



16363202520100102

2025

Document Code: 201

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 | | | | | | | |
| 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) | | | | |
| 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) | | | | |
| Internet Web Site Address | | www.valorhealthplan.com | (Area Code) (Telephone Number) | | | | |
| Statutory Statement Contact | | Nathan Mitchell Haines (Name) Nathan.Haines@tsginc.com (E-Mail Address) | (330)498-8200 (Area Code) (Telephone Number) (Area Code)(Telephone Number)(Extension) (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 Rolf
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) 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 December 31 Prior Year Net Admitted Assets |
|---|------------------------|----------------------------|--|---|
| | 1 Assets | 2 Nonadmitted Assets | 3 Net Admitted Assets (Cols. 1 - 2) | |
| 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 | XXX | XXX | | |
| 26. Common capital stock | XXX | XXX | | |
| 27. Preferred capital stock | XXX | XXX | | |
| 28. Gross paid in and contributed surplus | XXX | XXX | 7,114,829 | 6,354,582 |
| 29. Surplus notes | XXX | XXX | | |
| 30. Aggregate write-ins for other-than-special surplus funds | XXX | XXX | | |
| 31. Unassigned funds (surplus) | XXX | XXX | (1,308,783) | (335,298) |
| 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 | 5,806,045 | 6,019,284 |
| 34. Total Liabilities, capital and surplus (Lines 24 and 33) | XXX | XXX | 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. | XXX | XXX | | |
| 2502. | XXX | XXX | | |
| 2503. | XXX | XXX | | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page | XXX | XXX | | |
| 2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) | XXX | XXX | | |
| 3001. | XXX | XXX | | |
| 3002. | XXX | XXX | | |
| 3003. | XXX | XXX | | |
| 3098. Summary of remaining write-ins for Line 30 from overflow page | XXX | XXX | | |
| 3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above) | XXX | XXX | | |

STATEMENT OF REVENUE AND EXPENSES

| | Current Year To Date | | Prior Year To Date | Prior Year Ended December 31 |
|---|----------------------|-------------|--------------------|------------------------------|
| | 1 Uncovered | 2 Total | | 4 Total |
| | | | | |
| 1. Member Months | XXX | 10,905 | 8,580 | 18,273 |
| 2. Net premium income (including \$.....0 non-health premium income) | XXX | 34,490,897 | 23,931,772 | 50,332,520 |
| 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 | 34,490,897 | 23,931,772 | 50,332,520 |
| Hospital and Medical: | | | | |
| 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 |
| Less: | | | | |
| 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) | XXX | (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) | XXX | (1,441,900) | 1,388,294 | 660,091 |
| 31. Federal and foreign income taxes incurred | XXX | 80,000 | 335,843 | 51,916 |
| 32. Net income (loss) (Lines 30 minus 31) | XXX | (1,521,900) | 1,052,451 | 608,175 |
| DETAILS OF WRITE-INS | | | | |
| 0601. | XXX | | | |
| 0602. | XXX | | | |
| 0603. | XXX | | | |
| 0698. Summary of remaining write-ins for Line 6 from overflow page | XXX | | | |
| 0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) | XXX | | | |
| 0701. | XXX | | | |
| 0702. | XXX | | | |
| 0703. | XXX | | | |
| 0798. Summary of remaining write-ins for Line 7 from overflow page | XXX | | | |
| 0799. TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above) | XXX | | | |
| 1401. | | | | |
| 1402. | | | | |
| 1403. | | | | |
| 1498. Summary of remaining write-ins for Line 14 from overflow page | | | | |
| 1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) | | | | |
| 2901. | | | | |
| 2902. | | | | |
| 2903. | | | | |
| 2998. Summary of remaining write-ins for Line 29 from overflow page | | | | |
| 2999. TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above) | | | | |

STATEMENT OF REVENUE AND EXPENSES (Continued)

| | 1 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended December 31 |
|--|------------------------------|----------------------------|---|
| CAPITAL & SURPLUS ACCOUNT | | | |
| 33. Capital and surplus prior reporting year | 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 Current Year To Date | 2 Prior Year To Date | 3 Prior Year Ended 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

| | 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 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 days | 6 Over 120 Days | 7 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

| Line of Business | Claims Paid Year to Date | | Liability End of Current Quarter | | 5 | 6 |
|--|---|--|---|--|-----------|-----------|
| | 1 On Claims Incurred Prior to January 1 of Current Year | 2 On Claims Incurred During the Year | 3 On Claims Unpaid Dec 31 of Prior Year | 4 On Claims Incurred During the Year | | |
| 1. Comprehensive (hospital & medical) 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 \$.....0 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 |
|--|---------------|-------------|
| NET INCOME | | |
| 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 |
| SURPLUS | | |
| 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) Gross deferred tax assets | 227,378 | - | 227,378 | 227,378 | - | 227,378 | - | - | - |
| (b) Statutory valuation allowance | - | - | - | - | - | - | - | - | - |
| (c) Adjusted gross deferred tax assets | 227,378 | - | 227,378 | 227,378 | - | 227,378 | - | - | - |
| (d) Deferred tax assets Nonadmitted | - | - | - | - | - | - | - | - | - |
| (e) Subtotal (Net admitted deferred tax asset) | 227,378 | - | 227,378 | 227,378 | - | 227,378 | - | - | - |
| (f) Deferred tax liabilities | (3,530) | (5,573) | (9,103) | (3,530) | (5,573) | (9,103) | - | - | - |
| (g) Net Admitted Deferred Tax Asset (Liability) | 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) Federal income tax paid in prior years recoverable through loss carrybacks (11a) | 227,378 | - | 227,378 | 227,378 | - | 227,378 | - | - | - |
| (b) Lesser of 11b1 and 11b1i | - | - | - | - | - | - | - | - | - |
| (b1) Deferred tax assets expected to be realized following the balance sheet date | - | - | - | - | - | - | - | - | - |
| (b2) Limitation threshold (11b1i) | XXX | XXX | 942,145 | XXX | XXX | 902,893 | - | - | - |
| (c) Adjusted gross deferred tax assets offset by deferred tax liabilities (11c) | - | - | - | - | - | - | - | - | - |
| (d) Admitted deferred tax assets | 227,378 | - | 227,378 | 227,378 | - | 227,378 | - | - | - |
| | | | | | | | | | |
| 3 | Used in SSAP 101, Paragraph 11b | | | | | | | | |
| (a) EBITDA ACL RBC Ratio used in calculation | XXX | XXX | 317% | XXX | XXX | - | XXX | XXX | - |
| Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2022 | 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 | | | |
| 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 | 227,378 | 227,378 | = |
| Admitted deferred tax assets | 227,378 | 227,378 | = |
| 3. Deferred tax liabilities | | | |
| Ordinary | | | |
| Salvage and subrogation | - | - | |
| Fixed assets | 3,530 | 3,530 | |
| Bond discount adjustments | - | - | |
| Transition adjustment for LRD | - | - | |
| 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
 - (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. 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?
 1.2 If yes, has the report been filed with the domiciliary state?

Yes[] No[X]
 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?
 2.2 If yes, date of change:

Yes[] No[X]

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?
 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?
 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?
 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.

Yes[X] No[]

Yes[] No[X]

Yes[] No[X]

Yes[] No[X]

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
 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.
 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.
 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

..... 12/31/2022

..... 12/31/2022

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

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

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?
 7.2 If yes, give full information

Yes[] No[X]

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

Yes[] No[X]

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

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

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

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

Yes[X] No[]

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (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:

Yes[] No[X]

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

Yes[] No[X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

Yes[] No[X]

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

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

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

Yes[] No[X]

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

\$..... 0

INVESTMENT

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

Yes[] No[X]

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

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$..... 0

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

\$..... 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes[] No[X]

14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

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

Yes[] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

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

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

\$ 0

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

\$ 0

16.3 Total payable for securities lending reported on the liability page

\$ 0

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

Yes[X] No[]

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

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

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

| 1 Name(s) | 2 Location(s) | 3 Complete Explanation(s) |
|--------------|------------------|------------------------------|
| | | |

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

Yes[] No[X]

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

| 1 Old Custodian | 2 New Custodian | 3 Date of Change | 4 Reason |
|--------------------|--------------------|---------------------|-------------|
| | | | |

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

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

Yes[X] No[]

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

Yes[X] No[]

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

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

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

Yes[X] No[]

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes[] No[X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

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

- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

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

Yes[] No[X]

GENERAL INTERROGATORIES**PART 2 - HEALTH**

1. Operating Percentages:

| | | |
|---|-------|---------|
| 1.1 A&H loss percent | ..... | 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 |
|------------------------------|-------------------|------------------------|------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------|---|--|
| | | | | N O N E | | | | | |
| | | | | | | | | | |

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

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

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:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG

2. R - Registered - Non-domiciled RRGs

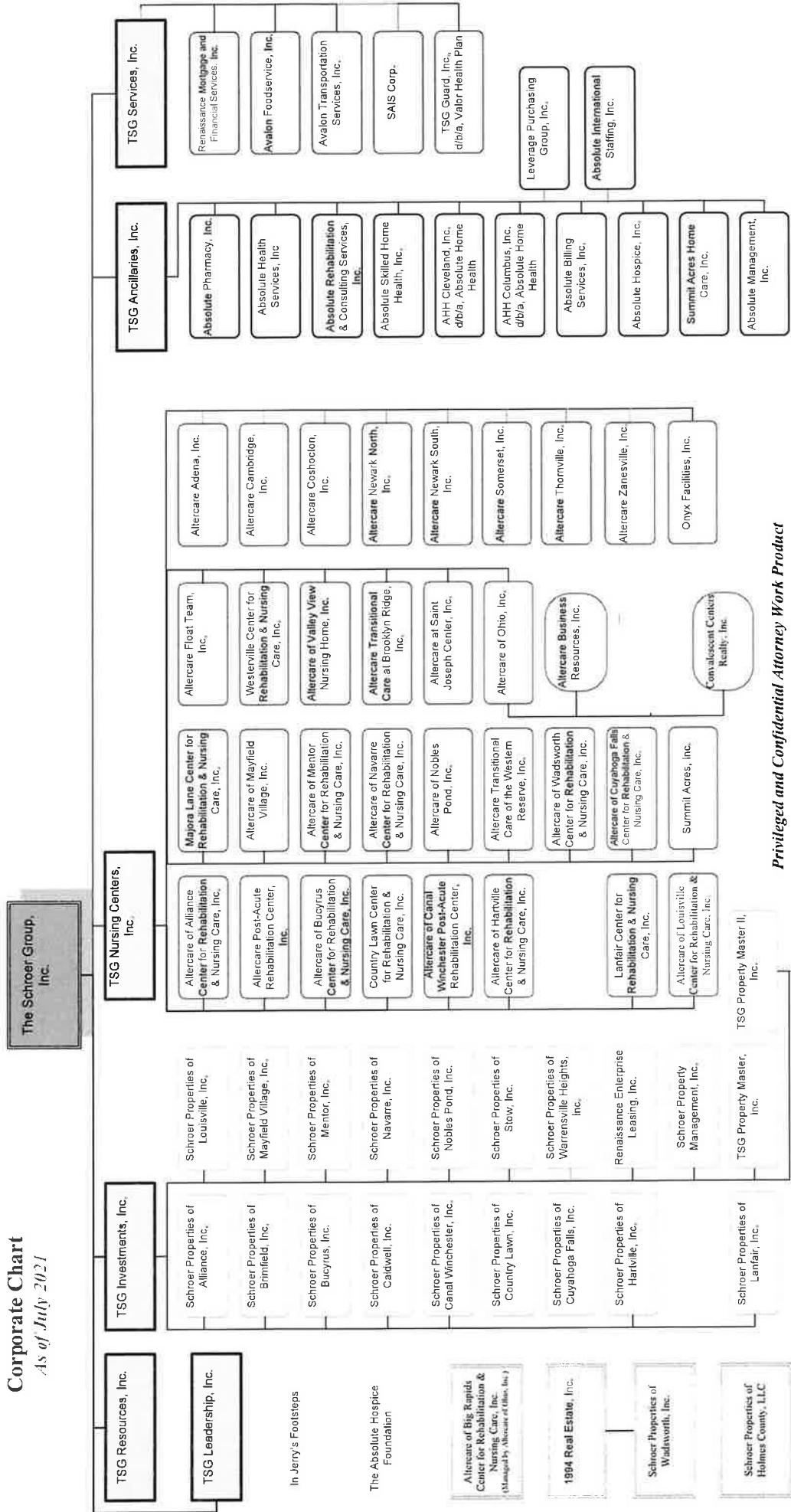
3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state

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



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 Company Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? | * |
| | | 00000 | 34-1745891 | | | The Schroer Group, Inc | | OH | UIP | Self | Ownership | 100.0 | The Schroer Group, Inc | 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 | | | Schoer Properties of Bucyrus, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 47-5370162 | | | Schoer Properties of Caldwell, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 32-0158322 | | | Schoer Properties of Canal Winchester, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 80-0689588 | | | Schoer Properties of Country Lawn, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 41-2247338 | | | Schoer Properties of Cuyahoga Falls, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 34-1594363 | | | Schoer Properties of Hartville, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 34-1932576 | | | Schoer Properties of Lanfair, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 46-1321502 | | | Schoer Properties of Louisville, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 34-1962107 | | | Schoer Properties of Mayfield Village, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 34-1524230 | | | Schoer Properties of Navarre, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 34-1964254 | | | Schoer Properties of Nobles Pond, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 34-1722483 | | | Schoer Properties of Mentor, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 30-0616622 | | | Schoer Properties of Stow, Inc | | OH | NIA | TSG Investments, Inc. | Ownership | 100.0 | The Schroer Group, Inc | No | |
| | | 00000 | 81-1333566 | | | Schoer 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 Center for 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 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- tionship 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) | * |
| 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 |
| 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



1636320253650002

2025

Document Code: 365

Communication of Internal Control Related Matters Noted in an Audit



1636320252220002

2025

Document Code: 222

SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|--|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year | 1,493,812 | 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 |

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 |
|--|---|--|--|--|---|--|---|---|
| ISSUER CREDIT OBLIGATIONS (ICO) | | | | | | | | |
| 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 |
| ASSET-BACKED SECURITIES (ABS) | | | | | | | | |
| 8. NAIC 1 | | | | | | | | |
| 9. NAIC 2 | | | | | | | | |
| 10. NAIC 3 | | | | | | | | |
| 11. NAIC 4 | | | | | | | | |
| 12. NAIC 5 | | | | | | | | |
| 13. NAIC 6 | | | | | | | | |
| 14. Total ABS | | | | | | | | |
| PREFERRED STOCK | | | | | | | | |
| 15. NAIC 1 | | | | | | | | |
| 16. NAIC 2 | | | | | | | | |
| 17. NAIC 3 | | | | | | | | |
| 18. NAIC 4 | | | | | | | | |
| 19. NAIC 5 | | | | | | | | |
| 20. NAIC 6 | | | | | | | | |
| 21. Total Preferred Stock | 414,008 | ..... | ..... | 2,842 | 414,008 | 416,849 | ..... | 411,166 |
| 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 Book/Adjusted Carrying Value | 2 Par Value | 3 Actual Cost | 4 Interest Collected Year To Date | 5 Paid for Accrued Interest Year To Date |
|--------------------------|---|----------------|---------------------|---|---|
| 7709999999. Totals | | XXX | | | |

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

| | 1 Year To Date | 2 Prior Year Ended December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year | | |
| 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 Year To Date | 2 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 CUSIP Identification | 2 Description | 3 Date Acquired | 4 Name of Vendor | 5 Number of Shares of Stock | 6 Actual Cost | 7 Par Value | 8 Paid for Accrued Interest and Dividends | 9 NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol |
|---|--|--------------------|------------------------|-----------------------------------|------------------|----------------|--|---|
| Common Stocks - Mutual Funds - Designations Assigned by the SVO | | | | | | | | |
| 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 | XXX | | | XXX |
| 5989999997 Subtotal - Common Stocks - Part 3 | | | | 1,048 | XXX | | | XXX |
| 5989999998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly) | | | | XXX | XXX | XXX | | XXX |
| 5989999999 Subtotal - Common Stocks | | | | 1,048 | XXX | | | XXX |
| 5999999999 Subtotal - Preferred and Common Stocks | | | | 1,048 | XXX | | | XXX |
| 6009999999 Totals | | | | 1,048 | XXX | | | XXX |

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

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

QE05

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

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1 CUSIP | 2 Description | 3 Restricted Asset Code | 4 Date Acquired | 5 Stated Rate of Interest | 6 Maturity Date | 7 Book/Adjusted Carrying Value | 8 Amount of Interest Due & Accrued | 9 Amount Received During Year |
|---|--------------------------------|----------------------------------|-----------------------|------------------------------------|-----------------------|--------------------------------------|---|-------------------------------------|
| All Other Money Market Mutual Funds | | | | | | | | |
| | PNC Govt Money Market und #405 | | 04/11/2018 | 4.270 | XXX | 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 |