included elsewhere					
25. Aggregate write-ins for expenses					
26. TOTAL Expenses Incurred (Lines 1 to 25)	1,500,258	182,280	2,418,254		(a) 4,100,792
27. Less expenses unpaid December 31, current year			169,302		169,302
28. Add expenses unpaid December 31, prior year			182,915		182,915
29. Amounts receivable relating to uninsured plans, prior year			746,576		746,576
30. Amounts receivable relating to uninsured plans, current year			1,350,558		1,350,558
31. TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	1,500,258	182,280	3,035,849		4,718,387

DETAILS OF WRITE-INS

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)					

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	10,000	10,013
1.1 Bonds exempt from U.S. tax	(a)		
1.2 Other bonds (unaffiliated)	(a)		
1.3 Bonds of affiliates	(a)		
2.1 Preferred stocks (unaffiliated)	(b)		
2.11 Preferred stocks of affiliates	(b)		
2.2 Common stocks (unaffiliated)	29,359		33,752
2.21 Common stocks of affiliates			
3. Mortgage loans	(c)		
4. Real estate	(d)		
5. Contract loans			
6. Cash, cash equivalents and short-term investments	(e)	13	14
7. Derivative instruments	(f)		
8. Other invested assets			
9. Aggregate write-ins for investment income			
10. TOTAL gross investment income	39,372		43,780
11. Investment expenses	(g)		
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)		
13. Interest expense	(h)		
14. Depreciation on real estate and other invested assets	(i)		
15. Aggregate write-ins for deductions from investment income			
16. TOTAL Deductions (Lines 11 through 15)			
17. Net Investment income (Line 10 minus Line 16)			43,780
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page			
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above)			

(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds		19	19		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)					
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)	(3,414)		(3,414)	730	
2.21 Common stocks of affiliates					
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. TOTAL Capital gains (losses)	(3,414)	19	(3,395)	730	

DETAILS OF WRITE-INS

0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)					

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)
2. Stocks (Schedule D):			
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):			
4.1 Properties occupied by the company
4.2 Properties held for the production of income
4.3 Properties held for sale
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)
6. Contract loans
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants (for Title insurers only)
14. Investment income due and accrued
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
15.3 Accrued retrospective premiums and contracts subject to redetermination
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
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care and other amounts receivable .....	..... 1,063,318	..... 476,880	..... (586,438)
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) .....	..... 1,063,318	..... 476,880	..... (586,438)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts
28. TOTAL (Lines 26 and 27) .....	..... 1,063,318	..... 476,880	..... (586,438)
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)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	471	475	491	539	557	6,076
2. Provider Service Organizations
3. Preferred Provider Organizations
4. Point of Service
5. Indemnity Only
6. Aggregate write-ins for other lines of business
7. TOTAL	471	475	491	539	557	6,076
DETAILS OF WRITE-INS						
0601.
0602.
0603.
0698. Summary of remaining write-ins for Line 6 from overflow page
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)

Notes to Financial Statements

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	\$284,261	\$(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)	\$284,261	\$(794,451)
SURPLUS		
5) TSG Guard Inc State Basis	\$2,772,569	\$1,904,745
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)	\$2,772,569	\$1,904,745

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

- A. The Company had no change in accounting principles and/or correction of errors during the periods reported.

Notes to Financial Statements

3. BUSINESS COMBINATIONS AND GOODWILL

- A. The Company had no business combinations accounted for under the statutory purchase method during the periods reported.
- B. The Company was not part of any merger during the periods reported.
- C. The Company had no assumption of reinsurance during the periods reported.
- D. An impairment loss was not recognized during the periods reported.

4. DISCONTINUED OPERATIONS

- A-D. The Company had no change in accounting principles and/or correction of errors during the periods reported.

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

- A. The Company had no investments in joint ventures, partnerships or limited liability companies during the periods reported.
- B. The Company had no impaired investments in joint ventures, partnerships or limited liability companies during the periods reported.

7. INVESTMENT INCOME

- A-B. The Company did not exclude any investment income due and accrued during the periods reported.

8. DERIVATIVE INSTRUMENTS

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

9. INCOME TAXES

- A. The components of the net deferred tax asset (liability) at December 31, are as follows:

The components of the net deferred tax asset (liability) at December 31, are as follows:

1	2021			2020			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross deferred tax assets	249,022	6,255	255,277	120,039	-	120,039	128,983	6,255	135,238
(b) Statutory valuation allowance	-	-	-	120,039	-	120,039	128,983	6,255	135,238
(c) Adjusted gross deferred tax assets	249,022	6,255	255,277	120,039	-	120,039	128,983	6,255	135,238
(d) Deferred tax assets Nonadmitted	-	-	-	120,039	-	120,039	128,983	6,255	135,238
(e) Subtotal (Net admitted deferred tax asset)	249,022	6,255	255,277	120,039	-	120,039	128,983	6,255	135,238
(f) Deferred tax liabilities	(665)	-	(665)	(2,292)	(4,277)	(6,569)	1,627	4,277	5,904
(g) Net Admitted Deferred Tax Asset (Liability)	248,357	6,255	254,612	117,747	(4,277)	113,470	130,610	10,532	141,142

2	2021			2020			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Federal income tax paid in prior years recoverable through loss carrybacks (11a)	63,309	-	63,309	-	-	-	63,309	-	63,309
(b) Lesser of 11bi and 11bii:	185,713	6,255	191,968	12,290	-	12,290	173,423	6,255	179,678
(b1) Deferred tax assets expected to be realized following the balance sheet date (11bi)	185,713	6,255	191,968	12,290	-	12,290	173,423	6,255	179,678
(b2) Limitation threshold (11bii)	XXX	XXX	469,631	XXX	XXX	-	XXX	XXX	469,631
(c) Adjusted gross deferred tax assets offset by deferred tax liabilities (11c)	-	-	-	-	-	-	-	-	-
(d) Admitted deferred tax assets	249,022	6,255	255,277	12,290	-	12,290	236,732	6,255	242,987

3	Used in SSAP 101, Paragraph 11b			2021			2020			Change		
				Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
	(a)	ExDTA ACL RBC Ratio used in calculation	XXX	XXX	394%	XXX	XXX	256%	XXX	XXX	XXX	XXX
	(b)	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2b2	XXX	XXX	\$ 3,130,875	XXX	XXX	\$ 2,033,407	XXX	XXX	XXX	XXX

- B. Not Applicable

- C. Current Tax and Change in Deferred Tax:

Notes to Financial Statements

Current and deferred income taxes consist of the following major components					
	2021		2020		
1 Federal income tax on ordinary income		-			
Federal income tax on net capital gains					
Foreign tax					
Other					
Federal and foreign income tax incurred		-			
2 Deferred tax assets	2021	2020	Change		
Ordinary					
Unpaid losses and LAE	7,976	8,975	(999)		
Unearned premium reserves	2,630	4,354	(1,724)		
Non-admitted assets	231,015	100,145	130,870		
Dividends	-	-	-		
Fixed assets	-	-	-		
Nondeductible accruals	7,401	6,533	868		
AMT credit carryforward	-	-	-		
Net operating loss carryforward	-	-	-		
Subtotal	249,022	120,007	129,015		
Statutory valuation allowance	-	-	-		
Nonadmitted	-	-	-		
Admitted ordinary deferred tax assets	249,022	120,007	129,015		
Capital					
Unrealized capital losses	6,255	-	6,255		
Capital loss carryforward	-	-	-		
Other than temporary impairment	-	-	-		
Subtotal	6,255	-	6,255		
Statutory valuation allowance	-	-	-		
Nonadmitted	-	-	-		
Admitted capital deferred tax assets	6,255	-	6,255		
Admitted deferred tax assets	255,277	120,007			

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate

Reconciliation of Federal Income Tax Rate to Actual Effective Rate

	2021	21%	2020	21%
Provision at statutory rate	63,568	21.0%		0.0%
Tax exempt deduction	-	0.0%		0
Dividends received deduction	-	0.0%		0.0%
Proration of tax exempt investment income	-	0.0%		0.0%
Nondeductible expenses	-	0.0%		0.0%
PPP loan forgiveness	-	0.0%		0.0%
Change in deferred tax on non-admitted assets	(130,870)	-43.2%		0.0%
Change in deferred tax on pension plan	-	0		0.0%
Change in statutory valuation allowance	-	0.0%		0
Impact of rate change	-	0.0%		0.0%
Prior year over/under accrual	-	0.0%		0.0%
Other	-	0.0%		0.0%
Totals	(67,302)	-22.2%		0.0%
Federal and foreign income taxes incurred	-			
Change in net deferred income taxes	(130,610)			
Total statutory income taxes	(130,610)			
Check	63,308			

E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits

- 1) At December 31, 2020, the Company had no net operating loss carry forwards available to offset against future taxable income.
- 2) The following are income taxes incurred in the current and prior years that will be available for recoupment in the event of future net losses:
 - a) 2020 \$0
 - b) 2019 \$0
 - c) 2018 \$0
- 3) The Company did not have any deposits admitted under Section 6603 of the Internal Revenue Service Code.
- F. The Company is included in a consolidated federal income tax return with the following affiliates: The Schroer Group, TSG Leadership, Inc., TSG Resources, Inc., TSG Investments, Inc., TSG Nursing Centers, Inc., TSG Ancillaries, Inc., TSG Services, Inc. The Company is an S-Corp and all taxable income/losses flow through the parent company.
- G. Federal or Foreign Income Tax Loss Contingencies
 - 1) The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date
- H. The company is not subject to Repatriation Transition Tax.
- I. The company has no Alternative Minimum Tax Credit

10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES

- A. The Company has no agreements with affiliates or related parties.
- B. The Company has no agreements with affiliates or related parties.
- C. The Company has no agreements with affiliates or related parties.
- D. The Company has no intercompany revolving credit facility in place with the parent company.
- E. The Company did not make any guarantees or undertakings, written or otherwise, for the benefit of an affiliate or related party which resulted in a material contingent exposure of the Company's assets to any liabilities during the periods reported.
- F. The Company had no administrative, marketing, and claims processing services with affiliates.

Notes to Financial Statements

- G. All outstanding shares of the Company were owned by the Company's parent, TSG Ancillaries, Inc.
- H. The Company did not own any shares, directly or indirectly, of an upstream intermediate entity or ultimate parent during the periods reported.
- I. The Company did not have an investment in an SCA entity that exceeds 10% of admitted assets of the insurer.
- J. The Company did not realize any impairment write down for its investments in Subsidiary, Controlled or Affiliated Companies during the statement period.
- K. The Company does not have an investment in a foreign insurance subsidiary.
- L. The Company did not hold an investment in a downstream non insurance holding company during the periods reported.
- M. The Company did not hold any other SCA Investments.
- N. The Company did not hold any insurance SCA investments that departed from NAIC statutory accounting practices and procedures during the periods reported.
- O. The Company did not hold or have any losses in SCA Investments.

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 \$16,186 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

- 1) The Company had 850 shares of common stock outstanding with a par value of owned 100% by TSG Ancillaries, Inc.
- 2) The Company had no preferred stock outstanding.
- 3) Without prior approval of its domiciliary commissioner, dividends to shareholders are limited by the laws of the Company's state of incorporation, Ohio, to an amount that is based on restrictions relating to statutory surplus and net income.
- 4) The Company paid \$0 dividends.
- 5) There were no restrictions placed on the Company's profits that may be paid as ordinary dividends to stock holders.
- 6) There were no restrictions placed on the Company's surplus.
- 7) The Total Amount of advances to surplus not repaid is \$0.
- 8) The Amounts of stock held by the Company, including stock of affiliated companies, for special purposes was:
 - A. For conversion of preferred stock: 0 shares.
 - B. For employee stock options: 0 shares.
 - C. For stock purchase warrants: 0 shares.
- 9) The Company had no changes in the balances for write-ins for special surplus funds.
- 10) The Company did not have any surplus funds represented that were reduced.
- 11) The Company had no outstanding surplus debentures or similar obligations during the periods reported.
- 12) The Company had no restatements due to quasi-reorganizations during the periods reported.
- 13) The Company was not involved in a quasi-reorganization during the periods reported

14. LIABILITIES, CONTINGENCIES and ASSESSMENTS

- A. The Company is not aware of any material contingent commitments.
- B. The Company is subject to the Ohio Life and Health Insurance Guaranty and do not know of any assessments that could have a material financial effect.
- C. The Company had no Gain Contingencies.
- D-F. Contingent liabilities arising from litigation, income taxes and other matters were not considered material in relation to the financial position of the Company.

15. LEASES

- A-B. The company had no leases.

Notes to Financial Statements

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

A. The Company had no financial instruments with off-balance sheet risk during the periods reported.

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.

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

A-C. The Company had no Uninsured A&H Plans or Uninsured Portion of Partially Insured Plans during the periods reported.

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

A. The Company had no direct premium written or produced by managing general agents or third-party administrators during the periods reported.

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	\$812,920	\$ -	\$ -	\$812,920	
Total assets at fair value	\$812,920	\$ -	\$ -	\$812,920	

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	\$409,860	\$409,860	\$409,860			
Industrial and Misc.						
Common Stock	\$812,920	\$812,920	\$812,920			

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 December 31, 2021 or 2020.
 E. The Company had no investments valued using NAV.

21. OTHER ITEMS

A. The Company did not experience an extraordinary event or transaction that resulted in a gain or loss.
 B. The Company had no troubled debt to restructure.
 C. There are no other applicable disclosures.
 D. The Company did not have any Business Interruption Insurance Recoveries.
 E. The Company did not have any State Transferable Tax Credits.
 F. The Company had no Subprime Mortgage Related Risk Exposure.
 G. The Company had no retained assets
 H. The Company has no Insurance Linked Securities.

Notes to Financial Statements

I. The Company has no amounts realized on Life Insurance.

22. EVENTS SUBSEQUENT

- A. As of March 1, 2022 there have been no Type I events subsequent to December 31, 2021, which would have a material effect on the financial condition of the Company.
- B. As of March 1, 2022 there have been no Type II events subsequent to December 31, 2021, which would have a material effect on the financial condition of the Company.

23. REINSURANCE

- A. Ceded Reinsurance Report
 - 1) Section 1— General Interrogatories
 - (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the company?
Yes No
 - (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or any other person not primarily engaged in the insurance business?
Yes No
 - 2) Section 2 — Ceded Reinsurance Report — Part A
 - (1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
Yes No
 - (2) Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurers exceed the total direct premium collected under the reinsured policies?
Yes No
 - 3) Section 3 — Ceded Reinsurance Report — part B
 - (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
 - (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year this statement, to included policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes No
- B. The Company did not write off any uncollectible reinsurance during the periods reported.
- C. The Company did not have any commutation of ceded reinsurance during the periods reported.
- D. The Company did not have a Reinsurer Rating Downgrade or Status Subject to Revocation during the periods reported.

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
 - 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. The Company has no 12/31/2020 liability remaining as of 12/31/2021.
- B. There were no significant changes in methodologies.

Notes to Financial Statements

26. INTERCOMPANY POOLING ARRANGEMENTS

A-G. The Company had no intercompany pooling arrangements

27. STRUCTURED SETTLEMENTS

A. The Company had no structured settlements.

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
12/31/2021		\$ -	\$ -	\$ -	\$ -
9/30/2021		\$ 6,867.59	\$ 6,867.59	\$ -	\$ -
6/30/2021		\$ 5,352.50	\$ 5,352.50	\$ -	\$ -
3/31/2021		\$ 5,774.82	\$ 5,774.82	\$ -	\$ -

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

29. PARTICIPATING POLICIES

A. The Company does not have participating policies or policyholder dividends

30. PREMIUM DEFICIENCY RESERVES

- 1) The Company does not have Premium Deficiency Reserves.
- 2) Date of the most recent evaluation of this liability 12/31/2019
- 3) Was anticipated investment income utilized in the calculation? (Yes / No) No

31. ANTICIPATED SALVAGE AND SUBROGATION

A. The Company did not have anticipated salvage and subrogation included as a reduction of loss reserves.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 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?
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

1.3 State Regulating?

1.4 Is the reporting entity publicly traded or a member of a publicly traded group?

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

Yes[X] No[]

2.1 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?

2.2 If yes, date of change:

Yes[] No[] N/A[X]
Ohio
Yes[] No[X]

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

3.2 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.

3.3 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).

3.4 By what department or departments?

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[] No[X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business?
 4.12 renewals?

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business?
 4.22 renewals?

Yes[] No[X]
Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of the 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.

Yes[] No[X]

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

6.1 Has the 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?

6.2 If yes, give full information:

Yes[] No[X]

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[] No[X]

7.2 If yes,
 7.21 State the percentage of foreign control 0.000%
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a depository institution holding company (DIHC), or a DIHC itself, regulated by the Federal Reserve Board?

8.2 If response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.

Yes[] No[X]

Yes[] No[X]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the reporting entity such company?

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule?

Yes[] No[X]

Yes[] No[] N/A[X]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Plante & Moran 3434 Granite Circle Toledo, OH 43617

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

10.2 If response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?

10.4 If response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

10.6 If the response to 10.5 is no or n/a please explain:

Yes[] No[X]

Yes[] No[X]

Yes[X] No[] N/A[]

GENERAL INTERROGATORIES (Continued)

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Lee Benefits Consulting 702 Saxony Drive Seven Fields, PA 16046

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

Yes[] No[X]

\$..... 0

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

Yes[] No[] N/A[X]

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[] No[] N/A[X]

13.3 Have there been any changes made to any of the trust indentures during the year?

Yes[] No[] N/A[X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

14.1 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;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

Yes[] No[X]

14.2 Has the code of ethics for senior managers been amended?

Yes[] No[X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

Yes[] No[X]

14.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[] No[X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes[] No[X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[X] No[]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[] No[X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers

\$..... 0

20.12 To stockholders not officers

\$..... 0

20.13 Trustees, supreme or grand (Fraternal only)

\$..... 0

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers

\$..... 0

20.22 To stockholders not officers

\$..... 0

20.23 Trustees, supreme or grand (Fraternal only)

\$..... 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[] No[X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others

\$..... 0

21.22 Borrowed from others

\$..... 0

21.23 Leased from others

\$..... 0

21.24 Other

\$..... 0

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[] No[X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment

\$..... 0

22.22 Amount paid as expenses

\$..... 0

22.23 Other amounts paid

\$..... 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[] No[X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days?

Yes[] No[X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

GENERAL INTERROGATORIES (Continued)

1 Name of Third-Party	2 Is the Third-Party Agent a Related Party (Yes/No)
.....	???

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)	Yes[X] No[]
25.02 If no, give full and complete information, relating thereto	
25.03 For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)	
25.04 For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions.	\$..... 0
25.05 For the reporting entity's securities lending program, report amount of collateral for other programs.	\$..... 0
25.06 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes[] No[] N/A[X]
25.07 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes[] No[] N/A[X]
25.08 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes[] No[] N/A[X]
25.09 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:	
25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$..... 0
25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$..... 0
25.093 Total payable for securities lending reported on the liability page.	\$..... 0
26.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 24.1 and 25.03).	Yes[] No[X]
26.2 If yes, state the amount thereof at December 31 of the current year:	
26.21 Subject to repurchase agreements	\$..... 0
26.22 Subject to reverse repurchase agreements	\$..... 0
26.23 Subject to dollar repurchase agreements	\$..... 0
26.24 Subject to reverse dollar repurchase agreements	\$..... 0
26.25 Placed under option agreements	\$..... 0
26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$..... 0
26.27 FHLB Capital Stock	\$..... 0
26.28 On deposit with states	\$..... 0
26.29 On deposit with other regulatory bodies	\$..... 0
26.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$..... 0
26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$..... 0
26.32 Other	\$..... 0
26.3 For category (26.26) provide the following:	

1 Nature of Restriction	2 Description	3 Amount
.....

27.1 Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes[] No[X]
27.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?	Yes[] No[] N/A[X]
If no, attach a description with this statement.	
LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:	
27.3 Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity?	Yes[] No[X]
27.4 If the response to 27.3 is yes, does the reporting entity utilize:	

27.41 Special Accounting Provision of SSAP No. 108	Yes[] No[X]
27.42 Permitted Accounting Practice	Yes[] No[X]
27.43 Other Accounting Guidance	Yes[] No[X]
27.5 By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, does the reporting entity at tests to the following:	Yes[] No[X]
<ul style="list-style-type: none"> - The reporting entity has obtained explicit approval from the domiciliary state. - Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. - Actuarial certification has been obtained which indicates that the hedging strategy is incorporated with in the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount. - Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts 	

28.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes[] No[X]
28.2 If yes, state the amount thereof at December 31 of the current year.	\$..... 0
29. 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 I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?	Yes[X] No[]
29.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:	

1 Name of Custodian(s)	2 Custodian's Address
PNC Bank, NA	1 Cascade Plaza Akron OH 44308

29.02 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:	Yes[] No[X]

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?	Yes[] No[X]
29.04 If yes, give full and complete information relating thereto:	

GENERAL INTERROGATORIES (Continued)

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

29.05 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

29.0597 For those firms/individuals listed in the table for Question 29.05, 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[]

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes[X] No[]

29.06 For those firms or individuals listed in the table for 29.05 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

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[] No[X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 Total

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

1	2 Statement (Admitted) Value	3 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	399,977	409,860	9,883
31.2 Preferred stocks .....	.....	.....	.....
31.3 Totals	399,977	409,860	9,883

31.4 Describe the sources or methods utilized in determining the fair values:
PNC Investments

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes[X] No[]
32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes[X] No[] N/A[]
32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes[X] No[]
33.2 If no, list exceptions:

34. By self-designation 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
a. 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.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. 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]

35. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security

GENERAL INTERROGATORIES (Continued)

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 d. 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]

36. 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]

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
 b. If the investment is with a nonrelated party or nonaffiliate then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
 c. If the investment is with a related party or affiliate then the reporting entity has complete robust reunderwriting of the transaction for which documentation is available for regulator review.
 d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a-37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?

Yes[] No[] N/A[X]

OTHER

38.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$.....0

38.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid

39.1 Amount of payments for legal expenses, if any?

\$.....0

39.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

40.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$.....0

40.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

	Yes [] No [X]	
1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	\$.....	0
1.2 If yes, indicate premium earned on U.S. business only:	\$.....	0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$.....	0
1.31 Reason for excluding:	\$.....	0
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$.....	0
1.5 Indicate total incurred claims on all Medicare Supplement insurance.	\$.....	0
1.6 Individual policies - Most current three years:	\$.....	0
1.61 TOTAL Premium earned	\$.....	0
1.62 TOTAL Incurred claims	\$.....	0
1.63 Number of covered lives	\$.....	0
All years prior to most current three years:	\$.....	0
1.64 TOTAL Premium earned	\$.....	0
1.65 TOTAL Incurred claims	\$.....	0
1.66 Number of covered lives	\$.....	0
1.7 Group policies - Most current three years:	\$.....	0
1.71 TOTAL Premium earned	\$.....	0
1.72 TOTAL Incurred claims	\$.....	0
1.73 Number of covered lives	\$.....	0
All years prior to most current three years:	\$.....	0
1.74 TOTAL Premium earned	\$.....	0
1.75 TOTAL Incurred claims	\$.....	0
1.76 Number of covered lives	\$.....	0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator	15,317,239	11,951,982
2.2 Premium Denominator	15,245,474	11,951,982
2.3 Premium Ratio (2.1 / 2.2)	100.471	100.000
2.4 Reserve Numerator	2,472,400	2,799,407
2.5 Reserve Denominator	2,544,165	2,801,170
2.6 Reserve Ratio (2.4 / 2.5)	97.179	99.937

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[]

4.2 If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[] No[] N/A[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical	\$.....	0
5.32 Medical Only	\$.....	0
5.33 Medicare Supplement	\$.....	0
5.34 Dental & Vision	\$.....	0
5.35 Other Limited Benefit Plan	\$.....	0
5.36 Other	\$.....	0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1 Does the reporting entity set up its claim liability for provider services on a service date basis?

Yes[X] No[]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year	.....	16,152
8.2 Number of providers at end of reporting year	.....	19,966

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months	.....	0
9.22 Business with rate guarantees over 36 months	.....	0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[]

10.2 If yes:

10.21 Maximum amount payable bonuses	\$.....	1,000,000
10.22 Amount actually paid for year bonuses	\$.....	0
10.23 Maximum amount payable withholds	\$.....	1,000,000
10.24 Amount actually paid for year withholds	\$.....	0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes[] No[X]
11.13 An Individual Practice Association (IPA), or,	Yes[] No[X]
11.14 A Mixed Model (combination of above)?	Yes[] No[X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements?

11.3 If yes, show the name of the state requiring such minimum capital and surplus.

Ohio

11.4 If yes, show the amount required.

\$..... 1,700,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[] No[X]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which the reporting entity is licensed to operate:

1 Name of Service Area
Ashland County
Carroll County
Coshocton County
Crawford County
Cuyahoga County
Erie County
Fairfield County
Geauga County
Guernsey County
Harrison County
Hocking County
Holmes County

GENERAL INTERROGATORIES (Continued)

1 Name of Service Area	
Huron County	.....
Knox County	.....
Lake County	.....
Licking County	.....
Lorain County	.....
Medina County	.....
Monroe County	.....
Morgan County	.....
Morrow County	.....
Noble County	.....
Perry County	.....
Portage County	.....
Stark County	.....
Summit County	.....
Tuscarawas County	.....
Vinton County	.....
Washington County	.....
Wayne County	.....

13.1 Do you act as a custodian for health savings accounts? Yes[] No[X]
 13.2 If yes, please provide the amount of custodial funds held as of the reporting date: \$..... 0
 13.3 Do you act as an administrator for health savings accounts? Yes[] No[X]
 13.4 If yes, please provide the balance of the funds administered as of the reporting date: \$..... 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, as authorized reinsurers? Yes[] No[] N/A[X]
 14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

15.1 Direct Premium Written \$..... 0
 15.2 Total incurred claims \$..... 0
 15.2 Number of covered lives 0

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

16. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes[] No[X]
 16.1 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]

FIVE-YEAR HISTORICAL DATA

	1 2021	2 2020	3 2019	4 2018	5 2017
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 28)	5,580,480	5,001,835	3,392,068	1,720,540	.....
2. TOTAL Liabilities (Page 3, Line 24)	2,807,910	3,105,324	1,467,426	20,753	.....
3. Statutory minimum capital and surplus requirement	1,700,000	1,700,000	1,700,000	1,700,000	.....
4. TOTAL Capital and Surplus (Page 3, Line 33)	2,772,569	1,896,511	1,924,641	1,699,787	.....
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	15,245,474	11,951,982	6,657,949	.....	.....
6. TOTAL Medical and Hospital Expenses (Line 18)	10,947,823	9,621,395	4,922,619	.....	.....
7. Claims adjustment expenses (Line 20)	1,682,538	1,261,376	695,689	.....	.....
8. TOTAL Administrative Expenses (Line 21)	2,418,254	2,117,291	1,458,773	979,822	.....
9. Net underwriting gain (loss) (Line 24)	196,858	(1,048,080)	(419,133)	(979,822)	.....
10. Net investment gain (loss) (Line 27)	40,385	54,400	26,712	8,895	.....
11. TOTAL Other Income (Lines 28 plus 29) .....	.....	.....	.....	.....	.....
12. Net income or (loss) (Line 32)	284,261	(794,451)	(314,299)	(970,927)	.....
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(1,249,218)	(241,345)	703,790	(965,539)	.....
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	2,772,569	1,896,511	1,924,641	1,699,787	.....
15. Authorized control level risk-based capital	798,569	647,858	426,777	13,339	.....
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	557	471	352	.....	.....
17. TOTAL Members Months (Column 6, Line 7)	6,076	5,205	3,042	.....	.....
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	71.8	80.5	73.9	.....	.....
20. Cost containment expenses	9.8	9.2	9.5	.....	.....
21. Other claims adjustment expenses	1.2	1.3	0.9	.....	.....
22. TOTAL Underwriting Deductions (Line 23)	98.7	108.8	106.3	.....	.....
23. TOTAL Underwriting Gain (Loss) (Line 24)	1.3	(8.8)	(6.3)	.....	.....
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	2,841,359	1,268,325	.....	.....	.....
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	2,801,171	1,289,184	.....	.....	.....
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....	.....	.....	.....	.....	.....
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....	.....	.....	.....	.....	.....
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....	.....	.....	.....	.....	.....
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	.....	.....	.....	.....	.....
30. Affiliated mortgage loans on real estate .....	.....	.....	.....	.....	.....
31. All other affiliated .....	.....	.....	.....	.....	.....
32. TOTAL of Above Lines 26 to 31 .....	.....	.....	.....	.....	.....
33. TOTAL Investment in Parent Included in Lines 26 to 31 above .....	.....	.....	.....	.....	.....

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3 - Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status (a)	Direct Business Only									10 Deposit - Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Plan Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8		
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		15,337,783							15,337,783	
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		15,337,783							15,337,783	
60. Reporting entity contributions for Employee Benefit Plans	XXX										
61. TOTAL (Direct Business)	XXX		15,337,783							15,337,783	

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

56

(b) Explanation of basis of allocation by state, premiums by state, etc.:

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

The Schroer Group

