



ANNUAL STATEMENT
For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
HEALTHCARE UNDERWRITERS GROUP, INC.

NAIC Group Code	01154	01154	NAIC Company Code	12233	Employer's ID Number	74-3129288
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile	United States					
Incorporated/Organized	11/30/2004			Commenced Business	12/14/2004	
Statutory Home Office	155 East Broad Street, Suite 300			Columbus, OH, US 43215-3608		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	1250 South Pine Island Road, Suite 300			Plantation, FL, US 33324-4402	866-484-5715	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Mail Address	1250 South Pine Island Road, Suite 300			Plantation, FL, US 33324-4402		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1250 South Pine Island Road, Suite 300			Plantation, FL, US 33324-4402	866-484-5715	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code)	(Telephone Number)
Internet Web Site Address	www.hugroupinc.com					
Statutory Statement Contact	Thomas William Mueller CPA, CGMA			866-484-5716		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	tmueller@hugroupinc.com			877-895-0996		
	(E-Mail Address)			(Fax Number)		

OFFICERS

Name	Title	Name	Title
Joshua Marc Salman	CEO & President	Gregg Lee Hanson	Chair
Joseph Gerard Murphy	Vice Chair	Todd Colin Mills	Treasurer

OTHER OFFICERS

David Wayne Lester CPA, CGMA	VP & CFO, Assistant Treasurer	Erin Brennan Bagley JD	General Counsel & Secretary
Thomas William Mueller CPA, CGMA	VP & Controller, Assistant Secretary	Jose Raul Zorola	Chief Underwriting Officer
William Carl Ludwig JD	VP, Claims		

DIRECTORS OR TRUSTEES

Gregg Lee Hanson	Joseph Gerard Murphy	Todd Colin Mills	Jose Raul Zorola
Joshua Marc Salman			

State ofOhio.....
County ofFranklin.....
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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Joshua Marc Salman CEO & President	David Wayne Lester, CPA, CGMA Assistant Treasurer, VP & CFO	Thomas William Mueller, CPA, CGMA Assistant Secretary, VP & Controller
Subscribed and sworn to before me this _____ day of _____,		a. Is this an original filing? Yes [X] No [] b. If no: 1. State the amendment number _____ 2. Date filed _____ 3. Number of pages attached _____



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 01154		BUSINESS IN THE STATE OF Florida				DURING THE YEAR 2018				NAIC Company Code 12233			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability	7,611,210	6,564,757		3,588,645	3,967,999	4,150,903	7,111,995	2,292,946	1,257,298	4,155,857	729,744	110,650
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal Employees Health Benefits Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	7,611,210	6,564,757	0	3,588,645	3,967,999	4,150,903	7,111,995	2,292,946	1,257,298	4,155,857	729,744	110,650
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 01154		BUSINESS IN THE STATE OF Indiana				DURING THE YEAR 2018				NAIC Company Code 12233			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability	156,202	142,910		18,204		20,614	36,104	101	31,353	54,161	12,591	3,952
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal Employees Health Benefits Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	156,202	142,910	0	18,204	0	20,614	36,104	101	31,353	54,161	12,591	3,952
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 01154		BUSINESS IN THE STATE OF Kentucky				DURING THE YEAR 2018				NAIC Company Code 12233			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability	2,299,078	2,185,710		1,034,119	1,503,059	1,850,481	4,211,908	1,535,083	1,889,723	3,203,901	210,777	34,785
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal Employees Health Benefits Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	2,299,078	2,185,710	0	1,034,119	1,503,059	1,850,481	4,211,908	1,535,083	1,889,723	3,203,901	210,777	34,785
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 01154		BUSINESS IN THE STATE OF Ohio				DURING THE YEAR 2018				NAIC Company Code 12233			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability	3,591,279	3,646,371		1,642,450	860,000	2,171,544	3,534,617	1,752,224	1,982,608	1,891,025	284,906	64,538
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal Employees Health Benefits Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	3,591,279	3,646,371	0	1,642,450	860,000	2,171,544	3,534,617	1,752,224	1,982,608	1,891,025	284,906	64,538
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 01154		BUSINESS IN THE STATE OF Texas				DURING THE YEAR 2018				NAIC Company Code 12233			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire												
2.1	Allied lines												
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril												
4.	Homeowners multiple peril												
5.1	Commercial multiple peril (non-liability portion)												
5.2	Commercial multiple peril (liability portion)												
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine												
10.	Financial guaranty												
11.	Medical professional liability	214,158	158,092		100,970		39,600	56,644		59,401	84,966	24,150	3,335
12.	Earthquake												
13.	Group accident and health (b)												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b)												
15.2	Non-cancelable A & H (b)												
15.3	Guaranteed renewable A & H (b)												
15.4	Non-renewable for stated reasons only (b)												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b)												
15.8	Federal Employees Health Benefits Plan premium (b)												
16.	Workers' compensation												
17.1	Other liability-Occurrence												
17.2	Other Liability-Claims-Made												
17.3	Excess workers' compensation												
18.	Products liability												
19.1	Private passenger auto no-fault (personal injury protection)												
19.2	Other private passenger auto liability												
19.3	Commercial auto no-fault (personal injury protection)												
19.4	Other commercial auto liability												
21.1	Private passenger auto physical damage												
21.2	Commercial auto physical damage												
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	214,158	158,092	0	100,970	0	39,600	56,644	0	59,401	84,966	24,150	3,335
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 01154		BUSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2018				NAIC Company Code 12233			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	0	0	0	0	0	0	0	0	0	0	0	0
2.1	Allied lines	0	0	0	0	0	0	0	0	0	0	0	0
2.2	Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4	Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
4.	Homeowners multiple peril	0	0	0	0	0	0	0	0	0	0	0	0
5.1	Commercial multiple peril (non-liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
5.2	Commercial multiple peril (liability portion)	0	0	0	0	0	0	0	0	0	0	0	0
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	0	0	0	0	0	0	0	0	0	0	0	0
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	13,871,927	12,697,840	0	6,384,388	6,331,058	8,233,142	14,951,268	5,580,354	5,220,383	9,389,910	1,262,168	217,260
12.	Earthquake	0	0	0	0	0	0	0	0	0	0	0	0
13.	Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
17.1	Other liability-Occurrence	0	0	0	0	0	0	0	0	0	0	0	0
17.2	Other Liability-Claims-Made	0	0	0	0	0	0	0	0	0	0	0	0
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability	0	0	0	0	0	0	0	0	0	0	0	0
19.1	Private passenger auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.2	Other private passenger auto liability	0	0	0	0	0	0	0	0	0	0	0	0
19.3	Commercial auto no-fault (personal injury protection)	0	0	0	0	0	0	0	0	0	0	0	0
19.4	Other commercial auto liability	0	0	0	0	0	0	0	0	0	0	0	0
21.1	Private passenger auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
21.2	Commercial auto physical damage	0	0	0	0	0	0	0	0	0	0	0	0
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	13,871,927	12,697,840	0	6,384,388	6,331,058	8,233,142	14,951,268	5,580,354	5,220,383	9,389,910	1,262,168	217,260
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsur- ance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recover- able From Reinsurers Cols. 15 - [17 + 18]	Funds Held By Company Under Reinsurance Treaties
Authorized - Affiliates - U.S. Non-Pool - Other																			
04-2595783	10206	MEDICAL PROFESSIONAL MUT INS CO	MA		19,173	3,338	3,400	13,720	0	5,305	12,449	8,961		47,173		2,248		44,925	
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other					19,173	3,338	3,400	13,720	0	5,305	12,449	8,961	0	47,173	0	2,248	0	44,925	0
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total					19,173	3,338	3,400	13,720	0	5,305	12,449	8,961	0	47,173	0	2,248	0	44,925	0
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates					19,173	3,338	3,400	13,720	0	5,305	12,449	8,961	0	47,173	0	2,248	0	44,925	0
Authorized - Other U.S. Unaffiliated Insurers																			
06-1481194	10829	MARKEL GLOBAL REINS CO	DE					25	0	8	15			48		85		(37)	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					0	0	0	25	0	8	15	0	0	48	0	85	0	(37)	0
Authorized - Other Non-U.S. Insurers																			
AA-1120337	00000	ASPEN INS UK LTD	GBR			15	18	182	0	69	112			396		1,101		(705)	
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR					8	0	2	10			20		(77)		97	
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR					5	0	3	8			16		82		(66)	
AA-1126727	00000	LLOYD'S SYNDICATE NUMBER 727	GBR			1	2	11	0	9	19			42		28		14	
AA-1126958	00000	LLOYD'S SYNDICATE NUMBER 958	GBR			1	1	6		3	3			14		63		(49)	
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR			4	4	36		12	16			72		199		(127)	
AA-1126033	00000	LLOYD'S SYNDICATE NUMBER 33	GBR		439	4	6	79	0	96	91	51		327		171		156	
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		586	3	4	76	0	99	94	69		345		527		(182)	
AA-1128488	00000	LLOYD'S SYNDICATE NUMBER 2488	GBR			4	6	81	0	105	101			297		171		126	
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR											0		(274)		274	
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		439	1	1	54	0	73	64	51		244		119		125	
AA-1126004	00000	LLOYD'S SYNDICATE NUMBER 4444	GBR		878	3	2	95	0	172	152	103		527		392		135	
AA-1340125	00000	HANNOVER RUECK SE	DEU		1,463	15	18	262	0	320	300	172		1,087		571		516	
AA-1128000	00000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	GBR											0		(66)		66	
1299999 - Total Authorized - Other Non-U.S. Insurers					3,805	51	62	895	0	963	970	446	0	3,387	0	3,007	0	380	0
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					22,978	3,389	3,462	14,640	0	6,276	13,434	9,407	0	50,608	0	5,340	0	45,268	0
Unauthorized - Other non-U.S. Insurers																			
AA-3191315	00000	XL Bermuda Ltd	BMU		585	4	6	103	0	112	115	69		409		514		(105)	
AA-1460019	00000	MS Amlin AG	CHE			4	6	45	0	19	24			98		361		(263)	
AA-3190829	00000	Markel Bermuda Ltd	BMU						0	0				0		(106)		106	
AA-3190795	00000	Catalina Safety Reins Ltd	BMU					17	0	5	22			44		105		(61)	
2699999 - Total Unauthorized - Other Non-U.S. Insurers					585	8	12	165	0	136	161	69	0	551	0	874	0	(323)	0
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					585	8	12	165	0	136	161	69	0	551	0	874	0	(323)	0
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)					23,563	3,397	3,474	14,805	0	6,412	13,595	9,476	0	51,159	0	6,214	0	44,945	0
9999999 Totals					23,563	3,397	3,474	14,805	0	6,412	13,595	9,476	0	51,159	0	6,214	0	44,945	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Uncollateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
Authorized - Affiliates - U.S. Non-Pool - Other																	
04-2595783...	MEDICAL PROFESSIONAL MUT INS CO.....					2,248	44,925	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other																	
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total		0	0	XXX	0	2,248	44,925	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates																	
		0	0	XXX	0	2,248	44,925	0	0	0	0	0	0	0	XXX	0	0
Authorized - Other U.S. Unaffiliated Insurers																	
06-1481194...	MARKEL GLOBAL REINS CO.....					48	0	0	48	58	58	0	0	0	1	0	0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers																	
		0	0	XXX	0	48	0	0	48	58	58	0	0	0	XXX	0	0
Authorized - Other Non-U.S. Insurers																	
AA-1120337...	ASPEN INS UK LTD.....					396	0	0	396	475	475	0	0	0	1	0	0
AA-1126435...	LLOYD'S SYNDICATE NUMBER 435.....					(77)	97	0	20	24	(77)	101	0	101	1	0	4
AA-1126566...	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999).....					16	0	0	16	19	19	0	0	0	1	0	0
AA-1126727...	LLOYD'S SYNDICATE NUMBER 727.....					28	14	0	42	50	28	22	0	22	1	0	1
AA-1126958...	LLOYD'S SYNDICATE NUMBER 958.....					14	0	0	14	17	17	0	0	0	1	0	0
AA-1127084...	LLOYD'S SYNDICATE NUMBER 1084.....					72	0	0	72	86	86	0	0	0	1	0	0
AA-1126033...	LLOYD'S SYNDICATE NUMBER 33.....					171	156	0	327	392	171	221	0	221	1	0	8
AA-1128003...	LLOYD'S SYNDICATE NUMBER 2003.....					345	0	0	345	414	414	0	0	0	1	0	0
AA-1128488...	LLOYD'S SYNDICATE NUMBER 2488.....					171	126	0	297	356	171	185	0	185	1	0	7
AA-1128791...	LLOYD'S SYNDICATE NUMBER 2791.....					(274)	274	0	0	0	(274)	274	0	274	1	0	10
AA-1126006...	Lloyd's Syndicate Number 4472.....					119	125	0	244	293	119	174	0	174	1	0	6
AA-1126004...	LLOYD'S SYNDICATE NUMBER 4444.....					392	135	0	527	632	392	240	0	240	1	0	9
AA-1340125...	HANNOVER RUECK SE.....					571	516	0	1,087	1,304	571	733	0	733	1	0	26
AA-1128000...	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999).....					(66)	66	0	0	0	(66)	66	0	66	1	0	2
1299999 - Total Authorized - Other Non-U.S. Insurers																	
		0	0	XXX	0	1,878	1,509	0	3,387	4,064	2,047	2,018	0	2,018	XXX	0	73
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																	
		0	0	XXX	0	4,174	46,434	0	3,435	4,122	2,104	2,018	0	2,018	XXX	0	73
Unauthorized - Other non-U.S. Insurers																	
AA-3191315...	XL Bermuda Ltd.....		516	1		409	0	0	409	491	491	0	0	0	1	0	0
AA-1460019...	MS Amlin AG.....		178	2		98	0	0	98	118	118	0	0	0	1	0	0
AA-3190829...	Markel Bermuda Ltd.....					(106)	106	0	0	0	(106)	106	0	106	1	0	4
AA-3190795...	Catalina Safety Reins Ltd.....					44	0	0	44	53	53	0	0	0	1	0	0
2699999 - Total Unauthorized - Other Non-U.S. Insurers																	
		0	694	XXX	0	445	106	0	551	661	555	106	0	106	XXX	0	4
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																	
		0	694	XXX	0	445	106	0	551	661	555	106	0	106	XXX	0	4
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)																	
		0	694	XXX	0	4,619	46,540	0	3,986	4,783	2,659	2,124	0	2,124	XXX	0	76
9999999 Totals																	
		0	694	XXX	0	4,619	46,540	0	3,986	4,783	2,659	2,124	0	2,124	XXX	0	76

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 – 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 – 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/ [Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20% (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37	Overdue					43											
			38	39	40	41	42												
		Current	1 – 29 Days	30 – 90 Days	91 – 120 Days	Over 120 Days	Total Overdue Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)											
Authorized - Affiliates - U.S. Non-Pool - Other																			
04-2595783...	MEDICAL PROFESSIONAL MUT INS CO.....	6,738					0	6,738			6,738	0		0.000	0.000	0.000	YES	0	
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other		6,738	0	0	0	0	0	6,738	0	0	6,738	0	0	0.000	0.000	0.000	XXX	0	
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total		6,738	0	0	0	0	0	6,738	0	0	6,738	0	0	0.000	0.000	0.000	XXX	0	
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates		6,738	0	0	0	0	0	6,738	0	0	6,738	0	0	0.000	0.000	0.000	XXX	0	
Authorized - Other U.S. Unaffiliated Insurers																			
06-1481194...	MARKEL GLOBAL REINS CO.....						0	0			0	0		0.000	0.000	0.000	YES	0	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers		0	0	0	0	0	0	0	0	0	0	0	0	0.000	0.000	0.000	XXX	0	
Authorized - Other Non-U.S. Insurers																			
AA-1120337...	ASPEN INS UK LTD.....	33					0	33			33	0		0.000	0.000	0.000	YES	0	
AA-1126435...	LLOYD'S SYNDICATE NUMBER 435.....						0	0			0	0		0.000	0.000	0.000	YES	0	
AA-1126566...	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999).....						0	0			0	0		0.000	0.000	0.000	YES	0	
AA-1126727...	LLOYD'S SYNDICATE NUMBER 727.....	3					0	3			3	0		0.000	0.000	0.000	YES	0	
AA-1126958...	LLOYD'S SYNDICATE NUMBER 958.....	2					0	2			2	0		0.000	0.000	0.000	YES	0	
AA-1127084...	LLOYD'S SYNDICATE NUMBER 1084.....	8					0	8			8	0		0.000	0.000	0.000	YES	0	
AA-1126033...	LLOYD'S SYNDICATE NUMBER 33.....	10					0	10			10	0		0.000	0.000	0.000	YES	0	
AA-1128003...	LLOYD'S SYNDICATE NUMBER 2003.....	7					0	7			7	0		0.000	0.000	0.000	YES	0	
AA-1128488...	LLOYD'S SYNDICATE NUMBER 2488.....	10					0	10			10	0		0.000	0.000	0.000	YES	0	
AA-1128791...	LLOYD'S SYNDICATE NUMBER 2791.....						0	0			0	0		0.000	0.000	0.000	YES	0	
AA-1126006...	Lloyd's Syndicate Number 4472.....	2					0	2			2	0		0.000	0.000	0.000	YES	0	
AA-1126004...	LLOYD'S SYNDICATE NUMBER 4444.....	5					0	5			5	0		0.000	0.000	0.000	YES	0	
AA-1340125...	HANNOVER RUECK SE.....	33					0	33			33	0		0.000	0.000	0.000	YES	0	
AA-1128000...	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999).....						0	0			0	0		0.000	0.000	0.000	YES	0	
1299999 - Total Authorized - Other Non-U.S. Insurers		113	0	0	0	0	0	113	0	0	113	0	0	0.000	0.000	0.000	XXX	0	
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		6,851	0	0	0	0	0	6,851	0	0	6,851	0	0	0.000	0.000	0.000	XXX	0	
Unauthorized - Other non-U.S. Insurers																			
AA-3191315...	XL Bermuda Ltd.....	10					0	10			10	0		0.000	0.000	0.000	YES	0	
AA-1460019...	MS Amlin AG.....	10					0	10			10	0		0.000	0.000	0.000	YES	0	
AA-3190829...	Markel Bermuda Ltd.....						0	0			0	0		0.000	0.000	0.000	YES	0	
AA-3190795...	Catalina Safety Reins Ltd.....						0	0			0	0		0.000	0.000	0.000	YES	0	
2699999 - Total Unauthorized - Other Non-U.S. Insurers		20	0	0	0	0	0	20	0	0	20	0	0	0.000	0.000	0.000	XXX	0	
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		20	0	0	0	0	0	20	0	0	20	0	0	0.000	0.000	0.000	XXX	0	
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)		6,871	0	0	0	0	0	6,871	0	0	6,871	0	0	0.000	0.000	0.000	XXX	0	
9999999 Totals		6,871	0	0	0	0	0	6,871	0	0	6,871	0	0	0.000	0.000	0.000	XXX		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
		54 Certified Reinsurer Rating (1 through 6)	55 Effective Date of Certified Reinsurer Rating	56 Percent Collateral Required for Full Credit (0% through 100%)	57 Catastrophe Recoverables Qualifying for Collateral Deferral	58 Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	59 Dollar Amount of Collateral Required (Col. 56 * Col. 58)	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+Col. 22+Col. 24]/Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57+[Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66	67	68		
														Total Collateral Provided (Col. 20+Col. 21+Col.22+ Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	20% of Amount in Col. 67		
Authorized - Affiliates - U.S. Non-Pool - Other																		
04-2595783	MEDICAL PROFESSIONAL MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other																		
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total																		
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates																		
Authorized - Other U.S. Unaffiliated Insurers																		
06-1481194	MARKEL GLOBAL REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers																		
Authorized - Other Non-U.S. Insurers																		
AA-1120337	ASPEN INS UK LTD	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126435	LLOYD'S SYNDICATE NUMBER 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126566	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126727	LLOYD'S SYNDICATE NUMBER 727	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126958	LLOYD'S SYNDICATE NUMBER 958	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127084	LLOYD'S SYNDICATE NUMBER 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	LLOYD'S SYNDICATE NUMBER 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128003	LLOYD'S SYNDICATE NUMBER 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128488	LLOYD'S SYNDICATE NUMBER 2488	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	LLOYD'S SYNDICATE NUMBER 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126006	Lloyd's Syndicate Number 4472	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126004	LLOYD'S SYNDICATE NUMBER 4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	HANNOVER RUECK SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999 - Total Authorized - Other Non-U.S. Insurers																		
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)																		
Unauthorized - Other non-U.S. Insurers																		
AA-3191315	XL Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190829	Markel Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190795	Catalina Safety Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999 - Total Unauthorized - Other Non-U.S. Insurers																		
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																		
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)																		
9999999 Totals																		

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or [Col. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Col. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Authorized - Affiliates - U.S. Non-Pool - Other										
04-2595783	MEDICAL PROFESSIONAL MUT INS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other										
0499999 - Total Authorized - Affiliates - U.S. Non-Pool - Total										
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates										
Authorized - Other U.S. Unaffiliated Insurers										
06-1481194	MARKEL GLOBAL REINS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers										
Authorized - Other Non-U.S. Insurers										
AA-1120337	ASPEN INS UK LTD	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126435	LLOYD'S SYNDICATE NUMBER 435	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126566	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126727	LLOYD'S SYNDICATE NUMBER 727	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126958	LLOYD'S SYNDICATE NUMBER 958	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1127084	LLOYD'S SYNDICATE NUMBER 1084	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126033	LLOYD'S SYNDICATE NUMBER 33	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128003	LLOYD'S SYNDICATE NUMBER 2003	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128488	LLOYD'S SYNDICATE NUMBER 2488	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128791	LLOYD'S SYNDICATE NUMBER 2791	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126006	Lloyd's Syndicate Number 4472	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1126004	LLOYD'S SYNDICATE NUMBER 4444	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1340125	HANNOVER RUECK SE	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999 - Total Authorized - Other Non-U.S. Insurers										
1499999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)										
Unauthorized - Other non-U.S. Insurers										
AA-3191315	XL Bermuda Ltd	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-1460019	MS Amlin AG	0	0	0	XXX	XXX	XXX	0	XXX	0
AA-3190829	Markel Bermuda Ltd	0	106	0	XXX	XXX	XXX	0	XXX	0
AA-3190795	Catalina Safety Reins Ltd	0	0	0	XXX	XXX	XXX	0	XXX	0
2699999 - Total Unauthorized - Other Non-U.S. Insurers										
2899999 - Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)										
4399999 - Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)										
9999999 Totals										

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
1	1	026009632	Bank of Tokys-Mitsubishi UFJ	.250
1	1	021000089	Citibank, N.A.	.266
2	1	981390502	Lloyds Bank Corporate Markets PLC	.178
Total				694

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.			
2.			
3.			
4.			
5.			

Report the five largest reinsurance recoverables reported in Schedule F, Part 3.Column 15, due from any one reinsurer (based on-the total recoverables), Schedule F, Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	Medical Professional Mut Ins Co.....	47,173	19,173	Yes [X] No []
7.	Hannover Rueck SE.....	1,087	1,463	Yes [] No [X]
8.	Lloyd's Syndicate Number 4444.....	.527	.878	Yes [] No [X]
9.	XL Bermuda Ltd.....	.409	.585	Yes [] No [X]
10.	Aspen Ins UK Ltd.....	.396		Yes [] No [X]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance			
	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	21,361,821		21,361,821
2. Premiums and considerations (Line 15)	2,476,746		2,476,746
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	6,871,224		6,871,224
4 Funds held by or deposited with reinsured companies (Line 16.2)	100,000		100,000
5. Other assets	249,812		249,812
6. Net amount recoverable from reinsurers		38,074,519	38,074,519
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	31,059,603	38,074,519	69,134,122
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	34,812,048	34,812,048
10. Taxes, expenses, and other obligations (Lines 4 through 8)	1,044,056		1,044,056
11. Unearned premiums (Line 9)	0	9,476,286	9,476,286
12. Advance premiums (Line 10)	390,108		390,108
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	6,213,815	(6,213,815)	0
15. Funds held by company under reinsurance treaties (Line 13)	0		0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	0		0
18. Other liabilities	848,658		848,658
19. Total liabilities excluding protected cell business (Line 26)	8,496,637	38,074,519	46,571,156
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	22,562,966	X X X	22,562,966
22. Totals (Line 38)	31,059,603	38,074,519	69,134,122

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No []

If yes, give full explanation:

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule P - Part 1A - Home/Farm

NONE

Schedule P - Part 1B - Private Passenger

NONE

Schedule P - Part 1C - Comm Auto/Truck

NONE

Schedule P - Part 1D - Workers' Comp

NONE

Schedule P - Part 1E - Comm Multi Peril

NONE

SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL
LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2009	976	137	839	47	0	97	0	43	0	0	187	4
3. 2010	606	60	546	0	0	196	0	31	0	0	227	3
4. 2011	1,913	210	1,703	0	(260)	299	(36)	147	0	0	742	2
5. 2012	1,054	124	930	0	0	17	0	43	0	0	60	10
6. 2013	2,616	361	2,255	953	(82)	649	(128)	135	0	0	1,947	5
7. 2014	655	71	584	0	(14)	93	25	33	(2)	0	117	1
8. 2015	885	75	810	0	(64)	99	(60)	24	(10)	0	257	4
9. 2016	1,488	146	1,342	0	(113)	0	(118)	32	(20)	0	283	1
10. 2017	463	33	430	600	232	150	(56)	9	(29)	0	612	2
11. 2018	818	609	209	0	(56)	3	(77)	5	(4)	0	145	4
12. Totals	XXX	XXX	XXX	1,600	(357)	1,603	(450)	502	(65)	0	4,577	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	350	350	0	0	0	0	51	51	0	0	0	0	1
5.	0	0	0	0	0	0	0	0	0	0	0	0	0
6.	0	0	0	0	0	0	0	0	0	0	0	0	0
7.	100	100	39	39	0	0	111	111	2	2	0	0	1
8.	0	0	41	41	0	0	41	41	6	6	0	0	0
9.	0	0	154	154	0	0	151	151	22	22	0	0	1
10.	0	0	57	57	0	0	86	86	10	10	0	0	0
11.	0	0	327	327	0	0	305	305	36	36	0	0	1
12.	450	450	618	618	0	0	745	745	76	76	0	0	4

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	187	0	187	19.2	0.0	22.3	0	0	0.0	0	0
3.	227	0	227	37.5	0.0	41.6	0	0	0.0	0	0
4.	847	105	742	44.3	50.0	43.6	0	0	0.0	0	0
5.	60	0	60	5.7	0.0	6.5	0	0	0.0	0	0
6.	1,737	(210)	1,947	66.4	(58.2)	86.3	0	0	0.0	0	0
7.	378	261	117	57.7	367.6	20.0	0	0	0.0	0	0
8.	211	(46)	257	23.8	(61.3)	31.7	0	0	0.0	0	0
9.	359	76	283	24.1	52.1	21.1	0	0	0.0	0	0
10.	912	300	612	197.0	909.1	142.3	0	0	0.0	0	0
11.	676	531	145	82.6	87.2	69.4	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL
LIABILITY - CLAIMS-MADE

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
				4	5	6	7	8	9			Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX	120	0	114	0	13	0	0	247	XXX
2. 2009	22,828	3,245	19,583	8,665	2,426	9,480	749	1,423	0	0	16,393	146
3. 2010	20,916	2,217	18,699	7,104	1,816	8,290	468	1,197	0	0	14,307	128
4. 2011	18,818	1,171	17,647	3,854	796	5,904	308	1,131	0	0	9,785	93
5. 2012	16,730	2,125	14,605	2,429	109	5,095	233	778	0	0	7,960	91
6. 2013	14,507	1,262	13,245	5,364	1,211	7,816	899	786	0	0	11,856	90
7. 2014	14,180	3,223	10,957	3,309	477	4,366	(200)	487	(94)	0	7,979	72
8. 2015	17,005	2,397	14,608	3,313	(793)	5,365	(191)	384	(154)	0	10,200	209
9. 2016	16,338	1,164	15,174	1,951	(2,639)	3,876	(1,168)	295	(269)	0	10,198	295
10. 2017	16,913	1,400	15,513	1,163	(4,377)	2,496	(2,121)	182	(389)	0	10,728	213
11. 2018	17,965	14,067	3,898	751	(466)	752	(691)	92	(40)	0	2,792	282
12. Totals	XXX	XXX	XXX	38,023	(1,440)	53,554	(1,714)	6,768	(946)	0	102,445	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
1.	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	0	0	0	0	0	0	0	0	0	0	0	0	0
3.	11	11	0	0	0	0	24	24	3	3	0	0	2
4.	100	100	0	0	0	0	107	107	43	43	0	0	1
5.	177	177	0	0	0	0	136	136	22	22	0	0	4
6.	449	449	101	101	0	0	94	94	34	34	0	0	4
7.	390	390	204	204	0	0	577	577	99	99	0	0	9
8.	1,982	1,982	151	151	0	0	798	798	155	155	0	0	29
9.	3,060	3,060	1,016	1,016	0	0	1,953	1,953	347	347	0	0	45
10.	4,248	4,248	1,434	1,434	0	0	2,895	2,895	436	436	0	0	83
11.	3,939	3,939	2,888	2,888	0	0	4,546	4,546	505	505	0	0	241
12.	14,356	14,356	5,794	5,794	0	0	11,130	11,130	1,644	1,644	0	0	418

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2.	19,568	3,175	16,393	85.7	97.8	83.7	0	0	0.0	0	0
3.	16,629	2,322	14,307	79.5	104.7	76.5	0	0	0.0	0	0
4.	11,139	1,354	9,785	59.2	115.6	55.4	0	0	0.0	0	0
5.	8,637	677	7,960	51.6	31.9	54.5	0	0	0.0	0	0
6.	14,644	2,788	11,856	100.9	220.9	89.5	0	0	0.0	0	0
7.	9,432	1,453	7,979	66.5	45.1	72.8	0	0	0.0	0	0
8.	12,148	1,948	10,200	71.4	81.3	69.8	0	0	0.0	0	0
9.	12,498	2,300	10,198	76.5	197.6	67.2	0	0	0.0	0	0
10.	12,854	2,126	10,728	76.0	151.9	69.2	0	0	0.0	0	0
11.	13,473	10,681	2,792	75.0	75.9	71.6	0	0	0.0	0	0
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

Schedule P - Part 1G - Special Liability

NONE

Schedule P - Part 1H - Other Liab Occur

NONE

Schedule P - Part 1H - Other Liab Claims

NONE

Schedule P - Part 1I - Special Property

NONE

Schedule P - Part 1J - Auto Physical

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance

NONE

Schedule P - Part 1O - Reinsurance

NONE

Schedule P - Part 1P - Reinsurance

NONE

Schedule P - Part 1R - Prod Liab Occur
NONE

Schedule P - Part 1R - Prod Liab Claims
NONE

Schedule P - Part 1S-Fin./Mtg. Guaranty
NONE

Schedule P - Part 1T - Warranty
NONE

Schedule P - Part 2A
NONE

Schedule P - Part 2B
NONE

Schedule P - Part 2C
NONE

Schedule P - Part 2D
NONE

Schedule P - Part 2E
NONE

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL
PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior	1,417	563	212	261	300	266	92	92	92	92	0	0
2. 2009	578	647	210	216	215	215	200	144	144	144	0	0
3. 2010	XXX	553	312	383	248	247	249	196	196	196	0	0
4. 2011	XXX	XXX	1,438	818	348	576	575	515	595	595	0	80
5. 2012	XXX	XXX	XXX	939	496	294	112	91	17	17	0	(74)
6. 2013	XXX	XXX	XXX	XXX	1,790	1,776	1,680	1,666	1,813	1,812	(1)	146
7. 2014	XXX	XXX	XXX	XXX	XXX	638	213	195	82	82	0	(113)
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	510	451	223	223	0	(228)
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	231	231	0	(783)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	573	574	1	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136	XXX	XXX
12. Totals											0	(972)

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL
PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	22,486	19,264	17,060	14,558	14,976	14,517	14,453	14,128	14,287	14,286	(1)	158
2. 2009	14,008	15,399	15,956	14,814	13,933	15,346	15,016	14,889	14,971	14,970	(1)	81
3. 2010	XXX	14,399	14,105	13,790	14,440	13,644	12,886	12,950	13,110	13,110	0	160
4. 2011	XXX	XXX	11,563	10,750	8,220	9,074	8,979	8,954	8,653	8,654	1	(300)
5. 2012	XXX	XXX	XXX	11,086	9,050	8,198	7,523	7,292	7,182	7,182	0	(110)
6. 2013	XXX	XXX	XXX	XXX	13,035	12,213	11,542	11,279	11,070	11,070	0	(209)
7. 2014	XXX	XXX	XXX	XXX	XXX	7,817	6,704	6,902	7,396	7,398	2	496
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	10,352	8,922	9,660	9,662	2	740
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,606	9,635	9,634	(1)	(972)
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10,158	10,157	(1)	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,660	XXX	XXX
12. Totals											1	44

SCHEDULE P - PART 2G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2011	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2011	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	0	0	0	0	0	0	0	0	0	0	0	0
2. 2009	0	0	0	0	0	0	0	0	0	0	0	0
3. 2010	XXX	0	0	0	0	0	0	0	0	0	0	0
4. 2011	XXX	XXX	0	0	0	0	0	0	0	0	0	0
5. 2012	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0
6. 2013	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
7. 2014	XXX	XXX	XXX	XXX	0	0	0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	0

Schedule P - Part 2I
NONE

Schedule P - Part 2J
NONE

Schedule P - Part 2K
NONE

Schedule P - Part 2L
NONE

Schedule P - Part 2M
NONE

Schedule P - Part 2N
NONE

Schedule P - Part 2O
NONE

Schedule P - Part 2P
NONE

Schedule P - Part 2R - Prod Liab Occur
NONE

Schedule P - Part 2R - Prod Liab Claims
NONE

Schedule P - Part 2S
NONE

Schedule P - Part 2T

NONE

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018		
1. Prior	.000	.0	.0	.92	.92	.92	.92	.92	.92	.92	.0	.0
2. 2009	.0	.13	.43	.144	.144	.144	.144	.144	.144	.144	.3	.1
3. 2010	XXX	.24	.138	.175	.194	.196	.196	.196	.196	.196	.0	.3
4. 2011	XXX	XXX	.0	.30	.67	.174	.217	.229	.292	.595	.0	.1
5. 2012	XXX	XXX	XXX	.13	.23	.17	.17	.17	.17	.17	.4	.6
6. 2013	XXX	XXX	XXX	XXX	.77	.743	1,187	1,513	1,596	1,812	.2	.3
7. 2014	XXX	XXX	XXX	XXX	XXX	.0	.0	.7	.27	.82	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.0	.55	.99	.223	.0	.4
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.231	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.76	.574	.1	.1
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.136	.0	.3

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	.000	5,347	9,259	10,993	12,131	13,334	13,732	14,052	14,052	14,286	.0	.0
2. 2009	.790	4,597	8,576	9,995	11,400	13,117	13,894	14,502	14,648	14,970	.41	.105
3. 2010	XXX	.727	4,478	8,149	10,065	11,422	11,873	12,660	12,873	13,110	.40	.86
4. 2011	XXX	XXX	.592	2,823	4,076	5,814	6,452	7,671	8,346	8,654	.23	.69
5. 2012	XXX	XXX	XXX	.658	2,266	4,013	5,213	6,144	6,801	7,182	.15	.72
6. 2013	XXX	XXX	XXX	XXX	.813	3,944	6,220	8,912	9,695	11,070	.26	.60
7. 2014	XXX	XXX	XXX	XXX	XXX	.621	2,186	4,075	5,285	7,398	.15	.48
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.673	3,128	5,533	9,662	.22	.158
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.872	3,041	9,634	.18	.232
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.594	10,157	.11	.119
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,660	.3	.38

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
2. 2009	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
3. 2010	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
4. 2011	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
5. 2012	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	XXX	XXX
6. 2013	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	XXX	XXX
7. 2014	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	XXX	XXX
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	XXX	XXX
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	XXX	XXX
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2010	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	.000	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2010	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0

Schedule P - Part 3I
NONE

Schedule P - Part 3J
NONE

Schedule P - Part 3K
NONE

Schedule P - Part 3L
NONE

Schedule P - Part 3M
NONE

Schedule P - Part 3N
NONE

Schedule P - Part 3O
NONE

Schedule P - Part 3P
NONE

Schedule P - Part 3R - Prod Liab Occur
NONE

Schedule P - Part 3R - Prod Liab Claims
NONE

Schedule P - Part 3S
NONE

Schedule P - Part 3T

NONE

Schedule P - Part 4A

NONE

Schedule P - Part 4B

NONE

Schedule P - Part 4C

NONE

Schedule P - Part 4D

NONE

Schedule P - Part 4E

NONE

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL
PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	1,429	575	224	169	208	174	.0	.0	.0	.0
2. 2009	578	647	210	72	71	71	56	.0	.0	.0
3. 2010	XXX	553	312	146	54	51	53	.0	.0	.0
4. 2011	XXX	XXX	1,438	723	221	102	65	.0	.0	.0
5. 2012	XXX	XXX	XXX	820	472	275	95	74	.0	.0
6. 2013	XXX	XXX	XXX	XXX	982	724	94	57	148	.0
7. 2014	XXX	XXX	XXX	XXX	XXX	638	115	137	24	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	508	344	75	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,014	231	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	132	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4F - SECTION 2 – MEDICAL
PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior	13,791	7,585	4,014	1,025	493	77	67	10	.0	.0
2. 2009	4,725	4,498	3,008	2,451	756	201	119	23	.0	.0
3. 2010	XXX	7,215	4,999	2,404	1,604	950	112	16	.1	.0
4. 2011	XXX	XXX	7,142	5,792	2,163	1,420	682	43	5	.0
5. 2012	XXX	XXX	XXX	5,974	3,237	1,945	792	63	6	.0
6. 2013	XXX	XXX	XXX	XXX	6,639	4,199	2,112	344	352	.0
7. 2014	XXX	XXX	XXX	XXX	XXX	3,862	2,529	1,401	522	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	4,787	2,153	1,359	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,679	2,333	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3,178	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2010	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2010	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2. 2009	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. 2010	XXX	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. 2011	XXX	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5. 2012	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
6. 2013	XXX	XXX	XXX	.0	.0	.0	.0	.0	.0	.0
7. 2014	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0	.0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0	.0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	.0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

Schedule P - Part 4I
NONE

Schedule P - Part 4J
NONE

Schedule P - Part 4K
NONE

Schedule P - Part 4L
NONE

Schedule P - Part 4M
NONE

Schedule P - Part 4N
NONE

Schedule P - Part 4O
NONE

Schedule P - Part 4P
NONE

Schedule P - Part 4R - Prod Liab Occur
NONE

Schedule P - Part 4R - Prod Liab Claims
NONE

Schedule P - Part 4S
NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

NONE

Schedule P - Part 5B- SN1

NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

NONE

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

NONE

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009	0	0	0	0	0	0	0	3	3	3
3. 2010	XXX	0	2	3	3	3	3	0	0	0
4. 2011	XXX	XXX	0	0	0	0	0	0	0	0
5. 2012	XXX	XXX	XXX	0	0	0	0	3	4	4
6. 2013	XXX	XXX	XXX	XXX	0	0	2	0	2	2
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	2	1	0	0	0	0	0	0	0	0
2. 2009	4	2	1	0	0	0	0	0	0	0
3. 2010	XXX	3	1	1	0	0	0	0	0	0
4. 2011	XXX	XXX	2	1	2	2	1	1	0	1
5. 2012	XXX	XXX	XXX	2	1	1	0	0	0	0
6. 2013	XXX	XXX	XXX	XXX	11	8	5	3	2	0
7. 2014	XXX	XXX	XXX	XXX	XXX	0	1	1	1	1
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	1	3	1	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SECTION 3A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2009	4	4	4	4	4	4	4	4	4	4
3. 2010	XXX	3	3	3	3	3	3	3	3	3
4. 2011	XXX	XXX	2	2	2	2	2	2	2	2
5. 2012	XXX	XXX	XXX	3	3	3	3	3	3	10
6. 2013	XXX	XXX	XXX	XXX	12	12	12	12	12	5
7. 2014	XXX	XXX	XXX	XXX	XXX	0	0	1	1	1
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	2	5	5	4
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	2
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4

SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	16	31	28	20	19	23	26	41	62	0
2. 2009	2	13	22	27	32	37	38	39	40	41
3. 2010	XXX	2	11	20	26	30	31	32	39	40
4. 2011	XXX	XXX	0	5	7	14	16	17	21	23
5. 2012	XXX	XXX	XXX	1	4	10	12	14	14	15
6. 2013	XXX	XXX	XXX	XXX	0	6	14	20	25	26
7. 2014	XXX	XXX	XXX	XXX	XXX	1	5	10	11	15
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	0	6	16	22
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	7	9	18
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	11
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	99	71	43	29	15	10	5	1	1	0
2. 2009	95	77	51	34	27	19	13	6	2	0
3. 2010	XXX	109	71	46	30	18	15	5	4	2
4. 2011	XXX	XXX	80	50	34	26	16	13	6	1
5. 2012	XXX	XXX	XXX	78	49	30	18	10	6	4
6. 2013	XXX	XXX	XXX	XXX	76	53	33	18	6	4
7. 2014	XXX	XXX	XXX	XXX	XXX	58	32	20	14	9
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	167	101	41	29
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	244	92	45
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	176	83
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	241

SECTION 3B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior	4	60	0	0	0	0	0	0	0	0
2. 2009	105	145	146	146	146	146	146	146	146	146
3. 2010	XXX	129	128	128	128	128	128	128	128	128
4. 2011	XXX	XXX	93	93	93	93	93	93	93	93
5. 2012	XXX	XXX	XXX	97	98	98	98	98	98	91
6. 2013	XXX	XXX	XXX	XXX	83	83	83	83	83	90
7. 2014	XXX	XXX	XXX	XXX	XXX	70	70	72	72	72
8. 2015	XXX	XXX	XXX	XXX	XXX	XXX	190	204	204	209
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	288	295	295
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	212	213
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	282

Schedule P - Part 5H- SN1A

NONE

Schedule P - Part 5H- SN2A

NONE

Schedule P - Part 5H- SN3A

NONE

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

NONE

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

NONE

Schedule P - Part 6E - SN1

NONE

Schedule P - Part 6E - SN2

NONE

Schedule P - Part 6H - SN1A

NONE

Schedule P - Part 6H - SN2A

NONE

Schedule P - Part 6H - SN1B

NONE

Schedule P - Part 6H - SN2B

NONE

Schedule P - Part 6M - SN1

NONE

Schedule P - Part 6M - SN2

NONE

Schedule P - Part 6N - SN1

NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 6O - SN1

NONE

Schedule P - Part 6O - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

NONE

Schedule P - Part 7A - Section 1

NONE

Schedule P - Part 7A - Section 2

NONE

Schedule P - Part 7A - Section 3

NONE

Schedule P - Part 7A - Section 4

NONE

Schedule P - Part 7A - Section 5

NONE

Schedule P - Part 7B - Section 1

NONE

Schedule P - Part 7B - Section 2

NONE

Schedule P - Part 7B - Section 3

NONE

Schedule P - Part 7B - Section 4

NONE

Schedule P - Part 7B - Section 5

NONE

Schedule P - Part 7B - Section 6

NONE

Schedule P - Part 7B - Section 7

NONE

SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1

Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

Yes [X] No []
- 1.2

What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?

\$0
- 1.3

Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [X] No []
- 1.4

Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [] No [X]
- 1.5

If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [X] No [] N/A []
- 1.6

If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1	2
		Section 1: Occurrence	Section 2: Claims-Made
1.601	Prior		
1.602	2009.....		
1.603	2010.....		
1.604	2011.....		
1.605	2012.....		
1.606	2013.....		
1.607	2014.....		
1.608	2015.....		
1.609	2016.....		
1.610	2017.....		
1.611	2018.....		
1.612	Totals	0	0

2.

The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?

Yes [X] No []
3.

The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?:

Yes [X] No []
4.

Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5.

What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity

\$

5.2 Surety

\$
6.

Claim count information is reported per claim or per claimant (indicate which).CLAIM
If not the same in all years, explain in Interrogatory 7.
- 7.1

The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [] No [X]
- 7.2

An extended statement may be attached.
.....

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01154	Coverys	10206	04-2595783				Medical Professional Mutual Insurance Company	MA	OTH			0.0		Y	2
01154	Coverys	36234	47-0580977				Preferred Professional Insurance Company	NE	IA	ProMutual Group, Inc	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0
01154	Coverys	10638	04-1012400				ProSelect Insurance Company	NE	IA	ProMutual Group, Inc	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0
01154	Coverys	15686	47-2600307				Coverys Specialty Insurance Company	NJ	IA	ProMutual Group, Inc	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0
01154	Coverys	12233	74-3129288				Healthcare Underwriters Group, Inc	OH	IA	Global Insurance Management Company, Inc	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0
01154	Coverys	14919	46-1583654				Preferred Professional RRG	DC	OTH	Preferred Professional Insurance Company	Management	0.0	Medical Professional Mutual Insurance Company	N	3
01154	Coverys	14160	45-3967296				Coverys RRG, Inc	DC	RE	Medical Professional Mutual Insurance Company	Management	0.0	Medical Professional Mutual Insurance Company	N	2
01154	Coverys	12722	20-5744578				ProMutual Solutions Insurance Company	VT	IA	ProMutual Group, Inc	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0
	Coverys	00000	04-3294777				ProMutual Group, Inc	MA	NIA	Medical Professional Mutual Insurance Company	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0
	Coverys	00000	47-0756412				Physicians Consultants, Inc	NE	NIA	Preferred Professional Insurance Company	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0
	Coverys	00000	AA-3770262				Capital Risk Solutions	CYM	OTH	ProMutual Group, Inc	Ownership	100.0	Medical Professional Mutual Insurance Company	N	1
	Coverys	00000	04-3311841				ProMutual Insurance Agency, Inc	MA	NIA	ProMutual Group, Inc	Ownership	100.0	Medical Professional Mutual Insurance Company	N	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	Coverys.....	00000.....	38-3239347.....				Coverys Insurance Services, Inc.....	MI.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....	47-1971933.....				Global Insurance Management Company, Inc.....	DE.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....					Coverys Capital Limited.....	GBR.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....	46-3884645.....				Coverys Community Healthcare Foundation, Inc.....	MA.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....	46-3623608.....				Coverys Research and Development Corporation.....	MA.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....	47-4351735.....				Archway Health Holdings, LLC.....	MA.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	44.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....	04-3199991.....				Strategic Risk Solutions, Inc.....	FL.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	25.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....	20-4793831.....				Med-IQ, Inc.....	MI.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....					Coverys UK Holding Co. Limited.....	GBR.....	NIA.....	ProMutual Group, Inc.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....					Coverys Managing Agency Limited.....	GBR.....	NIA.....	Coverys UK Holding Co. Limited.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0
	Coverys.....	00000.....					Coverys 1975 Underwriting Limited.....	GBR.....	NIA.....	Coverys UK Holding Co. Limited.....	Ownership.....	100.0	Medical Professional Mutual Insurance Company.....	N.....	0

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
0000001	Non-US/Non-Insurance Affiliate.....
0000002	Medical Professional Mutual Insurance Company is the managing general agent for Coverys RRG, Inc.....
0000003	Preferred Professional Insurance Company (PPIC) is the captive manager for Preferred Professional RRG (PPRRG). ProMutual Group, Inc. is the 100% owner of PPIC. Medical Professional Mutual Insurance Company is the 100% owner of ProMutual Group, Inc.....

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING		RESPONSES
1.	Will an actuarial opinion be filed by March 1?	.....YES.....
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	.....YES.....
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	.....YES.....
6.	Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
7.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
MAY FILING		
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....YES.....
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	.....YES.....
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
AUGUST FILING		
11.	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?	.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....SEE EXPLANATION.....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....NO.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....YES.....
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....NO.....
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....NO.....
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....YES.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....NO.....
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....SEE EXPLANATION.....

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

















28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
37.	Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION

Explanation:

12. Not applicable.
13. Business not written.
14. Business not written.
16. Business not written.
17. Business not written.
18. Business not written.
19. Business not written.
22. Business not written.
23. Business not written.
24. Business not written.
25. Not applicable.
26. Not applicable.
27. Not applicable.
28. Not applicable.
29. Business not written.
30. Business not written.
31. Business not written.
32. Business not written.
33. Business not written.
35. Business not written.
36. Business not written.
37. Not applicable.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar Code:

13.	 1 2 2 3 3 2 0 1 8 2 4 0 0 0 0 0 0
14.	 1 2 2 3 3 2 0 1 8 3 6 0 5 9 0 0 0
16.	 1 2 2 3 3 2 0 1 8 4 9 0 0 0 0 0 0
17.	 1 2 2 3 3 2 0 1 8 3 8 5 0 0 0 0 0
18.	 1 2 2 3 3 2 0 1 8 4 0 1 0 0 0 0 0
19.	 1 2 2 3 3 2 0 1 8 3 6 5 0 0 0 0 0
22.	 1 2 2 3 3 2 0 1 8 4 0 0 0 0 0 0 0
23.	 1 2 2 3 3 2 0 1 8 5 0 0 0 0 0 0 0
24.	 1 2 2 3 3 2 0 1 8 5 0 5 0 0 0 0 0
29.	 1 2 2 3 3 2 0 1 8 2 3 0 5 9 0 0 0
30.	 1 2 2 3 3 2 0 1 8 3 0 6 0 0 0 0 0
31.	 1 2 2 3 3 2 0 1 8 2 1 0 0 0 0 0 0
32.	 1 2 2 3 3 2 0 1 8 2 1 6 5 9 0 0 0
33.	 1 2 2 3 3 2 0 1 8 2 1 7 0 0 0 0 0
35.	 1 2 2 3 3 2 0 1 8 2 9 0 0 0 0 0 0
36.	 1 2 2 3 3 2 0 1 8 3 0 0 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR DECEMBER 31, 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

Designate the type of health care providers
reported on this page.
Physicians

SUPPLEMENT “A” TO SCHEDULE T
EXHIBIT OF MEDICAL PROFESSIONAL LIABILITY PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.		1 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
				3 Amount	4 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama	AL								
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR								
5. California	CA								
6. Colorado	CO								
7. Connecticut	CT								
8. Delaware	DE								
9. District of Columbia	DC								
10. Florida	FL	7,611,210	6,564,757	3,967,999	21	4,150,903	4,176,000	52	2,935,995
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN	156,202	142,910			20,614			36,104
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY	2,299,078	2,185,710	1,503,059	8	1,850,481	2,562,000	47	1,649,908
19. Louisiana	LA								
20. Maine	ME								
21. Maryland	MD								
22. Massachusetts	MA								
23. Michigan	MI								
24. Minnesota	MN								
25. Mississippi	MS								
26. Missouri	MO								
27. Montana	MT								
28. Nebraska	NE								
29. Nevada	NV								
30. New Hampshire	NH								
31. New Jersey	NJ								
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	OH	3,591,279	3,646,371	860,000	4	2,171,544	2,505,000	39	1,029,617
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI								
41. South Carolina	SC								
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	TX	214,158	158,092			39,600			56,644
45. Utah	UT								
46. Vermont	VT								
47. Virginia	VA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam	GU								
54. Puerto Rico	PR								
55. U.S. Virgin Islands	VI								
56. Northern Mariana Islands	MP								
57. Canada	CAN								
58. Aggregate other aliens	OT	0	0	0	0	0	0	0	0
59. Totals		13,871,927	12,697,840	6,331,058	33	8,233,142	9,243,000	138	5,708,268
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	0

Supp "A" to Schedule T - Hospitals

NONE

Supp "A" to Schedule T - Other HC Prof.

NONE

Supp "A" to Schedule T - Other HC Facil.

NONE

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