



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF JUNE 30, 2019
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	One Financial Center (Street and Number)		Boston, MA, US 02111-2621 (City or Town, State, Country and Zip Code)	617-330-1755 (Area Code) (Telephone Number)		
Mail Address	One Financial Center (Street and Number or P.O. Box)		Boston, MA, US 02111-2621 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	One Financial Center (Street and Number)		Boston, MA, US 02111-2621 (City or Town, State, Country and Zip Code)	617-330-1755 (Area Code) (Telephone Number)		
Internet Web Site Address	www.hugroupinc.com					
Statutory Statement Contact	Michael Richard Gabree (Name) mgabree@coverys.com (E-Mail Address)		617-428-9888 (Area Code) (Telephone Number) (Extension) 617-526-0384 (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			
Erin Brennan Bagley	General Counsel & Secretary	Jose Raul Zorola	Chief Underwriting Officer
William Carl Ludwig	VP, Claims		

DIRECTORS OR TRUSTEES

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

State of Massachusetts

County of Suffolk 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.

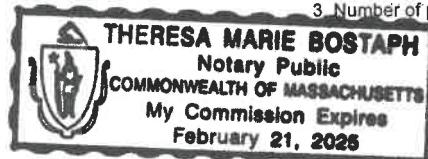
Gregg Lee Hanson
ChairJoseph Gerard Murphy
Vice ChairTodd Colin Mills
Treasurer

a. Is this an original filing?

Yes 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 August, 2019*TM**Theresa Marie Bostaph*

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	17,361,200		17,361,200	19,666,173
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 6,675,690), cash equivalents (\$ 629,518) and short-term investments (\$ 148,498)	7,453,706		7,453,706	1,695,648
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	24,814,906	0	24,814,906	21,361,821
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	115,498		115,498	122,503
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	326,512		326,512	2,476,746
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	2,406,764		2,406,764	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	2,463,010		2,463,010	6,871,224
16.2 Funds held by or deposited with reinsured companies	100,000		100,000	100,000
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon			0	127,309
18.2 Net deferred tax asset			0	0
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	24,629	23,152	1,477	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	30,251,319	23,152	30,228,167	31,059,603
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	30,251,319	23,152	30,228,167	31,059,603
DETAILS OF WRITE-INS				
1101.			0	
1102.			0	
1103.			0	
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other Prepaid Expense	23,152	23,152	0	0
2502. Miscellaneous Receivable	1,477		1,477	
2503.			0	
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	24,629	23,152	1,477	0

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$)	0	0
2. Reinsurance payable on paid losses and loss adjustment expenses	0	0
3. Loss adjustment expenses	0	0
4. Commissions payable, contingent commissions and other similar charges	187,638	662,878
5. Other expenses (excluding taxes, licenses and fees)	370,554	121,640
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	2	84,838
7.1 Current federal and foreign income taxes (including \$ 1,077 on realized capital gains (losses))	30,861	0
7.2 Net deferred tax liability	143,126	174,700
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ 8,553,467 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act).....	0	0
10. Advance premium	326,284	390,108
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	0	0
12. Ceded reinsurance premiums payable (net of ceding commissions)	5,082,875	6,213,815
13. Funds held by company under reinsurance treaties	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	1,259,622	848,658
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	0	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	30,418	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	7,431,380	8,496,637
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	7,431,380	8,496,637
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	8,186,047	8,186,047
31. Preferred capital stock	0	0
32. Aggregate write-ins for other than special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	14,445,686	14,445,686
35. Unassigned funds (surplus)	165,055	(68,767)
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$)	0	0
36.2 shares preferred (value included in Line 31 \$)	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36)	22,796,787	22,562,966
38. Totals (Page 2, Line 28, Col. 3)	30,228,167	31,059,603
DETAILS OF WRITE-INS		
2501. Amounts Payable-Assessments	30,418	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	30,418	0
2901.	0	0
2902.	0	0
2903.	0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	0
3201.	0	0
3202.	0	0
3203.	0	0
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above)	0	0

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 5,814,925)	6,959,966	5,888,014	12,697,840
1.2 Assumed (written \$ 2,721,515)	2,499,292	3,032,396	6,084,952
1.3 Ceded (written \$ 8,536,440)	9,459,258	4,813,723	14,676,105
1.4 Net (written \$ 0)	0	4,106,687	4,106,687
DEDUCTIONS:			
2. Losses incurred (current accident year \$):			
2.1 Direct	1,618,982	1,331,001	8,233,142
2.2 Assumed	960,455	1,542,473	3,323,723
2.3 Ceded	2,579,437	1,599,649	10,283,042
2.4 Net	0	1,273,825	1,273,823
3. Loss adjustment expenses incurred	0	1,661,028	1,661,028
4. Other underwriting expenses incurred	0	1,823,144	1,789,302
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	4,757,997	4,724,153
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	(651,310)	(617,466)
INVESTMENT INCOME			
9. Net investment income earned	271,654	961,718	1,497,272
10. Net realized capital gains (losses) less capital gains tax of \$ 327	(6,088)	(13,452)	(426,718)
11. Net investment gain (loss) (Lines 9 + 10)	265,566	948,266	1,070,554
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 1,436)	1,436	0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	6,383	9,414	19,731
15. Total other income (Lines 12 through 14)	7,819	9,414	19,731
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	273,385	306,370	472,819
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	273,385	306,370	472,819
19. Federal and foreign income taxes incurred	60,041	(18,545)	(580,612)
20. Net income (Line 18 minus Line 19)(to Line 22)	213,344	324,915	1,053,431
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	22,562,964	47,367,084	47,367,084
22. Net income (from Line 20)	213,344	324,915	1,053,431
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$		0	0
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	31,574	(64,484)	(854,956)
27. Change in nonadmitted assets	(11,096)	4,218	(2,595)
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	(17,235,094)
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	(7,764,906)
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	233,822	264,649	(24,804,120)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	22,796,786	47,631,733	22,562,964
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401. Municipal Tax Collection Fee Income	6,383	9,414	19,731
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	6,383	9,414	19,731
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	(1,451,294)	222,817	1,407,315
2. Net investment income.....	293,889	524,982	1,488,125
3. Miscellaneous income.....	7,819	9,414	19,731
4. Total (Lines 1 to 3).....	(1,149,586)	757,213	2,915,171
5. Benefit and loss related payments.....	(4,408,214)	20,828,772	24,055,541
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	384,352	15,763,977	15,825,363
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$(1,404) tax on capital gains (losses).....	(97,801)	500	(565,378)
10. Total (Lines 5 through 9).....	(4,121,663)	36,593,249	39,315,526
11. Net cash from operations (Line 4 minus Line 10).....	2,972,077	(35,836,036)	(36,400,355)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	4,403,844	9,900,036	75,452,726
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	0	101	133
12.7 Miscellaneous proceeds.....	653	0	1,219
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	4,404,497	9,900,137	75,454,078
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	2,120,516	80,769,944	87,377,900
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,120,516	80,769,944	87,377,900
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	2,283,981	(70,869,807)	(11,923,822)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	(17,235,094)
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	7,764,906
16.6 Other cash provided (applied).....	502,000	35,799,984	794,344
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	502,000	35,799,984	(24,205,656)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	5,758,058	(70,905,859)	(72,529,833)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,695,648	74,225,482	74,225,481
19.2 End of period (Line 18 plus Line 19.1).....	7,453,706	3,319,623	1,695,648

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of Healthcare Underwriters Group, Inc. are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under Ohio insurance laws. The National Association of Insurance Commissioners' (NAIC) *The Accounting Practices and Procedures Manual (NAIC SAP)* has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Director of the Ohio Department of Insurance has the right to permit other specific practices that deviate from prescribed practices. The Company has no practices prescribed or permitted by the state of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	06/30/2019	12/31/2018
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 213,344	\$ 1,053,431
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 213,344	\$ 1,053,431
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 22,796,786	\$ 22,562,964
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 22,796,786	\$ 22,562,964

B. Use of Estimates in the Preparation of the Financial Statements - No Significant Changes

C. Accounting Policy

Premiums written directly, net of premiums ceded pursuant to reinsurance agreements, are earned ratably over the terms of the underlying policies. Premiums written, net of reinsurance ceded, relating to the unexpired portion of policies in-force at the balance sheet date are recorded as unearned premiums. Unearned premiums include a provision for death, disability and retirement reserves, which is accrued based on management's estimate of future earned free tail policies. Premiums collected in advance of the effective date of the policy are recorded as advance premiums. Policy acquisition costs are charged to current operations as incurred.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments - No Significant Changes
- (2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26R
 - Bonds not backed by other loans are stated at amortized cost using the straight-line method.
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Loan-backed securities
 - Loan-backed securities, consisting entirely of U.S. Government residential mortgage-backed securities, are stated at amortized cost using the straight-line method.
- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - Not Applicable

D. Going Concern

After considering relevant conditions and events in the aggregate, management has concluded that there is no substantial doubt regarding the Company's ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors - Not Applicable

Notes to the Financial Statements**3. Business Combinations and Goodwill** - Not Applicable**4. Discontinued Operations** - Not Applicable**5. Investments**

A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable

B. Debt Restructuring - Not Applicable

C. Reverse Mortgages - Not Applicable

D. Loan-Backed Securities

(1) Prepayment assumptions

Fair values have been determined in accordance with SSAP No 27. Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from the external portfolio manager or internal estimates.

(2) Loan-backed and structured securities with a recognized other-than-temporary impairment - Not Applicable

(3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities - Not Applicable

(4) All impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss

All impaired securities (fair value is less than amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss:

	<u>Amount</u>
a. The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ _____ -
2. 12 months or longer	\$ _____ 20,229
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	\$ _____ -
2. 12 months or longer	\$ _____ 1,214,157

(5) Support for concluding impairments are not other-than-temporary - Not Applicable

E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable

H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable

J. Real Estate - Not Applicable

K. Low-Income Housing Tax Credits (LIHTC) - Not Applicable

Quarterly Statement as of June 30, 2019 of the HEALTHCARE UNDERWRITERS GROUP, INC.
Notes to the Financial Statements

5. Investments (Continued)

L. Restricted Assets

(1) Restricted assets (including pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted										Current Year	
	Current Year											
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Gross (Admitted & Nonadmitted) Restricted	Admitted Restricted to Total Admitted Assets, %
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase / (Decrease) (5 - 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5-8)	Total Admitted Restricted to Total Assets, %	Admitted Restricted to Total Admitted Assets, %	
a. Subject to contractual obligation for which liability is not shown	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	%	%
b. Collateral held under security lending agreements	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
c. Subject to repurchase agreements	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
d. Subject to reverse repurchase agreements	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
e. Subject to dollar repurchase agreements	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
f. Subject to dollar reverse repurchase agreements	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
g. Placed under option contracts	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
i. FHLB capital stock	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
j. On deposit with states	1,102,744	_____	_____	_____	1,102,744	1,177,221	(74,477)	_____	1,102,744	_____	_____	_____
k. On deposit with other regulatory bodies	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
l. Pledged as collateral to FHLB (including assets backing funding agreements)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
m. Pledged as collateral not captured in other categories	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
n. Other restricted assets	13,414,539	_____	_____	_____	13,414,539	10,064,571	3,349,968	_____	13,414,539	_____	_____	_____
o. Total restricted assets	\$ 14,517,283	\$ _____	\$ _____	\$ _____	\$ 14,517,283	\$ 11,241,792	\$ 3,275,491	\$ _____	\$ 14,517,283	%	%	%

(2) Detail of assets pledged as collateral not captured in other categories (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate)

Reinsurance Trust Account

Description of Assets	Gross (Admitted & Nonadmitted) Restricted										Percentage	
	Current Year											
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Gross (Admitted & Nonadmitted) Restricted	Admitted Restricted to Total Admitted Assets, %
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase/ (Decrease) (5 - 6)	Total Current Year Admitted Restricted	Total Admitted Restricted to Total Assets, %	Total Admitted Restricted to Total Assets, %	Admitted Restricted to Total Admitted Assets, %	
Reinsurance Trust Account	\$ 13,414,539	\$ _____	\$ _____	\$ _____	\$ 13,414,539	\$ 10,064,571	\$ 3,349,968	\$ 13,414,539	%	%	%	%
Total	\$ 13,414,539	\$ _____	\$ _____	\$ _____	\$ 13,414,539	\$ 10,064,571	\$ 3,349,968	\$ 13,414,539	%	%	%	%

(4) Collateral received and reflected as assets within the reporting entity's financial statements - Not Applicable

M. Working Capital Finance Investments - Not Applicable

N. Offsetting and Netting of Assets and Liabilities - Not Applicable

O. Structured Notes - Not Applicable

P. 5GI Securities - Not Applicable

Q. Short Sales - Not Applicable

R. Prepayment Penalty and Acceleration Fees - Not Applicable

Notes to the Financial Statements

6. **Joint Ventures, Partnerships and Limited Liability Companies** - Not Applicable
7. **Investment Income** - Not Applicable
8. **Derivative Instruments** - Not Applicable
9. **Income Taxes** - No Significant Changes
10. **Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties** - No Significant Changes
11. **Debt** - Not Applicable
12. **Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**
 - A. Defined Benefit Plan - Not Applicable
 - B. Pension Plan Asset Information - Not Applicable
 - C. Fair Value of Each Class of Plan Assets - Not Applicable
 - D. Expected Long-Term Rate of Return for the Plan Assets - Not Applicable
 - E. Defined Contribution Plans

The Company participates in a 401k Employee Savings Plan (Coverys 401(k)) sponsored by Medical Professional Mutual Insurance Company (MPMIC), an affiliate. Substantially all Coverys Group employees are eligible to participate in the Coverys 401(k), under which MPMIC will make matching contributions of 100% of participant's contributions up to 6%, and may make discretionary contributions up to 4.5% of each participant's base compensation. The Company has no legal obligation for benefits under this plan but receives an allocation from MPMIC's subsidiary, ProSelect Insurance Company, in accordance with the management agreement that exists between the two affiliates. The Company's share of net expenses was \$103,021 through the second quarter of 2019.
 - F. Multiemployer Plans - Not Applicable
 - G. Consolidated/Holding Company Plans - Not Applicable
 - H. Postemployment Benefits and Compensated Absences - Not Applicable
 - I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable
13. **Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations** - No Significant Changes
14. **Liabilities, Contingencies and Assessments** - Not Applicable
15. **Leases** - Not Applicable
16. **Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk** - Not Applicable
17. **Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities** - Not Applicable
18. **Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans** - Not Applicable
19. **Direct Premium Written/Produced by Managing General Agents/Third Party Administrators** - Not Applicable

20. Fair Value Measurements

A. Fair Value Measurement

The Company's estimates of fair value for financial assets and financial liabilities are based on the framework established in the Fair Value Measurements and Disclosures accounting guidance. The framework is based on the inputs used in valuation and requires that observable inputs be used in the valuations when available. The disclosure of fair value estimates in the fair value accounting guidance includes a hierarchy based on whether significant valuation inputs are observable. In determining the level of the hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect HU's significant market assumptions. The only assets and liabilities measured and reported at fair value are common stocks. The three levels of the hierarchy are as follows:

Level 1 – Quoted prices in active markets for identical securities.

Level 2 – Quoted prices in active markets for similar securities.

Level 3 – Inputs to the valuation methodology are unobservable for the asset or liability and are significant to the fair value measurement.

(1) Fair value measurements at reporting date

Description for each class of asset or liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
a. Assets at fair value					
Bonds	\$	\$	\$	\$	\$
Cash Equivalent				79,141	79,141
Total assets measured at fair value	\$	\$	\$	79,141	\$ 79,141
b. Liabilities at fair value					
Total liabilities measured at fair value	\$	\$	\$	\$	\$

(2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable

(3) Policy on transfers into and out of Level 3 - Not Applicable

(4) Inputs and techniques used for Level 2 and Level 3 fair values - Not Applicable

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

(5) Derivatives - Not Applicable

B. Other Fair Value Disclosures - Not Applicable

C. Fair Values for All Financial Instruments by Level 1, 2 and 3

Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds	\$ 18,008,654	\$ 17,361,200	\$	\$ 18,008,654	\$	\$	\$
Cash, cash equivalents and short-term investments	7,453,706	7,453,706	7,453,706				

D. Not Practicable to Estimate Fair Value - Not Applicable

E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items

A. Unusual or Infrequent Items - Not Applicable

B. Troubled Debt Restructuring - Not Applicable

C. Other Disclosures

Special Disability Trust Fund Disclosure, Florida Statutes 625.091

a. The Company took no credit in loss reserves for anticipated recoveries from the Special Disability Trust Fund for the prior calendar year and the year-to-date ending June 30, 2019.
 b. The Company received no payments from the Special Disability Trust Fund during the prior calendar year and for the year-to-date ending June 30, 2019.
 c. The Company had no assessments by the Special Disability Trust Fund during the calendar year and for the year-to-date ending June 30, 2019.

Agents' Balances Certification, Florida Statute 625.012(5) - The Company had no premiums due or collected from a controlled or controlling person.

D. Business Interruption Insurance Recoveries - Not Applicable

E. State Transferable and Non-Transferable Tax Credits - Not Applicable

F. Subprime-Mortgage-Related Risk Exposure - Not Applicable

G. Insurance-Linked Securities (ILS) Contracts - Not Applicable

22. Events Subsequent

The Company has evaluated subsequent events the date the financial statements were issued. Effective July 1, 2019, Global Insurance Management Company, Inc. (GIMC) merged with and into Healthcare Underwriters Group, Inc. (HU), with HU as the surviving entity. As a result of the merger, HU is a directly owned subsidiary of ProMutual Group, Inc.

On July 1, 2019, HU entered into a novation and assignment agreement with an affiliate, Preferred Professional Insurance Company (PPIC). Under the terms of the agreement, PPIC will assume all premiums and losses arising from HU's 90% quota share agreement with Nevada Mutual Insurance Company, Inc. for medical professional liability policies.

No other material subsequent events have been identified.

23. Reinsurance

Effective October 1, 2016, losses and allocated loss adjustment expenses (LAE) on such losses were reinsured under a primary excess of loss reinsurance contract whereby the Company reinsures all risks in excess of its initial \$500,000 retention (losses and allocated LAE) up to \$1,000,000. The Company retains 25% of these excess losses. Prior to October 1, 2016, the Company did not retain a percentage of these excess losses. The Company's recovery of losses from reinsurers under this contract was limited to 325% of the maximum reinsurance premiums paid or payable per reinsurance contract period.

Prior to April 1, 2015, losses and a pro-rata share of allocated loss adjustment expenses (LAE) on such losses were reinsured under a primary excess of loss reinsurance contract whereby the Company reinsured all risks in excess of its initial \$250,000 retention (losses only) up to \$1,000,000. The Company retained a percentage of these excess losses: 20% for Florida losses and 10% for Kentucky and Ohio losses, respectively. The Company's recovery of losses from reinsurers under this contract was limited to 325% of the maximum reinsurance premiums paid or payable per reinsurance contract period.

The ultimate reinsurance premiums paid by the Company on the primary excess of loss contract are based on 100% (102.5% prior to April 1, 2015) of cumulative ceded losses and LAE paid and reserved under the contract plus a percentage of written premiums, subject to certain minimum and maximum limitations. The Company recognizes ceded premiums based on its estimate of ultimate reinsurance premiums to be paid. Estimates of ultimate reinsurance premiums to be paid are continually reviewed by management and updated with any resulting adjustment reflected in current operating results.

Losses in excess of \$1,000,000 up to \$2,000,000 are reinsured under a fixed cost reinsurance contract at December 31, 2018 and 2017 respectively. The Company's fixed-cost reinsurance contract contains a provision for ceding commissions. The Company retains 25% of these excess losses. Prior to October 1, 2016, The Company did not retain a percentage of these excess losses.

Effective April 1, 2015, the Company entered into a quota share reinsurance treaty with Nevada Mutual Insurance Company (NMIC), whereby the Company assumed 75% of its medical professional liability policies' unearned premiums and related losses at April 1, 2015 and on policies' premiums and losses incepting on and after April 1, 2015. The quota share percentage changed from 75% to 90% effective January 1, 2017. At March 31, 2019, the Company held securities and a short-term investment with a fair market value of \$12,849,302 and a book carrying value of \$12,729,110 in a separate trust account as collateral pertaining to this quota share reinsurance treaty. Effective April 1, 2019, NMIC became a related party of the Company (see Note 22).

Notes to the Financial Statements

23. Reinsurance (Continued)

Effective October 15, 2017 through October 15, 2018, the Company entered into a 100% quota share reinsurance agreement with Preferred Professional Insurance Company (PPIC). Under this agreement, PPIC cedes 100% of its net liabilities and premiums under certain insurance business written by the Company.

Effective April 1, 2018, the Company entered into a 100% quota share agreement with Medical Professional Mutual Insurance Company (MPMIC), where the Company cedes all net premiums, losses, loss adjustment and underwriting expenses to MP MIC, after third-party reinsurance.

Effective January 1, 2019, the Company became a member of the reinsurance treaty covering MP MIC and its other subsidiaries. This results in an increase to its maximum retained loss from \$500,000 to \$1,342,000, prior to the quota share agreement discussed above.

Ceded reinsurance premiums payable related to insured events of prior years were increased by \$3,207 and \$86 during 2018 and 2017, respectively, as a result of re-estimation of unpaid reinsured claims. The Company recognizes ceded premiums based on its estimate of ultimate reinsurance premiums to be paid, which are periodically reviewed by management and updated with any resulting adjustment reflected in current operating results.

- A. Unsecured Reinsurance Recoverables - Not Applicable
- B. Reinsurance Recoverable in Dispute - Not Applicable
- C. Reinsurance Assumed and Ceded
 - (1) Maximum amount of return commission that would have been due reinsurers if all of the company's reinsurance was canceled or if the company's insurance assumed was canceled - Not Applicable
 - (2) The additional or return commission, predicated on loss experience or on any other form of profit sharing arrangements in this statement as a result of existing contractual arrangements is accrued as follows: - Not Applicable
 - (3) Risks attributed to each of the company's protected cells - Not Applicable
- D. Uncollectible Reinsurance - Not Applicable
- E. Commutation of Ceded Reinsurance - Not Applicable
- F. Retroactive Reinsurance - Not Applicable
- G. Reinsurance Accounted for as a Deposit - Not Applicable
- H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements - Not Applicable
- I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - Not Applicable
- J. Reinsurance Agreements Qualifying for Reinsurer Aggregation - Not Applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination - Not Applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses

A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years
There is no development on the net incurred loss and loss adjustment expenses due to the 100% quota share agreement with Medical Professional Mutual Insurance Company.

B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses - Not Applicable

26. Intercompany Pooling Arrangements - Not Applicable

27. Structured Settlements - Not Applicable

28. Health Care Receivables - Not Applicable

29. Participating Policies - Not Applicable

30. Premium Deficiency Reserves - No Significant Changes

31. High Deductibles - Not Applicable

32. Discounting of Liabilities by Withdrawal Characteristics For Unpaid Losses or Unpaid Loss Adjustment Expenses - Not Applicable

33. Asbestos/Environmental Reserves - Not Applicable

34. Subscriber Savings Accounts - Not Applicable

35. Multiple Peril Crop Insurance - Not Applicable

36. Financial Guaranty Insurance - Not Applicable

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [X] No []

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [X] No []

2.2 If yes, date of change: 05/29/2019

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

If yes, complete Schedule Y, Parts 1 and 1A.

3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []

3.3 If the response to 3.2 is yes, provide a brief description of those changes.
During the second quarter of 2019, ProMutual Group Inc. determined its ownership of Knowledge Diffusion Inc. was approximately 8%. Therefore, it was concluded Knowledge Diffusion Inc. was not an affiliate and removed from Schedule Y.....

3.4 Is the reporting entity publicly traded or a member of a publicly traded group? Yes [] No [X]

3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.....

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 11/30/2013

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/30/2014

6.4 By what department or departments?
Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] NA [X]

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

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

7.2 If yes, give full information:
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes [] No [X]

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

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes [] No [X]

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

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

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

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

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

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

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

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

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [X] No []

11.2 If yes, give full and complete information relating thereto:
State deposit requirements.....

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$0	\$
14.26 All Other	\$0	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

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

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....0
16.3 Total payable for securities lending reported on the liability page	\$.....0

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

GENERAL INTERROGATORIES

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

Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
The Northern Trust Company.....	50 South LaSalle Street, Chicago, IL 60675.....
PNC Bank.....	1900 E. 9th Street, Cleveland, OH 44114.....

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

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

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

Yes [] No [X]

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

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

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
PNC Capital Advisors, LLC.....	U.....
New England Asset Management, Inc.....	U.....

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

Yes [X] No []

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

Yes [X] No []

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

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
151829.....	PNC Capital Advisors, LLC.....	Securities Exchange Commission.....	DS.....
105900.....	New England Asset Management, Inc.....	KUR85E5PS4GQFZFC130.....	Securities Exchange Commission.....	NO.....

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

Yes [X] No []

18.2 If no, list exceptions:

.....

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

Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

- PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [] No [X]

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

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is

- shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [] No [X]

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [] No [] NA [X]
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [] No [X]
3.2 If yes, give full and complete information thereto.

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? _____ Yes [] No [X]

4.2 If yes, complete the following schedule:

5. Operating Percentages:

5.1 A&H loss percent %
5.2 A&H cost containment percent %
5.3 A&H expense percent excluding cost containment expenses %

6.1 Do you act as a custodian for health savings accounts?..... Yes [] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$ _____

6.3 Do you act as an administrator for health savings accounts?..... Yes [] No [X]

6.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$ _____

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?..... Yes [X] No []

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?..... Yes [] No []

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date – Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0
5. California	CA	N	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0
9. Dist. Columbia	DC	N	0	0	0	0	0
10. Florida	FL	L	3,012,235	2,844,956	536,627	490,000	7,454,972
11. Georgia	GA	N	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0
15. Indiana	IN	L	9,456	94,017	0	42,059	9,929
16. Iowa	IA	N	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0
18. Kentucky	KY	L	1,076,999	1,051,995	496,500	1,375,559	4,047,159
19. Louisiana	LA	N	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0
34. No. Carolina	NC	N	0	0	0	0	0
35. No. Dakota	ND	N	0	0	0	0	0
36. Ohio	OH	L	1,588,833	1,384,471	1,240,000	600,000	2,673,258
37. Oklahoma	OK	N	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0
44. Texas	TX	L	127,402	81,279	0	79,675	31,374
45. Utah	UT	N	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0
59. Totals		XXX	5,814,925	5,456,718	2,273,127	2,465,559	14,297,123
DETAILS OF WRITE-INS							
58001.		XXX					
58002.		XXX					
58003.		XXX					
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0

(a) Active Status Counts

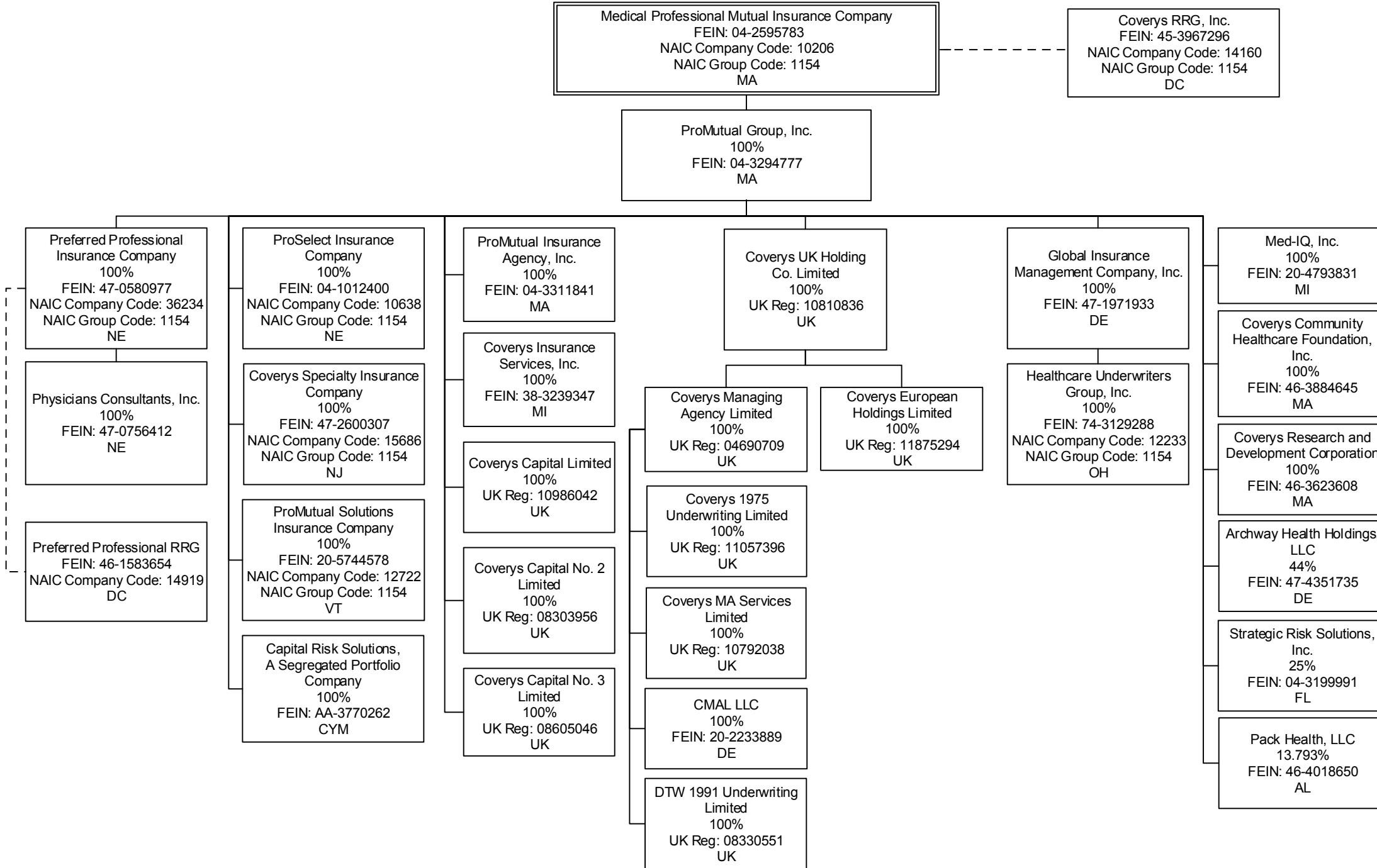
L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG 5 R – Registered – Non-domiciled RRGs 0

E – Eligible – Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile – See DSLI) 0 Q – Qualified – Qualified or accredited reinsurer 0

D – Domestic Surplus Lines Insurer (DSLI) – Reporting entities authorized to write surplus lines in the state of domicile 0 N – None of the above – Not allowed to write business in the state 52

STATEMENT AS OF JUNE 30, 2019 OF THE Healthcare Underwriters Group, Inc.

SCHEDULE Y
PART 1 – ORGANIZATIONAL CHART



STATEMENT AS OF JUNE 30, 2019 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

STATEMENT AS OF JUNE 30, 2019 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 *
12.1	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

STATEMENT AS OF JUNE 30, 2019 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.

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

PART 1 - LOSS EXPERIENCE

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire			0.0	0.0
2. Allied lines			0.0	0.0
3. Farmowners multiple peril			0.0	0.0
4. Homeowners multiple peril			0.0	0.0
5. Commercial multiple peril			0.0	0.0
6. Mortgage guaranty			0.0	0.0
8. Ocean marine			0.0	0.0
9. Inland marine			0.0	0.0
10. Financial guaranty			0.0	0.0
11.1 Medical professional liability -occurrence	315,947	70,450	22.3	26.0
11.2 Medical professional liability -claims made	6,644,019	1,548,532	23.3	22.4
12. Earthquake			0.0	0.0
13. Group accident and health			0.0	0.0
14. Credit accident and health			0.0	0.0
15. Other accident and health			0.0	0.0
16. Workers' compensation			0.0	0.0
17.1 Other liability occurrence			0.0	0.0
17.2 Other liability-claims made			0.0	0.0
17.3 Excess Workers' Compensation			0.0	0.0
18.1 Products liability-occurrence			0.0	0.0
18.2 Products liability-claims made			0.0	0.0
19.1,19.2 Private passenger auto liability			0.0	0.0
19.3,19.4 Commercial auto liability			0.0	0.0
21. Auto physical damage			0.0	0.0
22. Aircraft (all perils)			0.0	0.0
23. Fidelity			0.0	0.0
24. Surety			0.0	0.0
26. Burglary and theft			0.0	0.0
27. Boiler and machinery			0.0	0.0
28. Credit			0.0	0.0
29. International			0.0	0.0
30. Warranty			0.0	0.0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0.0	0.0
TOTALS	6,959,966	1,618,982	23.3	22.6
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0.0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0.0	0.0

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire	0		0
2. Allied lines	0		0
3. Farmowners multiple peril	0		0
4. Homeowners multiple peril	0		0
5. Commercial multiple peril	0		0
6. Mortgage guaranty	0		0
8. Ocean marine	0		0
9. Inland marine	0		0
10. Financial guaranty	0		0
11.1 Medical professional liability-occurrence	277,884	315,947	320,899
11.2 Medical professional liability-claims made	2,383,592	5,498,978	5,135,819
12. Earthquake	0		0
13. Group accident and health	0		0
14. Credit accident and health	0		0
15. Other accident and health	0		0
16. Workers' compensation	0		0
17.1 Other liability occurrence	0		0
17.2 Other liability-claims made	0		0
17.3 Excess Workers' Compensation	0		0
18.1 Products liability-occurrence	0		0
18.2 Products liability-claims made	0		0
19.1,19.2 Private passenger auto liability	0		0
19.3,19.4 Commercial auto liability	0		0
21. Auto physical damage	0		0
22. Aircraft (all perils)	0		0
23. Fidelity	0		0
24. Surety	0		0
26. Burglary and theft	0		0
27. Boiler and machinery	0		0
28. Credit	0		0
29. International	0		0
30. Warranty	0		0
31. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX
32. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX
33. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business	0	0	0
TOTALS	2,661,476	5,814,925	5,456,718
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34)	0	0	0

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

Years in Which Losses Occurred	1 Prior Year-End Known Case Loss and LAE Reserves	2 Prior Year-End IBNR Loss and LAE Reserves	3 Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2)	4 2019 Loss and LAE Payments on Claims Reported as of Prior Year-End	5 2019 Loss and LAE Payments on Claims Unreported as of Prior Year-End	6 Total 2019 Loss and LAE Payments (Cols. 4 + 5)	7 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	8 Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	9 Q.S. Date IBNR Loss and LAE Reserves	10 Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9)	11 Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1)	12 Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2)	13 Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12)	
1. 2016 + Prior	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. 2017	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Subtotals 2017 + prior	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. 2018	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Subtotals 2018 + prior	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. 2019	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0	XXX	XXX	XXX	
7. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	
Prior Year-End 8. Surplus As Regards Policy- holders	22,563											Col. 11, Line 7 As % of Col. 1, Line 7	Col. 12, Line 7 As % of Col. 2, Line 7	Col. 13, Line 7 As % of Col. 3, Line 7
												1. 0.0	2. 0.0	3. 0.0
													Col. 13, Line 7 Line 8	4. 0.0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?NO.....
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?YES.....
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?NO.....
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?NO.....

Explanation:

Bar Code:

1.  1 2 2 3 3 2 0 1 9 4 9 0 0 0 0 0 2

3.  1 2 2 3 3 2 0 1 9 3 6 5 0 0 0 0 2

4.  1 2 2 3 3 2 0 1 9 5 0 5 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other-than-temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE**SCHEDULE B – VERIFICATION**

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE**SCHEDULE BA – VERIFICATION**

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other-than-temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

NONE**SCHEDULE D – VERIFICATION**

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	19,666,173	8,329,156
2. Cost of bonds and stocks acquired.....	2,120,514	87,377,900
3. Accrual of discount.....	10,597	41,557
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals.....	(6,415)	(541,502)
6. Deduct consideration for bonds and stocks disposed of.....	4,404,445	75,452,726
7. Deduct amortization of premium.....	25,827	88,212
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	602	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	17,361,200	19,666,173
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	17,361,200	19,666,173

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	16,384,442	397,768	238,918	(7,995)	16,384,442	16,535,296	0	18,623,419
2. NAIC 2 (a).....	1,052,622	0	78,349	129	1,052,622	974,402	0	1,072,756
3. NAIC 3 (a).....	0	0	0	0	0	0	0	0
4. NAIC 4 (a).....	0	0	0	0	0	0	0	0
5. NAIC 5 (a).....	0	0	0	0	0	0	0	0
6. NAIC 6 (a).....	0	0	0	0	0	0	0	0
7. Total Bonds.....	17,437,064	397,768	317,267	(7,866)	17,437,064	17,509,698	0	19,696,175
PREFERRED STOCK								
8. NAIC 1.....	0	0	0	0	0	0	0	0
9. NAIC 2.....	0	0	0	0	0	0	0	0
10. NAIC 3.....	0	0	0	0	0	0	0	0
11. NAIC 4.....	0	0	0	0	0	0	0	0
12. NAIC 5.....	0	0	0	0	0	0	0	0
13. NAIC 6.....	0	0	0	0	0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	17,437,064	397,768	317,267	(7,866)	17,437,064	17,509,698	0	19,696,175

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 148,498 ; NAIC 2 \$ 0 ;

NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	148,498	XXX	148,498	0	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	30,003	25,318
2. Cost of short-term investments acquired	148,498	141,162
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	32
6. Deduct consideration received on disposals	30,000	135,815
7. Deduct amortization of premium.....	3	694
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other-than-temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	148,498	30,003
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	148,498	30,003

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE E – PART 2 – VERIFICATION
 (Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	720,022	74,716,790
2. Cost of cash equivalents acquired	1,282,159	155,963,736
3. Accrual of discount	0	4
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	0	101
6. Deduct consideration received on disposals	1,372,663	229,960,463
7. Deduct amortization of premium	0	146
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	629,518	720,022
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	629,518	720,022

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation and Administrative Symbol/Market Indicator ^(a)
Bonds - Industrial and Miscellaneous (Unaffiliated)									
976826-BM-8.....	WISCONSIN PWR & LT CO		06/17/2019.....	BARCLAYS CAPITAL SECURITIES.....	XXX.....	249,270	250,000	0	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						249,270	250,000	0	XXX
8399997 - Subtotals - Bonds - Part 3						249,270	250,000	0	XXX
8399999 - Subtotals - Bonds						249,270	250,000	0	XXX
9999999 Totals						249,270	XXX	0	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0 ..

E04

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Administrative Symbol/Market Indicator ^(a)	
									11 Unrealized Valuation Increase/ Decrease)	12 Current Year's (Amortization)/ Accretion)	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.								
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3128MM-UG-6	FHLMC PC GOLD COMB	06/17/2019	PRINCIPAL RECEIPT	XXX	1,326	1,326	1,384	1,383	0	-(57)	0	(57)	0	1,326	0	0	0	0	0	01/01/2031	.1
3128MJ-XK-1	FHLMC PC GOLD COMB	06/17/2019	PRINCIPAL RECEIPT	XXX	3,632	3,632	3,789	3,791	0	-(160)	0	(160)	0	3,632	0	0	0	0	0	05/12/2045	.1
3128MJ-XX-3	FHLMC PC GOLD COMB	06/17/2019	PRINCIPAL RECEIPT	XXX	2,287	2,287	2,419	2,420	0	(133)	0	(133)	0	2,287	0	0	0	0	0	03/02/2046	.1
3132Y2-HF-6	FHLMC PC GOLD PC 30YR	06/17/2019	PRINCIPAL RECEIPT	XXX	7,356	7,356	7,440	7,441	0	-(85)	0	(85)	0	7,356	0	0	0	0	0	09/01/2048	.1
3128PT-GQ-2	FHLMC PC GOLD 15 YR	06/17/2019	PRINCIPAL RECEIPT	XXX	745	745	784	781	0	(35)	0	(35)	0	745	0	0	0	0	0	12/01/2025	.1
3128PU-J2-9	FHLMC PC GOLD 15 YR	06/17/2019	PRINCIPAL RECEIPT	XXX	1,146	1,146	1,200	1,196	0	(50)	0	(50)	0	1,146	0	0	0	0	0	03/01/2026	.1
3128PW-BW-7	FHLMC PC GOLD 15 YR	06/17/2019	PRINCIPAL RECEIPT	XXX	743	743	778	778	0	(36)	0	(36)	0	743	0	0	0	0	0	08/01/2026	.1
3128KX-Q4-7	FHLMC PC GOLD CASH 30	06/17/2019	PRINCIPAL RECEIPT	XXX	174	174	187	187	0	(13)	0	(13)	0	174	0	0	0	0	0	10/01/2040	.1
3128MD-PJ-6	FHLMC PC GOLD COMB 15	06/17/2019	PRINCIPAL RECEIPT	XXX	2,901	2,901	2,996	2,992	0	(91)	0	(91)	0	2,901	0	0	0	0	0	04/01/2028	.1
3128BM-02-2	FHLMC PC GOLD COMB 15	06/17/2019	PRINCIPAL RECEIPT	XXX	2,346	2,346	2,418	2,415	0	(69)	0	(69)	0	2,346	0	0	0	0	0	07/01/2028	.1
3128BM-OT-3	FHLMC PC GOLD COMB 15	06/17/2019	PRINCIPAL RECEIPT	XXX	702	702	716	716	0	(14)	0	(14)	0	702	0	0	0	0	0	05/01/2028	.1
3128MN-TS-2	FHLMC PC GOLD COMB 15	06/17/2019	PRINCIPAL RECEIPT	XXX	514	514	520	520	0	(7)	0	(7)	0	514	0	0	0	0	0	07/01/2030	.1
3128MA-FA-2	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	915	915	953	953	0	(38)	0	(38)	0	915	0	0	0	0	0	03/01/2045	.1
3128MJ-AW-0	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	163	163	184	183	0	(21)	0	(21)	0	163	0	0	0	0	0	11/01/2034	.1
3128MJ-SS-0	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	2,022	2,022	2,100	2,100	0	(78)	0	(78)	0	2,022	0	0	0	0	0	04/01/2043	.1
3128MJ-TH-3	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	368	368	398	399	0	(31)	0	(31)	0	368	0	0	0	0	0	10/01/2043	.1
3128MJ-UB-4	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	1,393	1,393	1,513	1,514	0	(121)	0	(121)	0	1,393	0	0	0	0	0	03/01/2044	.1
312933-NQ-3	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	679	679	758	757	0	(78)	0	(78)	0	679	0	0	0	0	0	06/01/2039	.1
312936-NA-1	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	409	409	454	454	0	(44)	0	(44)	0	409	0	0	0	0	0	10/01/2039	.1
312945-DS-4	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	748	748	804	804	0	(56)	0	(56)	0	748	0	0	0	0	0	01/01/2041	.1
31335A-FV-5	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	344	344	382	382	0	(38)	0	(38)	0	344	0	0	0	0	0	05/01/2042	.1
31335A-UF-3	FHLMC PC GOLD COMB 30	06/17/2019	PRINCIPAL RECEIPT	XXX	4,115	4,115	4,247	4,250	0	(135)	0	(135)	0	4,115	0	0	0	0	0	05/01/2046	.1
3132QR-MV-9	FHLMC PC GOLD PC 30YR	06/17/2019	PRINCIPAL RECEIPT	XXX	6,182	6,182	6,298	6,298	0	(117)	0	(117)	0	6,182	0	0	0	0	0	07/01/2045	.1
3138X3-EH-1	FNMA PASS-THRU LNG 30	06/25/2019	PRINCIPAL RECEIPT	XXX	323	323	325	325	0	(3)	0	(3)	0	323	0	0	0	0	0	08/01/2043	.1
31402R-DD-8	YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	132	132	151	151	0	(19)	0	(19)	0	132	0	0	0	0	0	05/01/2035	.1
3140HA-C9-9	YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	1,207	1,207	1,221	1,220	0	(13)	0	(13)	0	1,207	0	0	0	0	0	01/01/2048	.1
3138A5-AP-7	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	1,054	1,054	1,104	1,100	0	(46)	0	(46)	0	1,054	0	0	0	0	0	01/01/2026	.1
3138A7-GY-3	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	599	599	628	626	0	(27)	0	(27)	0	599	0	0	0	0	0	02/01/2026	.1
3138E6-AB-0	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	13,608	13,608	14,136	14,103	0	(495)	0	(495)	0	13,608	0	0	0	0	0	02/01/2026	.1
3138E6-CS-9	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	8,681	8,681	8,972	8,966	0	(285)	0	(285)	0	8,681	0	0	0	0	0	09/01/2030	.1
3138WJ-DM-7	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	4,108	4,108	4,079	4,080	0	(28)	0	(28)	0	4,108	0	0	0	0	0	10/01/2031	.1
3138WP-JG-0	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	248	248	253	253	0	(5)	0	(5)	0	248	0	0	0	0	0	04/01/2028	.1
31416W-GR-8	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	2,933	2,933	3,082	3,071	0	(138)	0	(138)	0	2,933	0	0	0	0	0	11/01/2025	.1
31417A-RG-6	FNMA PASS-THRU INT 15 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	294	294	305	305	0	(10)	0	(10)	0	294	0	0	0	0	0	12/01/2026	.1
3138AB-BY-4	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	433	433	480	480	0	(47)	0	(47)	0	433	0	0	0	0	0	04/01/2041	.1
3138ED-RA-9	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	1,393	1,393	1,475	1,476	0	(82)	0	(82)	0	1,393	0	0	0	0	0	12/01/2041	.1
3138EH-BB-7	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	320	320	367	368	0	(48)	0	(48)	0	320	0	0	0	0	0	10/01/2041	.1
3138M5-LN-7	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	944	944	980	980	0	(36)	0	(36)	0	944	0	0	0	0	0	08/01/2042	.1
3138WJ-BG-4	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	926	926	950	950	0	(25)	0	(25)	0	926	0	0	0	0	0	07/01/2043	.1
3138WJ-BN-9	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	844	844	880	880	0	(36)	0	(36)	0	844	0	0	0	0	0	07/01/2043	.1
3138X3-EJ-7	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	1,605	1,605	1,619	1,619	0	(14)	0	(14)	0	1,605	0	0	0	0	0	08/01/2043	.1
314020-YH-8	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	1,113	1,113	1,243	1,239	0	(126)	0	(126)	0	1,113	0	0	0	0	0	12/01/2034	.1
31416W-3A-0	FNMA PASS-THRU LNG 30 YEAR	06/25/2019	PRINCIPAL RECEIPT	XXX	1,152	1,152	1,249	1,252</td													

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation and Administrative Symbol/Market Indicator ^(a)		
									11 Unrealized Valuation Increase/ Decrease)	12 Current Year's (Amortization)/ Accretion)	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.									
86212V-AD-6, 1144A	STORE MSTR FDG I-VII 2018-	..06/20/2019.	PRINCIPAL RECEIPT, DONALDSON LUFKIN & JENRETTE SE	XXX.	1,291	1,291	1,291	1,291	0	0	0	0	0	1,291	0	0	0	0	0	0	10/20/2048	1FE
06367T-HQ-6, BANK OF MONTREAL	..06/18/2019.	A		XXX.	39,969	40,000	39,997	39,999	0	0	0	0	0	40,000	0	0	(31)	(31)	(31)	0	0	0
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)				213,945	211,692	216,545	214,741	0	0	(700)	0	(700)	0	214,041	0	0	(698)	(698)	5,081	XXX	XXX	
8399997 - Subtotals - Bonds - Part 4				316,919	314,666	322,574	320,703	0	0	(3,688)	0	(3,688)	0	317,015	0	0	(698)	(698)	6,545	XXX	XXX	
8399999 - Subtotals - Bonds				316,919	314,666	322,574	320,703	0	0	(3,688)	0	(3,688)	0	317,015	0	0	(698)	(698)	6,545	XXX	XXX	
99999999 Totals				316,919	XXX	322,574	320,703	0	(3,688)	0	(3,688)	0	317,015	0	0	(698)	(698)	6,545	XXX	XXX		

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues ..0 ..

E05.1

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE E - PART 1 - CASH

STATEMENT AS OF JUNE 30, 2019 OF THE HEALTHCARE UNDERWRITERS GROUP, INC.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

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SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2019 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	3,012,235	3,798,753	.536,627	9	.879,604	5,575,000	62	1,879,972
11. Georgia	GA								
12. Hawaii	HI								
13. Idaho	ID								
14. Illinois	IL								
15. Indiana	IN	9,456	26,062			5,955		42,059	
16. Iowa	IA								
17. Kansas	KS								
18. Kentucky	KY	1,076,999	1,165,447	.496,500	3	.331,751	2,613,000	45	1,434,159
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	1,588,833	1,870,343	1,240,000	4	.378,641	1,475,000	29	1,198,258
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	127,402	.99,361			23,031		2	79,675
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 alien	OT	0	0	0	0	0	0	0	
59. Totals		5,814,925	6,959,966	2,273,127	16	1,618,982	9,663,000	138	4,634,123
DETAILS OF WRITE-INS									
58001.									
58002.									
58003.									
58998. Sum. of remaining write-ins for Line 58 from overflow page		0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		0	0	0	0	0	0	0	

Supp "A" to T - Hospitals
NONE

Supp "A" to T - Other HC Professionals
NONE

Supp "A" to T - Other HC Facilities
NONE