



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

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

NAIC Group Code	01154 (Current Period)	01154 (Prior Period)	NAIC Company Code	12233	Employer's ID Number	74-3129288
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 (Street and Number)			Columbus, OH, US 43215-3608 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1250 South Pine Island Road, Suite 300 (Street and Number)		Plantation, FL, US 33324-4402 (City or Town, State, Country and Zip Code)	866-484-5715 (Area Code) (Telephone Number)		
Mail Address	1250 South Pine Island Road, Suite 300 (Street and Number or P.O. Box)			Plantation, FL, US 33324-4402 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1250 South Pine Island Road, Suite 300 (Street and Number)		Plantation, FL, US 33324-4402 (City or Town, State, Country and Zip Code)	866-484-5715 (Area Code) (Telephone Number)		
Internet Web Site Address			www.hugroupinc.com			
Statutory Statement Contact	Thomas William Mueller CPA, CGMA (Name)			866-484-5716 (Area Code) (Telephone Number) (Extension)		
	tmueller@hugroupinc.com (E-Mail Address)			877-895-0996 (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 of ..... Ohio .....  
 County of ..... Franklin.....

ss

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

Joshua Marc Salman  
CEO & President

David Wayne Lester, CPA, CGMA  
Assistant Treasurer, VP & CFO

Thomas William Mueller, CPA, CGMA  
Assistant Secretary, VP & Controller

- 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 \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_,



**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	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
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	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees	
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	
<b>DETAILS OF WRITE-INS</b>														
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

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	4	5	6	7	8	9	10	11
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
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-cancellable 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
<b>DETAILS OF WRITE-INS</b>													
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

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	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-cancellable 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
<b>DETAILS OF WRITE-INS</b>														
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

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 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	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											
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	
<b>DETAILS OF WRITE-INS</b>														
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

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	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	0
2.1	Allied lines	0	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	0
2.3	Federal flood	0	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	0
2.5	Private flood	0	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	0
4.	Homeowners multiple peril	0	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	0
5.2	Commercial multiple peril (liability portion)	0	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	0
8.	Ocean marine	0	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	0
10.	Financial guaranty	0	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	0
13.	Group accident and health (b)	0	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	0
15.1	Collectively renewable A & H (b)	0	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	0
15.3	Guaranteed renewable A & H (b)	0	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	0
15.5	Other accident only	0	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	0
15.7	All other A & H (b)	0	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	0
16.	Workers' compensation	0	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	0
17.2	Other Liability-Claims-Made	0	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	0
18.	Products liability	0	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	0
19.2	Other private passenger auto liability	0	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	0
19.4	Other commercial auto liability	0	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	0
21.2	Commercial auto physical damage	0	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	0
23.	Fidelity	0	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	0
26.	Burglary and theft	0	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	0
28.	Credit	0	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	0
34.	Aggregate write-ins for other lines of business	0	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	
<b>DETAILS OF WRITE-INS</b>														
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	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	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

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)

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 +7							
Other U.S. Unaffiliated Insurers														
02-0584391.....11260.....NEVADA MUT INS CO INC.....			NV.....	5,366	0	7,014	7,014		1,323	2,079	100			9,832
47-0580977.....36234.....PREFERRED PROFESSIONAL INS CO.....			NE.....	.54			0							
0999999 - Total Other U.S. Unaffiliated Insurers				5,420	0	7,014	7,014	0	1,323	2,079	100	0	0	9,832
9999999 Totals				5,420	0	7,014	7,014	0	1,323	2,079	100	0	0	9,832

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

## **SCHEDULE F - PART 2**

**Premium Portfolio Reinsurance Effected or (Canceled) during Current Year**

**NONE**

**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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsur- ance Premiums Ceded	Reinsurance Recoverable On										16	Reinsurance Payable		19 Net Amount Recover- able From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Amount in Dispute Included in Column 15	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers			
<b>Authorized - Affiliates - U.S. Non-Pool - Other</b>																				
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		
					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	
					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	
					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	
<b>Authorized - Other U.S. Unaffiliated Insurers</b>																				
06-1481194	10829	MARKEL GLOBAL REINS CO	DE				25	0	8	15				48			85		(37)	
						0	0	0	25	0	8	15	0	0	48	0	85	0	(37)	0
<b>Authorized - Other Non-U.S. Insurers</b>																				
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	0	.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		
						3,805	51	62	895	0	963	970	446	0	3,387	0	3,007	0	380	0
						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
<b>Unauthorized - Other non-U.S. Insurers</b>																				
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		(106)		.106		
AA-3190795	00000	Catalina Safety Reins Ltd.	.BMU.							0	.5	.22		.44				.105		(61)
						585	8	12	.165	0	136	161	.69	0	.551	0	.874	0	(323)	0
						585	8	12	.165	0	136	161	.69	0	.551	0	.874	0	(323)	0
						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
						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 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of (Col. 28 * 120%)	29 Stressed Recoverable (Col. 28 * 120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of (Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 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	XXX
0399999 - Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	2,248	44,925	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
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	XXX
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates		0	0	XXX	0	2,248	44,925	0	0	0	0	0	0	0	0	0	0	0
Authorized - Other U.S. Unaffiliated Insurers																		
06-1481194.....	MARTEL GLOBAL REINS CO.....					48	0	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	0
Authorized - Other Non-U.S. Insurers																		
AA-1120337.....	ASPEN INS UK LTD.....					396	0	0	396	475	475	0	0	0	0	1	0	0
AA-1126435.....	LLOYD'S SYNDICATE NUMBER 435.....					(77)	97	0	20	24	(77)	101	0	0	101	1	0	4
AA-1126566.....	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999).....					16	0	0	16	19	19	0	0	0	0	1	0	0
AA-1126727.....	LLOYD'S SYNDICATE NUMBER 727.....					28	14	0	42	50	28	22	0	0	22	1	0	1
AA-1126958.....	LLOYD'S SYNDICATE NUMBER 958.....					14	0	0	14	17	17	0	0	0	0	1	0	0
AA-1127084.....	LLOYD'S SYNDICATE NUMBER 1084.....					72	0	0	72	86	86	0	0	0	0	1	0	0
AA-1126033.....	LLOYD'S SYNDICATE NUMBER 33.....					171	156	0	327	392	171	221	0	0	221	1	0	8
AA-1128003.....	LLOYD'S SYNDICATE NUMBER 2003.....					345	0	0	345	414	414	0	0	0	0	1	0	0
AA-1128488.....	LLOYD'S SYNDICATE NUMBER 2488.....					171	126	0	297	356	171	185	0	0	185	1	0	7
AA-1128791.....	LLOYD'S SYNDICATE NUMBER 2791.....					(274)	274	0	0	0	(274)	274	0	0	274	1	0	10
AA-1126006.....	Lloyd's Syndicate Number 4472.....					119	125	0	244	293	119	174	0	0	174	1	0	6
AA-1126004.....	LLOYD'S SYNDICATE NUMBER 4444.....					392	135	0	527	632	392	240	0	0	240	1	0	9
AA-1340125.....	HANNOVER RUECK SE.....					571	516	0	1,087	1,304	571	733	0	0	733	1	0	26
AA-1298000.....	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999).....					(66)	66	0	0	0	(66)	66	0	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	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	0	2,018	XXX	0	73
Unauthorized - Other non-U.S. Insurers																		
AA-3191315.....	XL Bermuda Ltd.....					516	1	0	409	409	491	491	0	0	0	1	0	0
AA-1460019.....	MS AmIn AG.....					178	2	0	98	0	98	118	0	0	0	1	0	0
AA-3190829.....	Markel Bermuda Ltd.....					(106)	106	0	0	0	0	(106)	106	0	0	106	1	4
AA-3190795.....	Catalina Safety Reins Ltd.....					44	0	0	44	53	53	0	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	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	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	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	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 Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	45 Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 44)	46 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Received Prior 90 Days	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Received Prior 90 Days	48	49	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. 50/ 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 Current	Overdue																								
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38 + 39 + 40 + 41																				
Authorized - Affiliates - U.S. Non-Pool - Other							0	6,738			6,738	0	0	0.000	0.000	0.000	YES	0									
04-2595783	MEDICAL PROFESSIONAL MUT INS CO	6,738					0	6,738			6,738	0	0	0.000	0.000	0.000	XXX	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							0	0		0	0	0	0	0.000	0.000	0.000	YES	0									
06-1481194	MARKEL GLOBAL REINS CO						0	0		0	0	0	0	0.000	0.000	0.000	XXX	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							0	33		33	0	0	0	0.000	0.000	0.000	YES	0									
AA-1120337	ASPERN INS UK LTD	.33					0	33		33	0	0	0	0.000	0.000	0.000	YES	0									
AA-1126435	LLOYD'S SYNDICATE NUMBER 435						0	0		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	0	0.000	0.000	0.000	YES	0									
AA-1126727	LLOYD'S SYNDICATE NUMBER 727	3					0	3		3	0	0	0	0.000	0.000	0.000	YES	0									
AA-1126958	LLOYD'S SYNDICATE NUMBER 958	2					0	2		2	0	0	0	0.000	0.000	0.000	YES	0									
AA-1127084	LLOYD'S SYNDICATE NUMBER 1084	8					0	8		8	0	0	0	0.000	0.000	0.000	YES	0									
AA-1126033	LLOYD'S SYNDICATE NUMBER 33	10					0	10		10	0	0	0	0.000	0.000	0.000	YES	0									
AA-1128003	LLOYD'S SYNDICATE NUMBER 2003	7					0	7		7	0	0	0	0.000	0.000	0.000	YES	0									
AA-1128488	LLOYD'S SYNDICATE NUMBER 2488	10					0	10		10	0	0	0	0.000	0.000	0.000	YES	0									
AA-1128791	LLOYD'S SYNDICATE NUMBER 2791						0	0		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	0	0.000	0.000	0.000	YES	0									
AA-1126004	LLOYD'S SYNDICATE NUMBER 4444	5					0	5		5	0	0	0	0.000	0.000	0.000	YES	0									
AA-1340125	HANNOVER RUECK SE	33					0	33		33	0	0	0	0.000	0.000	0.000	YES	0									
AA-1128000	LLOYD'S SYNDICATE NUMBER 2000 (INCIDENTAL TO 2999)						0	0		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							0	10		10	0	0	0	0.000	0.000	0.000	YES	0									
AA-3191315	XL Bermuda Ltd	.10					0	10		10	0	0	0	0.000	0.000	0.000	YES	0									
AA-1460019	MS Amlin AG	.10					0	10		10	0	0	0	0.000	0.000	0.000	YES	0									
AA-3190829	Markel Bermuda Ltd						0	0		0	0	0	0	0.000	0.000	0.000	YES	0									
AA-3190795	Catalina Safety Reins Ltd						0	0		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	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)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance																69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0				
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20+Col. 21+Col. 22+Col. 24]/Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57+[Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 47 * 20%)	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		
<b>Authorized - Affiliates - U.S. Non-Pool - Other</b>																		
04-259783.....MEDICAL PROFESSIONAL MUT INS CO.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
039999 - Total Authorized - Affiliates - U.S. Non-Pool - Other		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
049999 - Total Authorized - Affiliates - U.S. Non-Pool - Total		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
089999 - Total Authorized - Affiliates - Total Authorized - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>Authorized - Other U.S. Unaffiliated Insurers</b>																		
06-1481194....MARKEL GLOBAL REINS CO.....		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
099999 - Total Authorized - Other U.S. Unaffiliated Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>Authorized - Other Non-U.S. Insurers</b>																		
AA-1120337....ASPER INS UK LTD.....		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	
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	
AA-1126727....LLOYD'S SYNDICATE NUMBER 727.....		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	
AA-1127084....LLOYD'S SYNDICATE NUMBER 1084.....		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	
AA-1128003....LLOYD'S SYNDICATE NUMBER 2003.....		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	
AA-1128791....LLOYD'S SYNDICATE NUMBER 2791.....		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	
AA-1126004....LLOYD'S SYNDICATE NUMBER 4444.....		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	
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	
129999 - Total Authorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
149999 - Total Authorized Excluding Protected Cells (Sum of 0899999, 099999, 109999, 119999 and 129999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
<b>Unauthorized - Other non-U.S. Insurers</b>																		
AA-3191315....XL Bermuda Ltd.....		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	
AA-3190829....Markel Bermuda Ltd.....		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	
269999 - Total Unauthorized - Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
289999 - Total Unauthorized Excluding Protected Cells (Sum of 229999, 239999, 249999, 259999 and 269999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
439999 - Total Authorized, Unauthorized and Certified (Sum of 149999, 289999 and 429999)		XXX	XXX	XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0	
99999999 Totals		XXX	XXX	XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	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)  
(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	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 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%])	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			0	XXX	XXX	0	0	0	XXX	XXX
04-2595783	MEDICAL PROFESSIONAL MUT INS CO	0				0				0
0399999	- Total Authorized - Affiliates - U.S. Non-Pool - Other	0	XXX	XXX	0	0	0	XXX	XXX	0
0499999	- Total Authorized - Affiliates - U.S. Non-Pool - Total	0	XXX	XXX	0	0	0	XXX	XXX	0
0899999	- Total Authorized - Affiliates - Total Authorized - Affiliates	0	XXX	XXX	0	0	0	XXX	XXX	0
Authorized - Other U.S. Unaffiliated Insurers			0	XXX	XXX	0	0	0	XXX	XXX
06-1481194	MARKEL GLOBAL REINS CO	0	XXX	XXX	0	0	0	XXX	XXX	0
0999999	- Total Authorized - Other U.S. Unaffiliated Insurers	0	XXX	XXX	0	0	0	XXX	XXX	0
Authorized - Other Non-U.S. Insurers			0	XXX	XXX	0	0	0	XXX	XXX
AA-1120337	ASOPEN 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	0	XXX	XXX	0	0	0	XXX	XXX	0
1499999	- Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)	0	XXX	XXX	0	0	0	XXX	XXX	0
Unauthorized - Other non-U.S. Insurers			0	XXX	XXX	0	0	0	XXX	XXX
AA-3191315	XL Bermuda Ltd	0	0	0	0	XXX	XXX	0	XXX	0
AA-1460019	MS Amlin AG	0	0	0	0	XXX	XXX	0	XXX	0
AA-3190829	Markel Bermuda Ltd	0	106	0	0	XXX	XXX	0	XXX	0
AA-3190795	Catalina Safety Reins Ltd	0	0	0	0	XXX	XXX	0	XXX	0
2699999	- Total Unauthorized - Other Non-U.S. Insurers	0	106	0	XXX	XXX	XXX	0	XXX	0
2899999	- Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)	0	106	0	XXX	XXX	XXX	0	XXX	0
4399999	- Total Authorized, Unauthorized and Certified (Sum of 1499999, 2899999 and 4299999)	0	106	0	0	0	0	0	0	0
9999999	Totals	0	106	0	0	0	0	0	0	0

**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

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

**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:

	<u>1</u> Name of Reinsurer	<u>2</u> Commission Rate	<u>3</u> 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.

	<u>1</u> Name of Reinsurer	<u>2</u> Total Recoverables	<u>3</u> Ceded Premiums	<u>4</u> 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.

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

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES (Page 3)</b>			
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	XXX	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**

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

**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 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	0	0	0	0	0	0	0	0	0	
2. 2009	976	137	.839	.47	0	97	0	.43	0	0	0	187	
3. 2010	606	60	.546	0	0	196	0	.31	0	0	0	227	
4. 2011	1,913	210	1,703	0	(260)	299	(36)	147	0	0	0	742	
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	0	1,947	
7. 2014	655	71	.584	0	(14)	93	.25	.33	(2)	0	0	117	
8. 2015	885	75	.810	0	(64)	99	(60)	.24	(10)	0	0	257	
9. 2016	1,488	146	1,342	0	(113)	0	(118)	.32	(20)	0	0	283	
10. 2017	463	33	.430	600	232	150	(56)	.9	(29)	0	0	612	
11. 2018	818	609	209	0	(56)	3	(77)	5	(4)	0	0	145	
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	Direct and Assumed	Ceded				
1.	0	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	0
3.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	.350	.350	0	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	0
6.	0	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	0	1
8.	0	0	.41	.41	0	0	.41	.41	.6	.6	0	0	0	0
9.	0	0	154	154	0	0	151	151	.22	.22	0	0	0	1
10.	0	0	.57	.57	0	0	.86	.86	10	10	0	0	0	0
11.	0	0	327	327	0	0	305	305	.36	.36	0	0	0	1
12.	450	450	618	618	0	0	745	745	.76	.76	0	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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	
3.	.227	0	.227	.37.5	.0.0	.41.6	0	.0	.0	0	0	
4.	.847	105	.742	.44.3	.50.0	.43.6	0	.0	.0	0	0	
5.	.60	0	.60	.5.7	.0.0	.6.5	0	.0	.0	0	0	
6.	1,737	(210)	1,947	.66.4	(.58.2)	.86.3	0	.0	.0	0	0	
7.	.378	.261	.117	.57.7	.367.6	.20.0	0	.0	.0	0	0	
8.	.211	(46)	.257	.23.8	(.61.3)	.31.7	0	.0	.0	0	0	
9.	.359	.76	.283	.24.1	.52.1	.21.1	0	.0	.0	0	0	
10.	.912	.300	.612	.197.0	.909.1	.142.3	0	.0	.0	0	0	
11.	.676	531	145	.82.6	.87.2	.69.4	0	.0	.0	0	0	
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	.0	XXX	0	0	

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

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 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 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	Direct and Assumed	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.	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 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 2018	11 One Year	12 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	0	0	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	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	0	0	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0	XXX
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	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**

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

**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 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 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	0	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	0	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	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	0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	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	0
11. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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 2009	2 2010	3 2011	4 2012	5 2013	6 2014	7 2015	8 2016	9 2017	10 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	0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	0	0	0	0	0
8. 2015	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
9. 2016	XXX	XXX	XXX	XXX	XXX	XXX	0	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**

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

**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	3	3	3	3
3. 2010	XXX	0	2	3	3	3	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	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	0	0	0	0
10. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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	0	1	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	0	1	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

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

**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**

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

**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?

Yes [ X ] No [ ]

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:

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 Section 1: Occurrence	2 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. ....

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

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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 .....	JN .....					0
16. Iowa .....	JA .....					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

**NONE**

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

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
	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

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

**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.....

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

## SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10206.	04-2595783.	MEDICAL PROFESSIONAL MUT INS CO.	65,722,241	139,277,759			11,872,122	164,240,910			381,113,032	(1,212,506,360)
36234.	47-0580977.	PREFERRED PROFESSIONAL INS CO.	(80,000,000)				15,237	115,445			(79,869,318)	(624,167)
10638.	04-1012400.	PROSELECT INS CO.	(125,086,347)	(64,913,653)			(38,360,847)	(43,747,125)			(272,107,972)	943,070,350
15686.	47-2600307.	COVERYS SPECIALTY INS CO.					13,744,743	(27,789,898)			(14,045,155)	89,829,793
14919.	46-1583654.	PREFERRED PROFESSIONAL RRG.					(15,237)	(115,445)			(130,682)	624,167
14160.	45-3967296.	COVERYS RRG INC.					12,743,982	(76,931,316)			(64,187,334)	159,537,910
00000.	04-3294777.	PROMUTUAL GROUP, INC.	148,374,025	(88,480,842)						(4,000,000)	55,893,183	
00000.	20-4793831.	MED-IQ, INC.										0
00000.	47-1971933.	GLOBAL INSURANCE MANAGEMENT CO., INC.		(1,008,986)	1,008,986		3,306,433				3,306,433	
12233.	74-3129288.	HEALTHCARE UNDERWRITERS GROUP, INC.		(7,764,906)	(17,235,094)		(3,306,433)	(7,802,394)			(36,108,827)	47,174,097
00000.	38-3239347.	COVERYS INSURANCE SERVICES, INC.									0	
00000.	AA-3770262.	CAPITAL RISK SOLUTIONS.									0	
00000.	46-3884645.	COVERYS COMMUNITY HEALTHCARE FOUNDATION.			1,000,000						1,000,000	
00000.	46-3623608.	COVERYS RESEARCH AND DEVELOPMENT CORP.									0	
00000.	47-4351735.	ARCHWAY HEALTH HOLDINGS, LLC.									4,000,000	4,000,000
00000.	04-3199991.	STRATEGIC RISK SOLUTIONS, INC.		(236,027)	4,000,000						(236,027)	
00000.	46-4018650.	PACK HEALTH, LLC.									4,000,000	
00000.		COVERYS UK HOLDING CO. LIMITED.									0	
00000.		COVERYS CAPITAL LIMITED (UK).			20,342,844						20,342,844	
00000.		COVERYS MANAGING AGENCY LIMITED.			5,000,000						5,000,000	
00000.		COVERYS 1975 UNDERWRITING LIMITED.								(7,970,177)	(7,970,177)	(27,105,790)
00000.		COVERYS MA SERVICES LIMITED.									0	
9999999 Control Totals												
			0	0	0	0	0	0	0	XXX	0	0
												0

**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.

	<b>MARCH FILING</b>	<b>RESPONSES</b>
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.....
	<b>APRIL FILING</b>	
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.....
	<b>MAY FILING</b>	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....YES.....
	<b>JUNE FILING</b>	
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.....
	<b>AUGUST FILING</b>	
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.....
<p>The following supplemental reports are required to be filed as part of your statement filing <b>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.</b> If the supplement is required of your company but is not being filed for whatever reason, enter <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.</p>		
	<b>MARCH FILING</b>	
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.

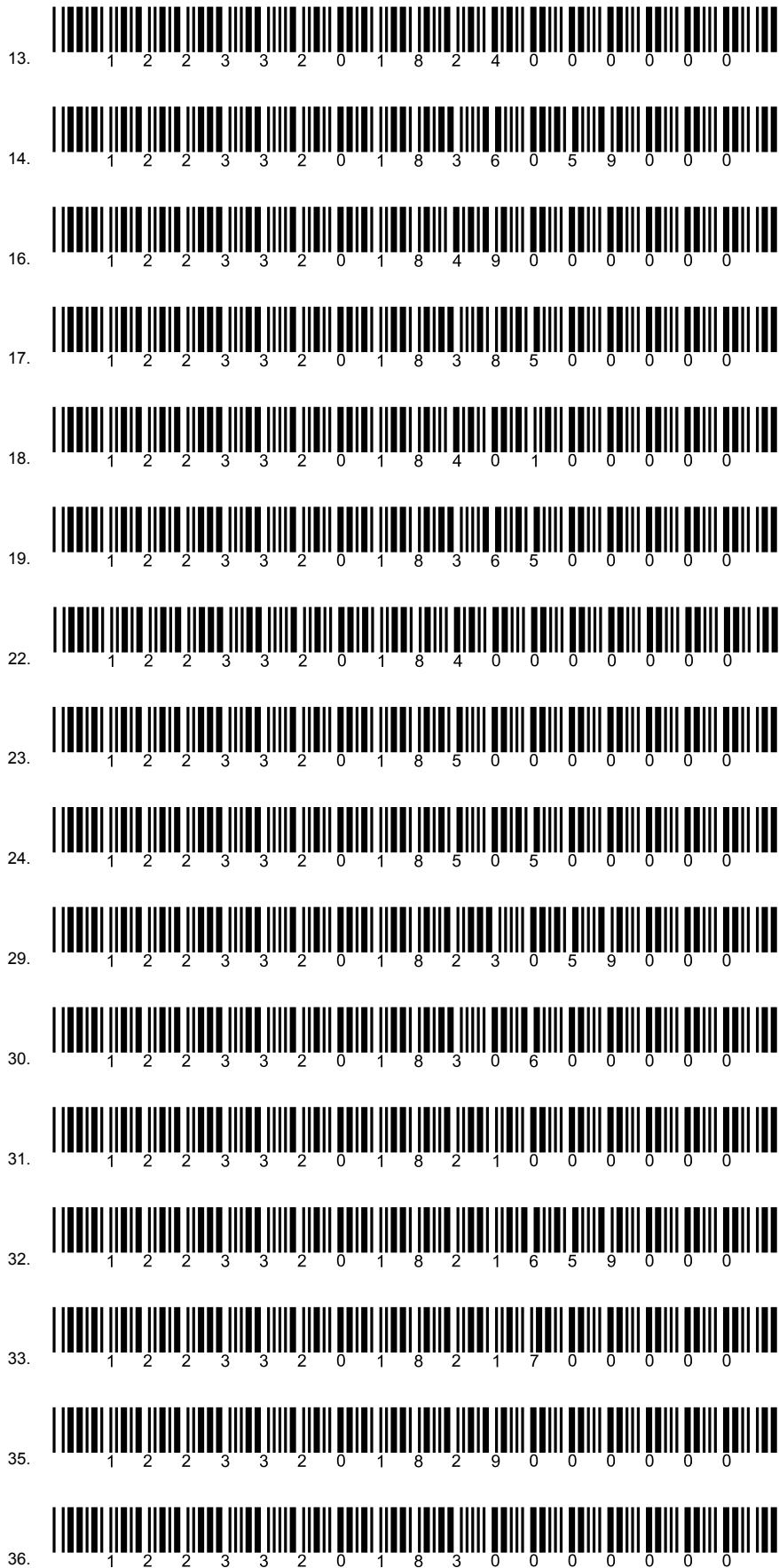
35. Business not written.

36. Business not written.

37. Not applicable.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

Bar Code:



**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
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
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
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
59. Totals		13,871,927	12,697,840	6,331,058	33	8,233,142	9,243,000	138
								5,708,268
<b>DETAILS OF WRITE-INS</b>								
58001.								
58002.								
58003.								
58998. Sum. of remaining write-ins for Line 58 from overflow page		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

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**

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-Ins	100
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 2 - Verification Between Years	SI15
Schedule E – Part 3 – Special Deposits	E28
Schedule F – Part 1	20
Schedule F – Part 2	21
Schedule F – Part 3	22
Schedule F – Part 4	27
Schedule F – Part 5	28
Schedule F – Part 6	29
Schedule H – Accident and Health Exhibit – Part 1	30
Schedule H – Part 2, Part 3, and Part 4	31
Schedule H – Part 5 – Health Claims	32
Schedule P – Part 1 – Summary	33
Schedule P – Part 1A – Homeowners/Farmowners	35
Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical	37
Schedule P – Part 1D – Workers' Compensation (Excluding Excess Workers' Compensation)	38

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 1E – Commercial Multiple Peril	39
Schedule P – Part 1F – Section 1 – Medical Professional Liability – Occurrence	40
Schedule P – Part 1F – Section 2 – Medical Professional Liability – Claims-Made	41
Schedule P – Part 1G – Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P – Part 1H – Section 1 – Other Liability–Occurrence	43
Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made	44
Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P – Part 1J – Auto Physical Damage	46
Schedule P – Part 1K – Fidelity/Surety	47
Schedule P – Part 1L – Other (Including Credit, Accident and Health)	48
Schedule P – Part 1M – International	49
Schedule P – Part 1N – Reinsurance – Nonproportional Assumed Property	50
Schedule P – Part 1O – Reinsurance – Nonproportional Assumed Liability	51
Schedule P – Part 1P – Reinsurance – Nonproportional Assumed Financial Lines	52
Schedule P – Part 1R – Section 1 – Products Liability – Occurrence	53
Schedule P – Part 1R – Section 2 – Products Liability – Claims – Made	54
Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty	55
Schedule P – Part 1T – Warranty	56
Schedule P – Part 2, Part 3 and Part 4 – Summary	34
Schedule P – Part 2A – Homeowners/Farmowners	57
Schedule P – Part 2B – Private Passenger Auto Liability/Medical	57
Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical	57
Schedule P – Part 2D – Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P – Part 2E – Commercial Multiple Peril	57
Schedule P – Part 2F – Section 1 – Medical Professional Liability – Occurrence	58
Schedule P – Part 2F – Section 2 – Medical Professional Liability – Claims – Made	58
Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P – Part 2H – Section 1 – Other Liability – Occurrence	58
Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made	58
Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P – Part 2J – Auto Physical Damage	59
Schedule P – Part 2K – Fidelity, Surety	59
Schedule P – Part 2L – Other (Including Credit, Accident and Health)	59
Schedule P – Part 2M – International	59
Schedule P – Part 2N – Reinsurance – Nonproportional Assumed Property	60
Schedule P – Part 2O – Reinsurance – Nonproportional Assumed Liability	60
Schedule P – Part 2P – Reinsurance – Nonproportional Assumed Financial Lines	60
Schedule P – Part 2R – Section 1 – Products Liability – Occurrence	61
Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made	61
Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty	61
Schedule P – Part 2T – Warranty	61
Schedule P – Part 3A – Homeowners/Farmowners	62

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 3B – Private Passenger Auto Liability/Medical	62
Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical	62
Schedule P – Part 3D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	62
Schedule P – Part 3E – Commercial Multiple Peril	62
Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence	63
Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made	63
Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P – Part 3H – Section 1 – Other Liability – Occurrence	63
Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made	63
Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P – Part 3J – Auto Physical Damage	64
Schedule P – Part 3K – Fidelity/Surety	64
Schedule P – Part 3L – Other (Including Credit, Accident and Health)	64
Schedule P – Part 3M – International	64
Schedule P – Part 3N – Reinsurance – Nonproportional Assumed Property	65
Schedule P – Part 3O – Reinsurance – Nonproportional Assumed Liability	65
Schedule P – Part 3P – Reinsurance – Nonproportional Assumed Financial Lines	65
Schedule P – Part 3R – Section 1 – Products Liability – Occurrence	66
Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made	66
Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty	66
Schedule P – Part 3T – Warranty	66
Schedule P – Part 4A – Homeowners/Farmowners	67
Schedule P – Part 4B – Private Passenger Auto Liability/Medical	67
Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical	67
Schedule P – Part 4D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	67
Schedule P – Part 4E – Commercial Multiple Peril	67
Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence	68
Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made	68
Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P – Part 4H – Section 1 – Other Liability – Occurrence	68
Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68
Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P – Part 4J – Auto Physical Damage	69
Schedule P – Part 4K – Fidelity/Surety	69
Schedule P – Part 4L – Other (Including Credit, Accident and Health)	69
Schedule P – Part 4M – International	69
Schedule P – Part 4N – Reinsurance – Nonproportional Assumed Property	70
Schedule P – Part 4O – Reinsurance – Nonproportional Assumed Liability	70
Schedule P – Part 4P – Reinsurance – Nonproportional Assumed Financial Lines	70
Schedule P – Part 4R – Section 1 – Products Liability – Occurrence	71
Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made	71

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty	71
Schedule P – Part 4T – Warranty	71
Schedule P – Part 5A – Homeowners/Farmowners	72
Schedule P – Part 5B – Private Passenger Auto Liability/Medical	73
Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical	74
Schedule P – Part 5D – Workers' Compensation (Excluding Excess Workers' Compensation)	75
Schedule P – Part 5E – Commercial Multiple Peril	76
Schedule P – Part 5F – Medical Professional Liability – Claims-Made	78
Schedule P – Part 5F – Medical Professional Liability – Occurrence	77
Schedule P – Part 5H – Other Liability – Claims-Made	80
Schedule P – Part 5H – Other Liability – Occurrence	79
Schedule P – Part 5R – Products Liability – Claims-Made	82
Schedule P – Part 5R – Products Liability – Occurrence	81
Schedule P – Part 5T – Warranty	83
Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical	84
Schedule P – Part 6D – Workers' Compensation (Excluding Excess Workers' Compensation)	84
Schedule P – Part 6E – Commercial Multiple Peril	85
Schedule P – Part 6H – Other Liability – Claims-Made	86
Schedule P – Part 6H – Other Liability – Occurrence	85
Schedule P – Part 6M – International	86
Schedule P – Part 6N – Reinsurance – Nonproportional Assumed Property	87
Schedule P – Part 6O – Reinsurance – Nonproportional Assumed Liability	87
Schedule P – Part 6R – Products Liability – Claims-Made	88
Schedule P – Part 6R – Products Liability – Occurrence	88
Schedule P – Part 7A – Primary Loss Sensitive Contracts	89
Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T – Exhibit of Premiums Written	94
Schedule T – Part 2 – Interstate Compact	95
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y – Part 1A – Detail of Insurance Holding Company System	97
Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11

