



QUARTERLY STATEMENT  
AS OF JUNE 30, 2025  
OF THE CONDITION AND AFFAIRS OF THE  
TSG Guard, Inc.

NAIC Group Code	0000 (Current Period)	0000 (Prior Period)	NAIC Company Code	16363	Employer's ID Number	823519395
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	11/08/2017		Commenced Business	01/01/2019		
Statutory Home Office	7171 Keck Park Circle NW (Street and Number)		North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)			
Main Administrative Office			7171 Keck Park Circle NW (Street and Number)			
	North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)		(330)498-8200 (Area Code) (Telephone Number)			
Mail Address	7171 Keck Park Circle NW (Street and Number or P.O. Box)		North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			7171 Keck Park Circle NW (Street and Number)			
	North Canton, OH, US 44720 (City or Town, State, Country and Zip Code)		(330)498-8200 (Area Code) (Telephone Number)			
Internet Web Site Address	www.valorhealthplan.com					
Statutory Statement Contact	Nathan Mitchell Haines (Name)		(330)498-5273 (Area Code)(Telephone Number)(Extension)			
	Nathan.Haines@tsgrinc.com (E-Mail Address)					
			(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

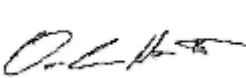
Susanne Finley Schroer  
Andrew M. Schroer  
John Herbert McMillian  
Jim Tracy

Gerald Francis Schroer Jr.  
Al Paulus  
Carol Roif  
Chris Remark

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 Schroer 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 , 2025

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

Yes[X] No[ ]

(Notary Public Signature)

ASSETS

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Bonds .....	416,849		416,849	411,166
2.	Stocks:				
2.1	Preferred stocks .....				
2.2	Common stocks .....	1,105,736		1,105,736	1,082,646
3.	Mortgage loans on real estate:				
3.1	First liens .....				
3.2	Other than first liens .....				
4.	Real estate:				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3	Properties held for sale (less \$.....0 encumbrances) .....				
5.	Cash (\$.....10,367,320), cash equivalents (\$.....117,964) and short-term investments (\$.....0) .....	10,485,284		10,485,284	11,717,996
6.	Contract loans (including \$.....0 premium notes) .....				
7.	Derivatives .....				
8.	Other invested assets .....				
9.	Receivables for securities .....				
10.	Securities lending reinvested collateral assets .....				
11.	Aggregate write-ins for invested assets .....				
12.	Subtotals, cash and invested assets (Lines 1 to 11) .....	12,007,869		12,007,869	13,211,808
13.	Title plants less \$.....0 charged off (for Title insurers only) .....				
14.	Investment income due and accrued .....	6,450		6,450	4,226
15.	Premiums and considerations:				
15.1	Uncollected premiums and agents' balances in the course of collection .....	712,373		712,373	
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 .....	750,314		750,314	54,630
18.1	Current federal and foreign income tax recoverable and interest thereon .....				
18.2	Net deferred tax asset .....	218,275		218,275	218,275
19.	Guaranty funds receivable or on deposit .....				
20.	Electronic data processing equipment and software .....	17,476		17,476	17,784
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 .....				500,000
24.	Health care (\$.....0) and other amounts receivable .....	589,831	404,831	185,000	138,321
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) .....	14,302,589	404,831	13,897,758	14,145,045
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28.	TOTAL (Lines 26 and 27) .....	14,302,589	404,831	13,897,758	14,145,045
DETAILS OF WRITE-INS					
1101.	.....				
1102.	.....				
1103.	.....				
1198.	Summary of remaining write-ins for Line 11 from overflow page .....				
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) .....				
2501.	.....				
2502.	.....				
2503.	.....				
2598.	Summary of remaining write-ins for Line 25 from overflow page .....				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....				

**LIABILITIES, CAPITAL AND SURPLUS**

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	6,845,773		6,845,773	7,069,381
2.	Accrued medical incentive pool and bonus amounts .....				
3.	Unpaid claims adjustment expenses .....	122,679		122,679	122,679
4.	Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act .....				222,754
5.	Aggregate life policy reserves .....				
6.	Property/casualty unearned premium reserve .....				
7.	Aggregate health claim reserves .....				
8.	Premiums received in advance .....				77,870
9.	General expenses due or accrued .....	436,979		436,979	275,624
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses)) .....	192,889		192,889	112,889
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 .....	493,392		493,392	244,563
23.	Aggregate write-ins for other liabilities (including \$.....0 current) .....				
24.	Total liabilities (Lines 1 to 23) .....	8,091,713		8,091,713	8,125,761
25.	Aggregate write-ins for special surplus funds .....	X X X	X X X		
26.	Common capital stock .....	X X X	X X X		
27.	Preferred capital stock .....	X X X	X X X		
28.	Gross paid in and contributed surplus .....	X X X	X X X	7,114,829	6,354,582
29.	Surplus notes .....	X X X	X X X		
30.	Aggregate write-ins for other-than-special surplus funds .....	X X X	X X X		
31.	Unassigned funds (surplus) .....	X X X	X X X	(1,308,783)	(335,298)
32.	Less treasury stock, at cost:				
32.1	.....0 shares common (value included in Line 26 \$.....0) .....	X X X	X X X		
32.2	.....0 shares preferred (value included in Line 27 \$.....0) .....	X X X	X X X		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32) .....	X X X	X X X	5,806,045	6,019,284
34.	Total Liabilities, capital and surplus (Lines 24 and 33) .....	X X X	X X X	13,897,758	14,145,045
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.	.....	X X X	X X X		
2502.	.....	X X X	X X X		
2503.	.....	X X X	X X X		
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	X X X	X X X		
3001.	.....	X X X	X X X		
3002.	.....	X X X	X X X		
3003.	.....	X X X	X X X		
3098.	Summary of remaining write-ins for Line 30 from overflow page .....	X X X	X X X		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) .....	X X X	X X X		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months .....	X X X .....	10,905	8,580	18,273
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	34,490,897	23,931,772	50,332,520
3.	Change in unearned premium reserves and reserve for rate credits .....	X X X .....			
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....			
5.	Risk revenue .....	X X X .....			
6.	Aggregate write-ins for other health care related revenues .....	X X X .....			
7.	Aggregate write-ins for other non-health revenues .....	X X X .....			
8.	Total revenues (Lines 2 to 7) .....	X X X .....	34,490,897	23,931,772	50,332,520
<b>Hospital and Medical:</b>					
9.	Hospital/medical benefits .....		16,327,141	12,022,986	27,948,884
10.	Other professional services .....				
11.	Outside referrals .....		3,206,016	2,813,643	5,418,952
12.	Emergency room and out-of-area .....		4,108,012	1,030,981	2,749,629
13.	Prescription drugs .....		6,167,939	2,409,061	3,882,736
14.	Aggregate write-ins for other hospital and medical .....				
15.	Incentive pool, withhold adjustments and bonus amounts .....				
16.	Subtotal (Lines 9 to 15) .....		29,809,109	18,276,671	40,000,201
<b>Less:</b>					
17.	Net reinsurance recoveries .....		18,688	333,482	519,215
18.	Total hospital and medical (Lines 16 minus 17) .....		29,790,420	17,943,189	39,480,986
19.	Non-health claims (net) .....				
20.	Claims adjustment expenses, including \$.....0 cost containment expenses .....		4,373,206	2,354,945	6,766,818
21.	General administrative expenses .....		2,039,742	2,502,019	4,124,781
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) .....		36,203,369	22,800,153	50,372,585
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	(1,712,471)	1,131,619	(40,065)
25.	Net investment income earned .....		264,889	280,536	727,985
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....		5,683	(23,860)	(27,829)
27.	Net investment gains (losses) (Lines 25 plus 26) .....		270,572	256,676	700,156
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) .....	X X X .....	(1,441,900)	1,388,294	660,091
31.	Federal and foreign income taxes incurred .....	X X X .....	80,000	335,843	51,916
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	(1,521,900)	1,052,451	608,175
<b>DETAILS OF WRITE-INS</b>					
0601.	.....	X X X .....			
0602.	.....	X X X .....			
0603.	.....	X X X .....			
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....			
0701.	.....	X X X .....			
0702.	.....	X X X .....			
0703.	.....	X X X .....			
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....			
1401.	.....				
1402.	.....				
1403.	.....				
1498.	Summary of remaining write-ins for Line 14 from overflow page .....				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....				
2901.	.....				
2902.	.....				
2903.	.....				
2998.	Summary of remaining write-ins for Line 29 from overflow page .....				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) .....				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3
		Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT				
33.	Capital and surplus prior reporting year .....	6,019,284	5,972,921	5,972,921
34.	Net income or (loss) from Line 32 .....	(1,521,900)	1,052,451	608,175
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 .....	21,035	37,752	64,290
37.	Change in net unrealized foreign exchange capital gain or (loss) .....			
38.	Change in net deferred income tax .....			25,842
39.	Change in nonadmitted assets .....	527,379	76,342	(241,358)
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 .....	760,247	(25,959)	(410,586)
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) .....	(213,239)	1,140,587	46,363
49.	Capital and surplus end of reporting period (Line 33 plus 48) .....	5,806,045	7,113,508	6,019,284
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	2	3
		Current	Prior	Prior
		Year	Year	Year Ended
		To Date	To Date	December 31
Cash from Operations				
1.	Premiums collected net of reinsurance .....	33,477,900	23,468,580	50,352,564
2.	Net investment income .....	256,982	281,331	727,652
3.	Miscellaneous income .....			
4.	TOTAL (Lines 1 to 3) .....	33,734,882	23,749,911	51,080,216
5.	Benefit and loss related payments .....	29,533,329	17,316,395	36,704,096
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	6,698,448	2,488,801	8,362,321
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....		422,461	160,546
10.	TOTAL (Lines 5 through 9) .....	36,231,777	20,227,657	45,226,963
11.	Net cash from operations (Line 4 minus Line 10) .....	(2,496,895)	3,522,254	5,853,253
Cash from Investments				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....			
12.2	Stocks .....		578,884	707,926
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 .....			17,098
12.7	Miscellaneous proceeds .....	5,683	23,514	
12.8	TOTAL investment proceeds (Lines 12.1 to 12.7) .....	5,683	602,397	725,024
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....			
13.2	Stocks .....	2,055	726,146	857,723
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....		10,843	324
13.7	TOTAL investments acquired (Lines 13.1 to 13.6) .....	2,055	736,989	858,047
14.	Net increase/(decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	3,628	(134,592)	(133,023)
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 .....	760,247	(25,959)	(410,586)
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) .....	500,308	13,620	(501,851)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,260,555	(12,339)	(912,437)
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) .....	(1,232,712)	3,375,323	4,807,793
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	11,717,996	6,910,203	6,910,203
19.2	End of period (Line 18 plus Line 19.1) .....	10,485,284	10,285,526	11,717,996
Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:				
20.0001	Due From Parent Receivable .....			500,000

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

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	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Credit A&H	11  Disability Income	12  Long-Term Care	13  Other Health	14  Other Non-Health
		2  Individual	3  Group											
Total Members at end of:														
1. Prior Year .....	1,744							1,744						
2. First Quarter .....	1,803							1,803						
3. Second Quarter .....	1,922							1,922						
4. Third Quarter .....														
5. Current Year .....														
6. Current Year Member Months .....	10,905							10,905						
Total Member Ambulatory Encounters for Period:														
7. Physician .....	35,494							35,494						
8. Non-Physician .....	15,428							15,428						
9. Total .....	50,922							50,922						
10. Hospital Patient Days Incurred .....	3,127							3,127						
11. Number of Inpatient Admissions .....	623							623						
12. Health Premiums Written (a) .....	34,654,393							34,654,393						
13. Life Premiums Direct .....														
14. Property/Casualty Premiums Written .....														
15. Health Premiums Earned .....	34,654,393							34,654,393						
16. Property/Casualty Premiums Earned .....														
17. Amount Paid for Provision of Health Care Services .....	29,809,109							29,809,109						
18. Amount Incurred for Provision of Health Care Services .....	29,809,109							29,809,109						

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....34,654,393.

**CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid .....						
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....						
0499999 Subtotals .....						
0599999 Unreported claims and other claim reserves .....						6,845,773
0699999 Total Amounts Withheld .....						
0799999 Total Claims Unpaid .....						6,845,773
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....						



**UNDERWRITING AND INVESTMENT EXHIBIT**

**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

		Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec 31 of Prior Year	4 On Claims Incurred During the Year		
Line of Business							
1.	Comprehensive (hospital & medical) Individual .....	.....	.....	.....	.....	.....	.....
2.	Comprehensive (hospital & medical) Group .....	.....	.....	.....	.....	.....	.....
3.	Medicare Supplement .....	.....	.....	.....	.....	.....	.....
4.	Vision only .....	.....	.....	.....	.....	.....	.....
5.	Dental only .....	.....	.....	.....	.....	.....	.....
6.	Federal Employees Health Benefits Plan .....	.....	.....	.....	.....	.....	.....
7.	Title XVIII - Medicare .....	6,852,442	23,161,586	216,939	6,628,834	7,069,381	7,069,381
8.	Title XIX - Medicaid .....	.....	.....	.....	.....	.....	.....
9.	Credit A&H .....	.....	.....	.....	.....	.....	.....
10.	Disability Income .....	.....	.....	.....	.....	.....	.....
11.	Long-Term Care .....	.....	.....	.....	.....	.....	.....
12.	Other health .....	.....	.....	.....	.....	.....	.....
13.	Health subtotal (Lines 1 to 12) .....	6,852,442	23,161,586	216,939	6,628,834	7,069,381	7,069,381
14.	Healthcare receivables (a) .....	.....	.....	.....	.....	.....	.....
15.	Other non-health .....	.....	.....	.....	.....	.....	.....
16.	Medical incentive pools and bonus amounts .....	.....	.....	.....	.....	.....	.....
17.	Totals (Lines 13 - 14 + 15 + 16) .....	6,852,442	23,161,586	216,939	6,628,834	7,069,381	7,069,381

(a) Excludes \$.00 loans or advances to providers not yet expensed.

**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.

	2025	2024
<b>NET INCOME</b>		
1) TSG Guard Inc State Basis	(\$1,521,900)	\$608,175
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)	(\$1,521,900)	\$608,175
<b>SURPLUS</b>		
5) TSG Guard Inc State Basis	\$5,806,045	\$5,519,284
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)	\$5,806,045	\$5,519,284

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 has no accounting changes or corrections of errors.

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. 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. 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 March 31, are as follows:

1	2025			2024			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	227,378	-	227,378	227,378	-	227,378	-	-	-
(b)	-	-	-	-	-	-	-	-	-
(c)	227,378	-	227,378	227,378	-	227,378	-	-	-
(d)	-	-	-	-	-	-	-	-	-
(e)	227,378	-	227,378	227,378	-	227,378	-	-	-
(f)	(3,530)	(5,573)	(9,103)	(3,530)	(5,573)	(9,103)	-	-	-
(g)	223,848	(5,573)	218,275	223,848	(5,573)	218,275	-	-	-
2	2025			2024			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	227,378	-	227,378	227,378	-	227,378	-	-	-
(b)	-	-	-	-	-	-	-	-	-
(b1)	-	-	-	-	-	-	-	-	-
(b2)	XXX	XXX	942,145	XXX	XXX	902,893	XXX	XXX	39,252
(c)	-	-	-	-	-	-	-	-	-
(d)	227,378	-	227,378	227,378	-	227,378	-	-	-
3	2025			2024			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a)	XXX	XXX	317%	XXX	XXX	303%	-	-	-
(b)	XXX	XXX	\$ 6,280,956	XXX	XXX	\$ 6,019,284	-	-	-

Notes to Financial Statements

- B. Not Applicable
- C. Current Tax and Change in Deferred Tax:

Current and deferred income taxes consist of the following major components:				
	2025	2024		
1. Federal income tax on ordinary income	\$1,916	\$1,916		
Federal income tax on net capital gains				
Foreign tax				
Other				
Federal and foreign income tax incurred	\$1,916	\$1,916		
2. Deferred tax assets	2025	2024	Change	
Ordinary				
Unpaid losses and LAE	23,638	23,638		
Unearned premium reserves	3,271	3,271		
Non-admitted assets	195,764	195,764		
Dividends	-	-		
Fixed assets	-	-		
Nondeductible accruals	4,705	4,705		
AMT credit carryforward	-	-		
Net operating loss carryforward	-	-		
Other	-	-		
Subtotal	227,378	227,378		
Statutory valuation allowance	-	-		
Nonadmitted	-	-		
Admitted ordinary deferred tax assets	227,378	227,378		
Capital				
Unrealized capital losses	-	-		
Capital loss carryforward	-	-		
Other than temporary impairment	-	-		
Subtotal	-	-		
Statutory valuation allowance	-	-		
Nonadmitted	-	-		
Admitted capital deferred tax assets	-	-		
Admitted deferred tax assets	227,378	227,378		
3. Deferred tax liabilities	2025	2024	Change	
Ordinary				
Salvage and subrogation	-	-		
Fixed assets	3,530	3,530		
Bond discount adjustments	-	-		
Transition adjustment for LRC	-	-		
Subtotal	3,530	3,530		
Capital				
Unrealized capital gains	5,573	5,573		
Subtotal	5,573	5,573		
Deferred Tax Liabilities	9,103	9,103		
4. Net Deferred tax Assets/Liabilities	218,275	218,275		

- D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate
- E. Operating Loss and Tax Credit Carry forwards and Protective Tax Deposits
  - 1) At June 30, 2025, 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) 2024 \$128,551
    - b) 2023 \$140,588
    - c) 2022 \$0

**Notes to Financial Statements**

- 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 – N/A**

**11. DEBT**

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

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

- A-D. The Company had no defined benefit plans during the periods reported.
- E. The Company had \$824 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 costs related to a defined contribution plan during the periods reported.
  - G. 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 owned 100% by TSG Services, 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 received a \$500,000 capital contribution from Parent in the first quarter 2025. This was recorded in 2024 as a receivable. The Company also received a capital contribution from Parent of \$1,000,000 in June 2025.
- 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.

Notes to Financial Statements

15. LEASES

A-B. The company had no leases.

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	\$ 1,105,736	\$ -	\$ -	\$ 1,105,736
Total assets at fair value	\$ 1,105,736	\$ -	\$ -	\$ 1,105,736

- 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	391,712	391,712	391,712			
Industrial and Misc.						
Common Stock						

- 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 June 30, 2025 or December 31, 2024.
- 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.

# Notes to Financial Statements

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

## 22. EVENTS SUBSEQUENT

- A. As of August 15, 2025 there have been no Type I events subsequent to June 30, 2025, which would have a material effect on the financial condition of the Company.
- B. As of August 15, 2025 there have been no Type II events subsequent to June 30, 2025, 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 (X)
    - (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 (X)
  - 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 (X)
    - (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 (X)
  - 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 (X)
- 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. The Company currently has an estimated risk corridor receivable of \$0.
- C. The Company has \$34,490,898 of 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

Notes to Financial Statements

- 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. Reserves as of December 31, 2024 were \$7,069,381. As of June 30, 2025, \$6,852,442 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$216,939 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been no change prior-year development since December 31, 2024.
- B. There were no significant changes in methodologies.

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
6/30/2025		\$568,659			
3/31/2025		\$467,401	\$556,346		
12/31/2024		\$994,454	\$708,731		
9/30/2024		\$450,108	\$389,947		
6/30/2024		\$501,372	\$287,761		
3/31/2024		\$600,236	\$306,524		
12/31/2023		\$779,510	\$592,321		
9/30/2023		\$834,989	\$684,989		
6/30/2023		\$528,125	\$378,125		
3/31/2023		\$495,211	\$345,211		
12/31/2022		\$521,366			
9/30/2022		\$156,501	\$156,501		
6/30/2022		\$201,277	\$201,277		
3/31/2022		\$196,587	\$196,587	\$ -	\$ -
12/31/2021		\$ -	\$ -	\$ -	\$ -
9/30/2021		\$ -	\$ -	\$ -	\$ -
6/30/2021		\$ -	\$ -	\$ -	\$ -
3/31/2021		\$ -	\$ -	\$ -	\$ -

- 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 12/31/2024
- 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 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[ ] No[X]
- 1.2 If yes, has the report been filed with the domiciliary state?

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

Yes[ ] No[X]
- 2.2 If yes, date of change:
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[ ]
- If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes[ ] No[X]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes:
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group?

Yes[ ] No[X]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes[ ] No[ ] N/A[X]
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2022
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2022
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/17/2024
- 6.4 By what department or departments?

Ohio
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes[X] No[ ] N/A[ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[X] No[ ] N/A[ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]
- 7.2 If yes, give full information
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[ ]
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(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.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

Yes[ ] No[X]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$..... 0

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes[ ] No[X]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0
13. Amount of real estate and mortgages held in short-term investments:

\$..... 0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[ ] No[X]
- 14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?  
If no, attach a description with this statement.

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

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

16.3 Total payable for securities lending reported on the liability page

\$ ..... 0  
\$ ..... 0  
\$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[ ]

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

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:

Yes[ ] No[X]

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

17.5 Investment management - Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. 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	2
Name of Firm or Individual	Affiliation
PNC Bank, NA .....	..... U .....

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
NA .....	PNC Bank, NA .....	AD6GFRVSDT01YPT1CS68 ...	NA .....	..... NO .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

18.2 If no, list exceptions:

Yes[X] No[ ]

19. By self-designating 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]

20. 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.

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

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]

**GENERAL INTERROGATORIES (Continued)**

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The shares were purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes[ ] No[X]

**GENERAL INTERROGATORIES**

**PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent	99.051%
1.2 A&H cost containment percent	12.679%
1.3 A&H expense percent excluding cost containment expenses	5.914%
2.1 Do you act as a custodian for health savings accounts?	Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$..... 0
2.3 Do you act as an administrator for health savings accounts?	Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$..... 0
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?	Yes[ ] No[X]
3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes[ ] No[X]

**SCHEDULE S - CEDED REINSURANCE**  
**Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Type of Reinsurer	9 Certified Reinsurer Rating (1 through 6)	10 Effective Date of Certified Reinsurer Rating

NONE

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

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
State, Etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Plan Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit -Type Contracts
1.	Alabama (AL) .....	N ..									
2.	Alaska (AK) .....	N ..									
3.	Arizona (AZ) .....	N ..									
4.	Arkansas (AR) .....	N ..									
5.	California (CA) .....	N ..									
6.	Colorado (CO) .....	N ..									
7.	Connecticut (CT) .....	N ..									
8.	Delaware (DE) .....	N ..									
9.	District of Columbia (DC) .....	N ..									
10.	Florida (FL) .....	N ..									
11.	Georgia (GA) .....	N ..									
12.	Hawaii (HI) .....	N ..									
13.	Idaho (ID) .....	N ..									
14.	Illinois (IL) .....	N ..									
15.	Indiana (IN) .....	N ..									
16.	Iowa (IA) .....	N ..									
17.	Kansas (KS) .....	N ..									
18.	Kentucky (KY) .....	N ..									
19.	Louisiana (LA) .....	N ..									
20.	Maine (ME) .....	N ..									
21.	Maryland (MD) .....	N ..									
22.	Massachusetts (MA) .....	N ..									
23.	Michigan (MI) .....	N ..									
24.	Minnesota (MN) .....	N ..									
25.	Mississippi (MS) .....	N ..									
26.	Missouri (MO) .....	N ..									
27.	Montana (MT) .....	N ..									
28.	Nebraska (NE) .....	N ..									
29.	Nevada (NV) .....	N ..									
30.	New Hampshire (NH) .....	N ..									
31.	New Jersey (NJ) .....	N ..									
32.	New Mexico (NM) .....	N ..									
33.	New York (NY) .....	N ..									
34.	North Carolina (NC) .....	N ..									
35.	North Dakota (ND) .....	N ..									
36.	Ohio (OH) .....	L ..		34,654,393						34,654,393	
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) .....	X X X									
59.	Subtotal .....	X X X		34,654,393						34,654,393	
60.	Reporting entity contributions for Employee Benefit Plans .....	X X X									
61.	Total (Direct Business) .....	X X X		34,654,393						34,654,393	
DETAILS OF WRITE-INS											
58001.	.....	X X X									
58002.	.....	X X X									
58003.	.....	X X X									
58998.	Summary of remaining write-ins for Line 58 from overflow page .....	X X X									
58999.	TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above) .....	X X X									

(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG
2. R - Registered - Non-domiciled RRGs
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

1

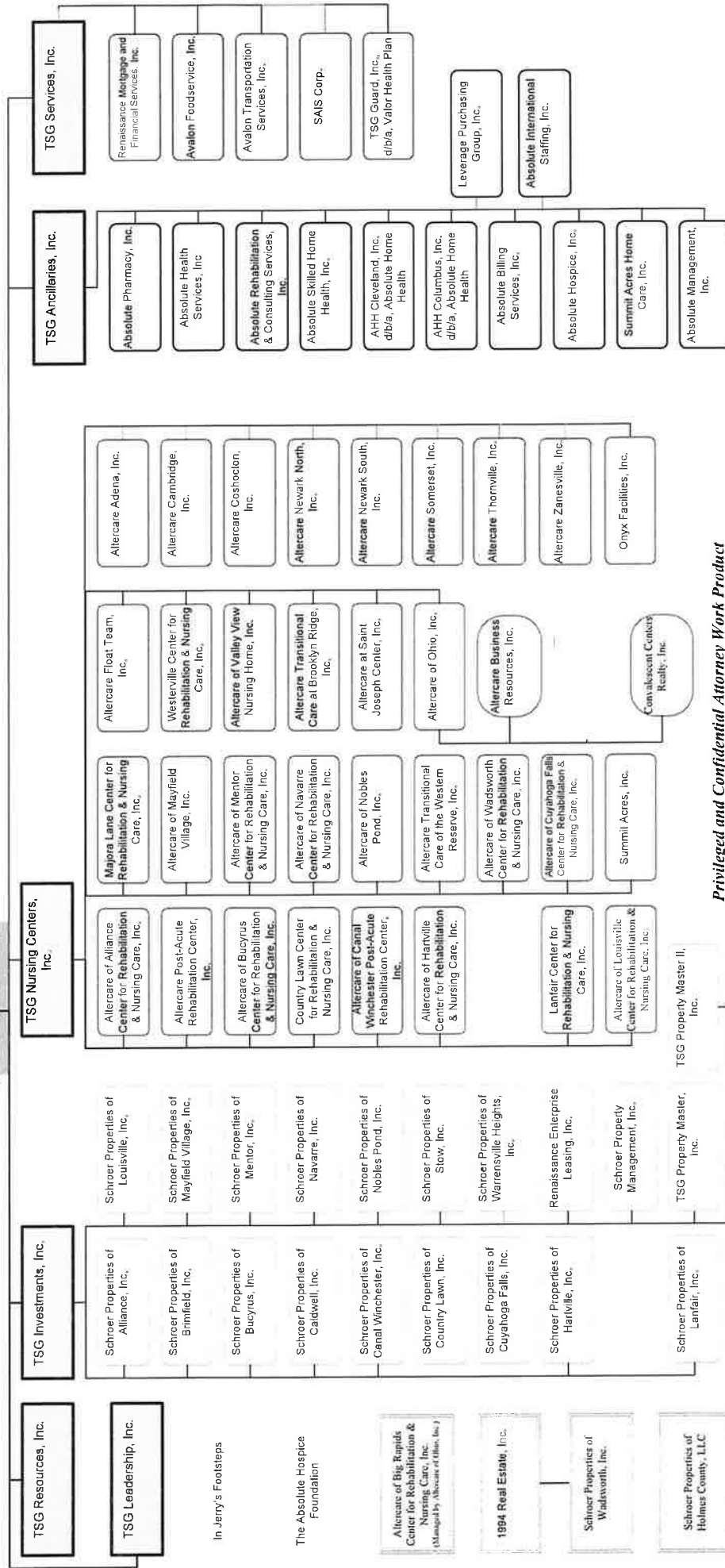
4. Q - Qualified - Qualified or accredited reinsurer
5. N - None of the above - Not allowed to write business in the state

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# Corporate Chart

As of July 2021

The Schroer Group, Inc.



Privileged and Confidential Attorney Work Product

**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
016		00000	34-1745891				The Schroer Group, Inc	OH	UIP	Self	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0269872				TSG Leadership, Inc.	OH	NIA	The Schroer Group, Inc	Ownership	100.0	The Schroer Group, Inc	No	
		00000	01-0916887				TSG Resources, Inc.	OH	NIA	The Schroer Group, Inc	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0047454				TSG Investments, Inc.	OH	NIA	The Schroer Group, Inc	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0047455				TSG Nursing Centers, Inc.	OH	NIA	The Schroer Group, Inc	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0047457				TSG Ancillaries, Inc.	OH	NIA	The Schroer Group, Inc	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0047458				TSG Services, Inc.	OH	UDP	The Schroer Group, Inc	Ownership	100.0	The Schroer Group, Inc	No	
		16363	82-3519395				TSG Guard, Inc.	OH	RE	TSG Services, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	31-0827122	000000000			Schroer Properties of Alliance, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1752588				Schoer Properties of Brimfield, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1722485				Schroer Properties of Bucyrus, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	47-5370162				Schroer Properties of Caldwell, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0158322				Schroer Properties of Canal Winchester, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	80-0689588				Schroer Properties of Country Lawn, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	41-2247338				Schroer Properties of Cuyahoga Falls, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1594363				Schroer Properties of Hartville, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1932576				Schroer Properties of Lanfair, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	46-1321502				Schroer Properties of Louisville, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1962107				Schroer Properties of Mayfield Village, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1524230				Schroer Properties of Navarre, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964254				Schroer Properties of Nobles Pond, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1722483				Schroer Properties of Mentor, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	30-0616622				Schroer Properties of Stow, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	81-1333566				Schroer Properties of Warrensville Heights, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	14-1909665				Renaissance Enterprise Leasing, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0269874				Schroer Property Management, Inc	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	90-0664401				TSG Property Master Inc.	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	90-0664401				TSG Property Master II Inc.	OH	NIA	TSG Investments, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964445				Altercare of Alliance Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964440				Altercare Post-Acute Rehabilitation Center, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964435				Altercare of Bucyrus Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1145752				Country Lawn Centerfor Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	33-1176173				Altercare of Canal Winchester Post-Acute Rehabilitation Center, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964436				Altercare of Hartville Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	31-1717747				Lanfair Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1277012				Altercare of Louisville Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1664704				Majora Lane Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1962106				Altercare of Mayfield Village, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964437				Altercare of Mentor Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	



**SCHEDULE Y**  
**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
Q16.1		00000	34-1964439				Altercare of Navarre Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964255				Altercare of Nobles Pond, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	27-3121552				Altercare Transitional Care of the Western Reserve, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964441				Altercare of Wadsworth Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	31-1552696				Altercare of Cuyahoga Falls Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	31-0713042				Summit Acres, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964442				Altercare Float Team, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1964444				Westerville Center for Rehabilitation & Nursing Care, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	27-0022505				Altercare of Valley View Nursing Home, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	47-2576088				Altercare at Saint Joseph Center, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1736788				Altercare of Ohio, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	56-2442348				Altercare Business Resources, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	31-1489888				Convalescent Centers Realty, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3613994				Altercare Adena, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3494363				Altercare Cambridge, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3500400				Altercare Coshocton, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3654260				Altercare Newark North, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3625184				Altercare Newark South, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3675485				Altercare Somerset, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3685547				Altercare Thornville, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3699615				Altercare Zanesville, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-3711531				Onyx Facilities, Inc.	OH	NIA	TSG Nursing Centers, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1812414				Absolute Pharmacy, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1776815				Absolute Health Services, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1603285				Absolute Rehabilitation & Consulting Services, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	31-1526583				Absolute Skilled Home Health, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	81-4217064				AHH Cleveland, Inc.d/b/a, Absolute Home Health	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1736788				Absolute Billing Services, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	46-4126593				Absolute Hospice, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	31-1396507				Summit Acres Home Care, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	32-0269874				Absolute Management, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	82-2031059				Leverage Purchasing Group, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	87-1808006				Absolute International Staffing, Inc.	OH	NIA	TSG Ancillaries, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1650680				Renaissance Mortgage and Financial Services, Inc.	OH	NIA	TSG Services, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	34-1772772				Avalon Foodservice, Inc.	OH	NIA	TSG Services, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	01-0881906				Avalon Transportation Services, Inc.	OH	NIA	TSG Services, Inc.	Ownership	100.0	The Schroer Group, Inc	No	
		00000	14-1909662				SAIS Corp.	OH	NIA	TSG Services, Inc.	Ownership	100.0	The Schroer Group, Inc	No	

Asterisk	Explanation
0000001	.....

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No
AUGUST FILING	
2. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? The response for 1st and 3rd quarters should be N/A. A NO response resulting with a bar code is only appropriate in the 2nd quarter.	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



163632025365000022025Document Code: 365

Communication of Internal Control Related Matters Noted in an Audit



163632025222000022025Document Code: 222

**OVERFLOW PAGE FOR WRITE-INS**

**SCHEDULE A - VERIFICATION**

**Real Estate**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition .....		
2.2	Additional investment made after acquisition .....		
3.	Current year change in encumbrances .....		
4.	Total gain (loss) on disposals .....		
5.	Deduct amounts received on disposals .....		
6.	Total foreign exchange change in book/adjusted carrying value .....		
7.	Deduct current year's other-than-temporary impairment recognized .....		
8.	Deduct current year's depreciation .....		
9.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) .....		
10.	Deduct total nonadmitted amounts .....		
11.	Statement value at end of current period (Line 9 minus Line 10) .....		

**SCHEDULE B - VERIFICATION**

**Mortgage Loans**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition .....		
2.2	Additional investment made after acquisition .....		
3.	Capitalized deferred interest and other .....		
4.	Accrual of discount .....		
5.	Unrealized valuation increase/(decrease) .....		
6.	Total gain (loss) on disposals .....		
7.	Deduct amounts received on disposals .....		
8.	Deduct amortization of premium and mortgage interest points .....		
9.	Total foreign exchange change in book value/recorded investment .....		
10.	Deduct current year's other-than-temporary impairment recognized .....		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12.	Total valuation allowance .....		
13.	Subtotal (Line 11 plus Line 12) .....		
14.	Deduct total nonadmitted amounts .....		
15.	Statement value at end of current period (Line 13 minus Line 14) .....		

**SCHEDULE BA - VERIFICATION**

**Other Long-Term Invested Assets**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....		
2.	Cost of acquired:		
2.1	Actual cost at time of acquisition .....		
2.2	Additional investment made after acquisition .....		
3.	Capitalized deferred interest and other .....		
4.	Accrual of discount .....		
5.	Unrealized valuation increase/(decrease) .....		
6.	Total gain (loss) on disposals .....		
7.	Deduct amounts received on disposals .....		
8.	Deduct amortization of premium, depreciation and proportionate amortization .....		
9.	Total foreign exchange change in book/adjusted carrying value .....		
10.	Deduct current year's other-than-temporary impairment recognized .....		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....		
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....		

**SCHEDULE D - VERIFICATION**

**Bonds and Stocks**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	1,493,812	1,312,962
2.	Cost of bonds and stocks acquired .....	2,055	857,723
3.	Accrual of discount .....	5,683	11,366
4.	Unrealized valuation increase/(decrease) .....	21,035	64,614
5.	Total gain (loss) on disposals .....		(44,927)
6.	Deduct consideration for bonds and stocks disposed of .....		707,926
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....		
11.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9 + 10) .....	1,522,585	1,493,812
12.	Deduct total nonadmitted amounts .....		
13.	Statement value at end of current period (Line 11 minus Line 12) .....	1,522,585	1,493,812

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**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation**

NAIC Designation		1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>ISSUER CREDIT OBLIGATIONS (ICO)</b>									
1.	NAIC 1 (a) .....	414,008			2,842	414,008	416,849		411,166
2.	NAIC 2 (a) .....								
3.	NAIC 3 (a) .....								
4.	NAIC 4 (a) .....								
5.	NAIC 5 (a) .....								
6.	NAIC 6 (a) .....								
7.	Total ICO .....	414,008			2,842	414,008	416,849		411,166
<b>ASSET-BACKED SECURITIES (ABS)</b>									
8.	NAIC 1 .....								
9.	NAIC 2 .....								
10.	NAIC 3 .....								
11.	NAIC 4 .....								
12.	NAIC 5 .....								
13.	NAIC 6 .....								
14.	Total ABS .....								
<b>PREFERRED STOCK</b>									
15.	NAIC 1 .....								
16.	NAIC 2 .....								
17.	NAIC 3 .....								
18.	NAIC 4 .....								
19.	NAIC 5 .....								
20.	NAIC 6 .....								
21.	Total Preferred Stock .....								
22.	Total ICO, ABS & Preferred Stock .....	414,008			2,842	414,008	416,849		411,166

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....0; NAIC 2 \$.....0;  
NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

SCHEDULE DA - PART 1

Short - Term Investments					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
7709999999. Totals .....	.....	X X X .....	.....	.....	.....

SCHEDULE DA - Verification

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

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

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

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

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

**SI07   Schedule DB - Verification   ..... NONE**



**SCHEDULE E - PART 2 - VERIFICATION**  
**(Cash Equivalents)**

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year .....	101,739	203,134
2.	Cost of cash equivalents acquired .....	16,225	31,200
3.	Accrual of discount .....		
4.	Unrealized valuation increase/(decrease) .....		
5.	Total gain (loss) on disposals .....		
6.	Deduct consideration received on disposals .....		132,595
7.	Deduct amortization of premium .....		
8.	Total foreign exchange change in book/adjusted carrying value .....		
9.	Deduct current year's other-than-temporary impairment recognized .....		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	117,964	101,739
11.	Deduct total nonadmitted amounts .....		
12.	Statement value at end of current period (Line 10 minus Line 11) .....	117,964	101,739

**E01   Schedule A Part 2   ..... NONE**

**E01   Schedule A Part 3   ..... NONE**

**E02   Schedule B Part 2   ..... NONE**

**E02   Schedule B Part 3   ..... NONE**

**E03   Schedule BA Part 2   ..... NONE**

**E03   Schedule BA Part 3   ..... NONE**

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9
CUSIP Identification	Description	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
<b>Common Stocks - Mutual Funds - Designations Assigned by the SVO</b>								
057071805 .	Baird Intermediate Bond Fund (BIMIX) .....	04/28/2025 ..	PNC Investments .....	32.466	338			1.C .....
057071805 .	Baird Intermediate Bond Fund (BIMIX) .....	05/28/2025 ..	PNC Investments .....	33.253	345			1.C .....
057071805 .	Baird Intermediate Bond Fund (BIMIX) .....	06/28/2025 ..	PNC Investments .....	34.874	364			1.C .....
5319999999	Subtotal - Common Stocks - Mutual Funds - Designations Assigned by the SVO .....				1,048	X X X .....		X X X .....
5989999997	Subtotal - Common Stocks - Part 3 .....				1,048	X X X .....		X X X .....
5989999998	Summary Item from Part 5 for Common Stocks (N/A to Quarterly) .....				X X X .....	X X X .....	X X X .....	X X X .....
5989999999	Subtotal - Common Stocks .....				1,048	X X X .....		X X X .....
5999999999	Subtotal - Preferred and Common Stocks .....				1,048	X X X .....		X X X .....
6009999999	Totals .....				1,048	X X X .....		X X X .....

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

1	2	3	4	5	6	7	8	9	Change in Book/Adjusted Carrying Value					15	16	17	18	19	20	21
									10	11	12	13	14							
CUSIP Identification	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (10 + 11 - 12)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	Designation NAIC NAIC Designation Modifier and SVO Admini- strative Symbol
6009999999 Totals .....					.....	... X X X ...	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.. X X X .	.... X X X ...

**E06   Schedule DB Part A Section 1 ..... NONE**

**E07   Schedule DB Part B Section 1 ..... NONE**

**E08   Schedule DB Part D Section 1 ..... NONE**

**E09   Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE**

**E09   Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE**

**E10   Schedule DB Part E ..... NONE**

**E11   Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE**

**E12   Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE**

**SCHEDULE E - PART 1 - CASH**

**Month End Depository Balances**

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
Depository			Restric- ted Asset Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	6	7	8	*
							First Month	Second Month	Third Month	
<b>Open Depositories</b>										
PNC Bank .....	United States .....				118,967		11,414,971	15,874,228	10,367,320	X X X
0199998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Open Depositories			X X X	X X X						X X X
0199999 Total - Open Depositories .....			X X X	X X X	118,967		11,414,971	15,874,228	10,367,320	X X X
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - Suspended Depositories .....			X X X	X X X						X X X
0299999 Total - Suspended Depositories .....			X X X	X X X						X X X
0399999 Total Cash On Deposit .....			X X X	X X X	118,967		11,414,971	15,874,228	10,367,320	X X X
0499999 Cash in Company's Office .....			X X X	X X X	X X X	X X X				X X X
0599999 Total .....			X X X	X X X	118,967		11,414,971	15,874,228	10,367,320	X X X

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Restricted Asset Code	Date Acquired	Stated Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
<b>All Other Money Market Mutual Funds</b>								
.....	PNC Govt Money Market und #405 .....	.....	.... 04/11/2018 ...	..... 4.270	..... X X X .....	..... 117,964	.....	..... 16,225
8309999999 Subtotal - All Other Money Market Mutual Funds .....						..... 117,964	.....	..... 16,225
8589999999 Subtotal - Total Cash Equivalents (Unaffiliated) (Sum of Lines: 048, 810, 820, 830, 840 and 849) .....						..... 117,964	.....	..... 16,225
8609999999 Total Cash Equivalents .....						..... 117,964	.....	..... 16,225