

Summary Annual Report

THE SCHROER GROUP EMPLOYEES HEALTH CARE PLAN

This is a Summary of the Annual Report for:

THE SCHROER GROUP EMPLOYEES HEALTH CARE PLAN

Employer Identification Number 01-0916887 for period 01/01/2019 through 12/31/2019.

Type of Welfare Plan(s):

Health Insurance
Life Insurance
Dental
Vision
Temporary Disability
Long-Term Disability
Other

The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Insurance Information

The plan has contract(s) with the following insurance carrier(s):

GUARDIAN
HCC LIFE INSURANCE COMPANY

to pay certain claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2019 were \$2,455,290.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of:

TSG RESOURCES, INC
339 E. MAPLE STREET
NORTH CANTON OH 44720
330-498-5200

who is the plan sponsor.

The charge to cover copying costs will be \$ 1.00 for the full annual report, or \$.10 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying costs of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

339 E. MAPLE STREET NORTH
CANTON OH 44720

and at the U.S. Department of Labor in Washington, DC or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room, Room N-1513
Employee Benefits Security Administration
U.S. Department of Labor, 200 Constitution Avenue, N.W.
Washington, D.C. 20210