



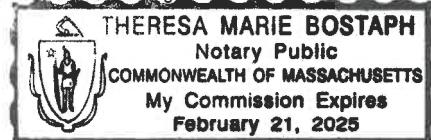
PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

**QUARTERLY STATEMENT**AS OF SEPTEMBER 30, 2019  
OF THE CONDITION AND AFFAIRS OF THE**Healthcare Underwriters Group, Inc.**NAIC Group Code 1154 (Current) 1154 (Prior) NAIC Company Code 12233 Employer's ID Number 74-3129288Organized under the Laws of Ohio, State of Domicile or Port of Entry OHCountry of Domicile United StatesIncorporated/Organized 11/30/2004 Commenced Business 12/14/2004Statutory Home Office 155 East Broad Street, Suite 300, Columbus, OH, US 43215-3608  
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office One Financial Center  
(Street and Number) Boston, MA, US 02111-2621, 617-330-1755  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address One Financial Center, Boston, MA, US 02111-2621  
(Street and Number or P.O. Box) (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, 617-330-1755  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address www.hugroupinc.comStatutory Statement Contact Michael Richard Gabree, 617-428-9888  
(Name) mgabree@coverys.com, 617-526-0384  
(E-mail Address) (FAX Number)**OFFICERS**Chief Executive Officer & President, Chair Gregg Lee Hanson # Treasurer Todd Colin Mills  
Vice Chair Joseph Gerard Murphy General Counsel & Secretary Erin Brennan Bagley**OTHER**Jose Raul Zorola, Chief Underwriting Officer William Carl Ludwig, Vice President, ClaimsDIRECTORS OR TRUSTEES Joseph Gerard Murphy Erin Brennan Bagley #  
Gregg Lee Hanson Todd Colin Mills Jose Raul ZorolaState of Massachusetts SS: Suffolk  
County of

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  
Chief Executive Officer & President, ChairJoseph Gerard Murphy  
Vice ChairTodd Colin Mills  
Treasurera. 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

1st day of November, 2019Theresa Marie Bostaph

## ASSETS

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 1. Bonds .....  | 17,727,905             |                         | 17,727,905                                | 19,666,173  |
| 2. Stocks:  |                        |                         |   |   |
| 2.1 Preferred stocks .....  |                        |                         |   |   |
| 2.2 Common stocks .....   |                        |                         |   |   |
| 3. Mortgage loans on real estate:   |                        |                         |   |   |
| 3.1 First liens .....   |                        |                         |   |   |
| 3.2 Other than first liens .....  |                        |                         |   |   |
| 4. Real estate:   |                        |                         |   |   |
| 4.1 Properties occupied by the company (less \$ encumbrances) .....   |                        |                         |   |   |
| 4.2 Properties held for the production of income (less \$ encumbrances) .....   |                        |                         |   |   |
| 4.3 Properties held for sale (less \$ encumbrances) .....   |                        |                         |   |   |
| 5. Cash (\$ 8,334,967 ), cash equivalents (\$ 1,592,439 ) and short-term investments (\$ 148,498 ) .....  | 10,075,904             |                         | 10,075,904                                | 1,695,648   |
| 6. Contract loans (including \$ premium notes) .....  |                        |                         |   |   |
| 7. Derivatives .....  |                        |                         |   |   |
| 8. Other invested assets .....  |                        |                         |   |   |
| 9. Receivables for securities .....   |                        |                         |   |   |
| 10. Securities lending reinvested collateral assets .....   |                        |                         |   |   |
| 11. Aggregate write-ins for invested assets .....   |                        |                         |   |   |
| 12. Subtotals, cash and invested assets (Lines 1 to 11) .....   | 27,803,809             |                         | 27,803,809                                | 21,361,821  |
| 13. Title plants less \$ charged off (for Title insurers only) .....  |                        |                         |   |   |
| 14. Investment income due and accrued .....   | 107,360                |                         | 107,360                                   | 122,503   |
| 15. Premiums and considerations:  |                        |                         |   |   |
| 15.1 Uncollected premiums and agents' balances in the course of collection .....  | 548,784                | 2,901                   | 545,884                                   | 2,476,746   |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) ..... | 1,875,421              |                         | 1,875,421                                 |   |
| 15.3 Accrued retrospective premiums (\$ ) and contracts subject to redetermination (\$ ) .....  |                        |                         |   |   |
| 16. Reinsurance:  |                        |                         |   |   |
| 16.1 Amounts recoverable from reinsurers .....  | 1,869,047              |                         | 1,869,047                                 | 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 .....   |                        |                         |   |   |
| 17. Amounts receivable relating to uninsured plans .....  |                        |                         |   |   |
| 18.1 Current federal and foreign income tax recoverable and interest thereon .....  |                        |                         |   | 127,309   |
| 18.2 Net deferred tax asset .....   |                        |                         |   |   |
| 19. Guaranty funds receivable or on deposit .....   |                        |                         |   |   |
| 20. Electronic data processing equipment and software .....   | 12,882                 | 3,690                   | 9,193                                     |   |
| 21. Furniture and equipment, including health care delivery assets (\$ ) .....  | 30,945                 | 30,945                  |   |   |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates .....  |                        |                         |   |   |
| 23. Receivables from parent, subsidiaries and affiliates .....  | 1,856,457              |                         | 1,856,457                                 |   |
| 24. Health care (\$ ) and other amounts receivable .....  |                        |                         |   |   |
| 25. Aggregate write-ins for other than invested assets .....  | 26,389                 | .25,389                 | 1,000                                     |   |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....                            | 34,231,094             | .62,924                 | 34,168,170                                | 31,059,603  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....   |                        |                         |   |   |
| 28. Total (Lines 26 and 27) .....   | 34,231,094             | .62,924                 | 34,168,170                                | 31,059,603  |
| <b>DETAILS OF WRITE-INS</b>   |                        |                         |   |   |
| 1101. - .....   |                        |                         |   |   |
| 1102. .....   |                        |                         |   |   |
| 1103. .....   |                        |                         |   |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page .....   |                        |                         |   |   |
| 1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....   |                        |                         |   |   |
| 2501. Other Prepaid Expense .....   | 25,389                 | 25,389                  |   |   |
| 2502. Amounts Receivable-Deductibles .....  | 1,000                  |                         | 1,000                                     |   |
| 2503. .....   |                        |                         |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page .....   |                        |                         |   |   |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....   | 26,389                 | 25,389                  | 1,000                                     |   |

**LIABILITIES, SURPLUS AND OTHER FUNDS**

|   | 1<br>Current<br>Statement Date | 2<br>December 31,<br>Prior Year |
|---|--------------------------------|---------------------------------|
| 1. Losses (current accident year \$ ..... )   |                                |                                 |
| 2. Reinsurance payable on paid losses and loss adjustment expenses  |                                |                                 |
| 3. Loss adjustment expenses   |                                |                                 |
| 4. Commissions payable, contingent commissions and other similar charges  | 214,757                        | 662,878                         |
| 5. Other expenses (excluding taxes, licenses and fees)  | 424,198                        | 121,640                         |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes)  | 51,276                         | 84,838                          |
| 7.1 Current federal and foreign income taxes (including \$ ..... 49,982 on realized capital gains (losses))   | 190,200                        |                                 |
| 7.2 Net deferred tax liability  | 83,863                         | 174,700                         |
| 8. Borrowed money \$ ..... and interest thereon \$ .....  |                                |                                 |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 7,405,794 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) |                                |                                 |
| 10. Advance premium   | 439,430                        | 390,108                         |
| 11. Dividends declared and unpaid:  |                                |                                 |
| 11.1 Stockholders   |                                |                                 |
| 11.2 Policyholders  |                                |                                 |
| 12. Ceded reinsurance premiums payable (net of ceding commissions)  | 7,963,468                      | 6,213,815                       |
| 13. Funds held by company under reinsurance treaties  |                                |                                 |
| 14. Amounts withheld or retained by company for account of others   |                                |                                 |
| 15. Remittances and items not allocated   |                                |                                 |
| 16. Provision for reinsurance (including \$ ..... certified)  |                                |                                 |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates   |                                |                                 |
| 18. Drafts outstanding  |                                |                                 |
| 19. Payable to parent, subsidiaries and affiliates  | 6,773                          | 848,658                         |
| 20. Derivatives   |                                |                                 |
| 21. Payable for securities  | 505,683                        |                                 |
| 22. Payable for securities lending  |                                |                                 |
| 23. Liability for amounts held under uninsured plans  |                                |                                 |
| 24. Capital notes \$ ..... and interest thereon \$ .....  |                                |                                 |
| 25. Aggregate write-ins for liabilities   | 277,086                        |                                 |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)   | 10,156,734                     | 8,496,637                       |
| 27. Protected cell liabilities  |                                |                                 |
| 28. Total liabilities (Lines 26 and 27)   | 10,156,734                     | 8,496,637                       |
| 29. Aggregate write-ins for special surplus funds   |                                |                                 |
| 30. Common capital stock  | 8,186,047                      | 8,186,047                       |
| 31. Preferred capital stock   |                                |                                 |
| 32. Aggregate write-ins for other than special surplus funds  |                                |                                 |
| 33. Surplus notes   |                                |                                 |
| 34. Gross paid in and contributed surplus   | 15,454,672                     | 14,445,686                      |
| 35. Unassigned funds (surplus)  | 370,717                        | (68,767)                        |
| 36. Less treasury stock, at cost:   |                                |                                 |
| 36.1 ..... shares common (value included in Line 30 \$ ..... )  |                                |                                 |
| 36.2 ..... shares preferred (value included in Line 31 \$ ..... )   |                                |                                 |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36)  | 24,011,436                     | 22,562,966                      |
| 38. Totals (Page 2, Line 28, Col. 3)  | 34,168,170                     | 31,059,603                      |
| <b>DETAILS OF WRITE-INS</b>   |                                |                                 |
| 2501. Miscellaneous Liabilities   | 216,415                        |                                 |
| 2502. Amounts Payable Assessment  | 42,243                         |                                 |
| 2503. Unallocated Cash  | 18,428                         |                                 |
| 2598. Summary of remaining write-ins for Line 25 from overflow page   |                                |                                 |
| 2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)   | 277,086                        |                                 |
| 2901. -   |                                |                                 |
| 2902. ....  |                                |                                 |
| 2903. ....  |                                |                                 |
| 2998. Summary of remaining write-ins for Line 29 from overflow page   |                                |                                 |
| 2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)   |                                |                                 |
| 3201. -   |                                |                                 |
| 3202. ....  |                                |                                 |
| 3203. ....  |                                |                                 |
| 3298. Summary of remaining write-ins for Line 32 from overflow page   |                                |                                 |
| 3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)   |                                |                                 |

**STATEMENT OF INCOME**

|   | 1<br>Current<br>Year to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| <b>UNDERWRITING INCOME</b>  |                              |                            |                                      |
| 1. Premiums earned:   |                              |                            |                                      |
| 1.1 Direct (written \$ 10,542,868 )   | 10,234,354                   | 8,895,782                  | 12,697,840                           |
| 1.2 Assumed (written \$ (11,007,437) )  | (8,628,430)                  | 4,710,247                  | 6,084,952                            |
| 1.3 Ceded (written \$ (464,569) )   | 1,605,924                    | 9,499,342                  | 14,676,105                           |
| 1.4 Net (written \$ )   |                              | 4,106,687                  | 4,106,687                            |
| <b>DEDUCTIONS:</b>  |                              |                            |                                      |
| 2. Losses incurred (current accident year \$ 0 ):   |                              |                            |                                      |
| 2.1 Direct  | 2,464,248                    | 3,338,119                  | 8,233,142                            |
| 2.2 Assumed   | (5,448,975)                  | 1,838,445                  | 3,323,723                            |
| 2.3 Ceded   | (2,984,727)                  | 3,902,739                  | 10,283,042                           |
| 2.4 Net   |                              | 1,273,825                  | 1,273,823                            |
| 3. Loss adjustment expenses incurred  |                              | 1,661,028                  | 1,661,028                            |
| 4. Other underwriting expenses incurred   |                              | 1,823,144                  | 1,789,302                            |
| 5. Aggregate write-ins for underwriting deductions  |                              |                            |                                      |
| 6. Total underwriting deductions (Lines 2 through 5)  |                              | 4,757,997                  | 4,724,153                            |
| 7. Net income of protected cells  |                              |                            |                                      |
| 8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)   |                              | (651,310)                  | (617,466)                            |
| <b>INVESTMENT INCOME</b>  |                              |                            |                                      |
| 9. Net investment income earned   | 401,748                      | 1,383,377                  | 1,497,272                            |
| 10. Net realized capital gains (losses) less capital gains tax of \$ (49,655)   | 192,075                      | (540,150)                  | (426,718)                            |
| 11. Net investment gain (loss) (Lines 9 + 10)   | 593,824                      | 843,227                    | 1,070,554                            |
| <b>OTHER INCOME</b>   |                              |                            |                                      |
| 12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0 )                                    |                              |                            |                                      |
| 13. Finance and service charges not included in premiums  |                              |                            |                                      |
| 14. Aggregate write-ins for miscellaneous income  | 10,209                       | 12,951                     | 19,731                               |
| 15. Total other income (Lines 12 through 14)  | 10,209                       | 12,951                     | 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)     | 604,033                      | 204,868                    | 472,819                              |
| 17. Dividends to policyholders  |                              |                            |                                      |
| 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) | 604,033                      | 204,868                    | 472,819                              |
| 19. Federal and foreign income taxes incurred   | 202,570                      | (570,349)                  | (580,612)                            |
| 20. Net income (Line 18 minus Line 19)(to Line 22)  | 401,463                      | 775,217                    | 1,053,431                            |
| <b>CAPITAL AND SURPLUS ACCOUNT</b>  |                              |                            |                                      |
| 21. Surplus as regards policyholders, December 31 prior year  | 22,562,964                   | 47,367,084                 | 47,367,084                           |
| 22. Net income (from Line 20)   | 401,463                      | 775,217                    | 1,053,431                            |
| 23. Net transfers (to) from Protected Cell accounts   |                              |                            |                                      |
| 24. Change in net unrealized capital gains (losses) less capital gains tax of \$  |                              |                            |                                      |
| 25. Change in net unrealized foreign exchange capital gain (loss)   |                              |                            |                                      |
| 26. Change in net deferred income tax   | 88,890                       | (69,551)                   | (854,956)                            |
| 27. Change in nonadmitted assets  | (50,869)                     | 7,007                      | (2,595)                              |
| 28. Change in provision for reinsurance   |                              |                            |                                      |
| 29. Change in surplus notes   |                              |                            |                                      |
| 30. Surplus (contributed to) withdrawn from protected cells   |                              |                            |                                      |
| 31. Cumulative effect of changes in accounting principles   |                              |                            |                                      |
| 32. Capital changes:  |                              |                            |                                      |
| 32.1 Paid in  |                              |                            |                                      |
| 32.2 Transferred from surplus (Stock Dividend)  |                              |                            |                                      |
| 32.3 Transferred to surplus   |                              |                            |                                      |
| 33. Surplus adjustments:  |                              |                            |                                      |
| 33.1 Paid in  | 1,008,986                    | (17,235,094)               | (17,235,094)                         |
| 33.2 Transferred to capital (Stock Dividend)  |                              |                            |                                      |
| 33.3 Transferred from capital   |                              |                            |                                      |
| 34. Net remittances from or (to) Home Office  |                              |                            |                                      |
| 35. Dividends to stockholders   |                              | (7,764,906)                | (7,764,906)                          |
| 36. Change in treasury stock  |                              |                            |                                      |
| 37. Aggregate write-ins for gains and losses in surplus   |                              |                            |                                      |
| 38. Change in surplus as regards policyholders (Lines 22 through 37)  | 1,448,472                    | (24,287,327)               | (24,804,120)                         |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)   | 24,011,436                   | 23,079,757                 | 22,562,964                           |
| <b>DETAILS OF WRITE-INS</b>   |                              |                            |                                      |
| 0501. -   |                              |                            |                                      |
| 0502. -   |                              |                            |                                      |
| 0503. -   |                              |                            |                                      |
| 0598. Summary of remaining write-ins for Line 5 from overflow page  |                              |                            |                                      |
| 0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)  |                              |                            |                                      |
| 1401. Miscellaneous Income  | 10,209                       | 12,951                     | 19,731                               |
| 1402. -   |                              |                            |                                      |
| 1403. -   |                              |                            |                                      |
| 1498. Summary of remaining write-ins for Line 14 from overflow page   |                              |                            |                                      |
| 1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)   | 10,209                       | 12,951                     | 19,731                               |
| 3701. -   |                              |                            |                                      |
| 3702. -   |                              |                            |                                      |
| 3703. -   |                              |                            |                                      |
| 3798. Summary of remaining write-ins for Line 37 from overflow page   |                              |                            |                                      |
| 3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)   |                              |                            |                                      |

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Healthcare Underwriters Group Inc.  
**CASH FLOW**

|  | 1<br>Current Year<br>To Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|--|------------------------------|----------------------------|--------------------------------------|
| <b>Cash from Operations</b>  |                              |                            |                                      |
| 1. Premiums collected net of reinsurance .....   | 1,851,517                    | (850,477)                  | 1,407,315                            |
| 2. Net investment income .....   | 442,022                      | 1,403,986                  | 1,488,125                            |
| 3. Miscellaneous income .....  | 10,209                       | 12,951                     | 19,731                               |
| 4. Total (Lines 1 to 3) .....  | 2,303,748                    | 566,460                    | 2,915,171                            |
| 5. Benefit and loss related payments .....   | (5,002,177)                  | 20,802,143                 | 24,055,541                           |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....                             |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions .....   | 16,775                       | 15,692,140                 | 15,825,363                           |
| 8. Dividends paid to policyholders .....   |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$ ..... (327) tax on capital gains (losses) .....           | (112,992)                    | (14,583)                   | (565,378)                            |
| 10. Total (Lines 5 through 9) .....  | (5,098,394)                  | 36,479,700                 | 39,315,526                           |
| 11. Net cash from operations (Line 4 minus Line 10) .....  | 7,402,142                    | (35,913,240)               | (36,400,355)                         |
| <b>Cash from Investments</b>   |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:   |                              |                            |                                      |
| 12.1 Bonds .....   | 7,361,982                    | 75,266,013                 | 75,452,726                           |
| 12.2 Stocks .....  |                              |                            |                                      |
| 12.3 Mortgage loans .....  |                              |                            |                                      |
| 12.4 Real estate .....   |                              |                            |                                      |
| 12.5 Other invested assets .....   |                              |                            |                                      |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....                                    |                              | 133                        | 133                                  |
| 12.7 Miscellaneous proceeds .....  | 505,683                      | 731,558                    | 1,219                                |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7) .....  | 7,867,665                    | 75,997,704                 | 75,454,078                           |
| 13. Cost of investments acquired (long-term only):   |                              |                            |                                      |
| 13.1 Bonds .....   | 5,217,256                    | 84,182,786                 | 87,377,900                           |
| 13.2 Stocks .....  |                              |                            |                                      |
| 13.3 Mortgage loans .....  |                              |                            |                                      |
| 13.4 Real estate .....   |                              |                            |                                      |
| 13.5 Other invested assets .....   |                              |                            |                                      |
| 13.6 Miscellaneous applications .....  |                              |                            |                                      |
| 13.7 Total investments acquired (Lines 13.1 to 13.6) .....   | 5,217,256                    | 84,182,786                 | 87,377,900                           |
| 14. Net increase (or decrease) in contract loans and premium notes .....   |                              |                            |                                      |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....  | 2,650,409                    | (8,185,082)                | (11,923,822)                         |
| <b>Cash from Financing and Miscellaneous Sources</b>   |                              |                            |                                      |
| 16. Cash provided (applied):   |                              |                            |                                      |
| 16.1 Surplus notes, capital notes .....  |                              |                            |                                      |
| 16.2 Capital and paid in surplus, less treasury stock .....  | 1,008,986                    | (17,235,094)               | (17,235,094)                         |
| 16.3 Borrowed funds .....  |                              |                            |                                      |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities .....  |                              |                            |                                      |
| 16.5 Dividends to stockholders .....   |                              | 7,764,906                  | 7,764,906                            |
| 16.6 Other cash provided (applied) .....   | (2,681,282)                  | (740,572)                  | 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) ..... | (1,672,295)                  | (25,740,572)               | (24,205,656)                         |
| <b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>   |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....                | 8,380,256                    | (69,838,894)               | (72,529,833)                         |
| 19. Cash, cash equivalents and short-term investments:   |                              |                            |                                      |
| 19.1 Beginning of year .....   | 1,695,648                    | 74,225,481                 | 74,225,481                           |
| 19.2 End of period (Line 18 plus Line 19.1) .....  | 10,075,904                   | 4,386,587                  | 1,695,648                            |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

|                |  |  |  |
|----------------|--|--|--|
| 20.0001. ..... |  |  |  |
|----------------|--|--|--|

## **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 # | 09/30/2019           | 12/31/2018           |
|---|--------|----------|------------|----------------------|----------------------|
| <b>Net Income</b>   |        |          |            |                      |                      |
| (1) State basis (Page 4, Line 20, Columns 1 & 3)                                | XXX    | XXX      | XXX        | \$ 401,463           | \$ 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        | <u>\$ 401,463</u>    | <u>\$ 1,053,431</u>  |
| <b>Surplus</b>  |        |          |            |                      |                      |
| (5) State basis (Page 3, Line 37, Columns 1 & 2)                                | XXX    | XXX      | XXX        | \$ 24,011,436        | \$ 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        | <u>\$ 24,011,436</u> | <u>\$ 22,562,964</u> |

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

#### **C. Accounting Policy**

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the un-expired portion of premiums written. Such reserves are computed by pro-rata methods for direct and are based on reports received from ceding companies for reinsurance.

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 are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities.

- (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**

### **3. Business Combinations and Goodwill**

#### **A. Statutory Purchase Method - Not Applicable**

## **Notes to the Financial Statements**

### **3. Business Combinations and Goodwill (Continued)**

#### **B. Statutory Merger**

(1) On July 1, 2019, Global Insurance Management Company, Inc. (GIMC) merged with and into Healthcare Underwriters Group, Inc. (HU), with HU as the surviving entity.

(2) The transaction was accounted for as a statutory merger in accordance with SSAP 3. The effect of the merger was given as if it occurred on January 1, 2019.

(3) Pursuant to the merger, the outstanding shares of HU, a stock insurance company, were distributed from GMIC to ProMutual Group, Inc. (PMGI) and all outstanding shares of the capital stock of GIMC were cancelled without consideration and retired and ceased to exist.

(4) As of June 30, 2019, HU had revenues of \$0, net income of \$213,344, and surplus of \$22,796,787. For the same period, GIMC had revenues of \$217,060, of which \$216,198 was management fees received from HU, net income of \$8,692, which also includes the management fees received from HU, and equity of \$23,647,464.

(5) GIMC did not previously prepare statutory statements. The adjustments to GIMC's June 30, 2019 surplus at the merger date were fixed assets in the amount of \$37,912 and prepaid expenses in the amount of \$5,552 being non admitted. There were no other adjustments recorded directly to surplus for GIMC.

#### **C. Impairment Loss - 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 (OTTI) - 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  | \$ 1,072      |
| 2. 12 months or longer  | \$ 8,502      |
| b. The aggregate related fair value of securities with unrealized losses: |               |
| 1. Less than 12 months  | \$ 1,071,217  |
| 2. 12 months or longer  | \$ 848,652    |

##### **(5) Support for concluding impairments are not other-than-temporary**

All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. These conclusions are based on each security's NAIC designation, a NRSRO credit rating, severity of unrealized loss and cash flow forecasting results. It is possible that the Company could recognize OTTI in the future on some of the securities, if future events, information and the passage of time cause it to conclude that declines in value are other-than-temporary.

#### **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 September 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                              |  |  |   |               |                       |                               | Current Year                 |                                 |  |                                      |
|  | (1)                                       | (2)  | (3)  | (4)   | (5)           | (6)                   | (7)                           | (8)                          | (9)                             | (10)   | (11)                                 |
|  | 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) | Gross (Admitted & Nonadmitted) Restricted to Total Assets, % | Admitted 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  | 1,102,422                                 |  |  |   | 1,102,422     | 1,177,221             | (74,799)                      |                              | 1,102,422                       |  |                                      |
| 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   | 13,659,254                                |  |  |   | 13,659,254    | 10,064,571            | 3,594,683                     |                              | 13,659,254                      |  |                                      |
| o. Total restricted assets   | \$ 14,761,676                             | \$   | \$   | \$  | \$ 14,761,676 | \$ 11,241,792         | \$ 3,519,884                  | \$                           | \$ 14,761,676                   | %  | %                                    |

(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)  |  |
|                           | 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 | Gross (Admitted & Nonadmitted) Restricted to Total Assets, % | Admitted Restricted to Total Admitted Assets, % |  |
| Reinsurance Trust Account | \$ 13,659,254                             | \$   | \$   | \$  | \$ 13,659,254 | \$ 10,064,571         | \$ 3,594,683                 | \$ 13,659,254                          | %  | %   |  |
| Total                     | \$ 13,659,254                             | \$   | \$   | \$  | \$ 13,659,254 | \$ 10,064,571         | \$ 3,594,683                 | \$ 13,659,254                          | %  | %   |  |

(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

**6. Joint Ventures, Partnerships and Limited Liability Companies** - Not Applicable

## **Notes to the Financial Statements**

### **7. Investment Income**

No investment income due and accrued was excluded from surplus.

- A. Due and Accrued Income Excluded from Surplus
- B. Total Amount Excluded

### **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. Investment Policies and Strategies of Plan Assets - 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 \$31,603 through the third 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**

- A. Lessee Operating Lease

#### (1) Leasing arrangements

Per Note 3, GIMC merged into Healthcare Underwriters Group. As a result of this merger, the Company became a leaseholder of office space in Louisville Kentucky and Plantation, Florida under operating lease agreements that expire in June 2020 and June 2021, respectively. Rent expense for 2019 is \$156,572. Anticipated fourth quarter 2019 minimum rental commitments are approximately \$36,445.

#### (2) For leases having initial or remaining noncancelable lease terms in excess of one year

##### (a) Minimum aggregate rental commitments at period end

|          | Year Ending December 31 | Operating Leases |
|----------|-------------------------|------------------|
| 1. 2020  | \$                      | 116,965          |
| 2. 2021  |                         | 44,074           |
| 3. 2022  |                         | -----            |
| 4. 2023  |                         | -----            |
| 5. 2024  |                         | -----            |
| 6. Total | \$                      | 161,039          |

##### (b) Sublease minimum rentals to be received - Not Applicable

#### (3) For sale-leaseback transactions - Not Applicable

- B. Lessor 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 has categorized its assets and liabilities that are measured at fair value into three-level fair value hierarchy. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows.

## Notes to the Financial Statements

### 20. Fair Value Measurements (Continued)

**Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities:** This category, for items measured at fair value on a recurring basis, includes exchange-traded preferred and common stocks. It also includes derivative liabilities for written call options on common stock which are also exchange traded. The estimated fair value of the equity securities and derivatives within this category are based on quoted prices in active markets and are thus classified as Level 1.

**Level 2 - Significant Other Observable Inputs:** This category for items measured at fair value on a recurring basis includes bonds, preferred stocks and common stocks which are not exchange-traded. The estimated fair values of some of these items were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded.

**Level 3 - Significant Unobservable Inputs:** The Company has no assets or liabilities measured at fair value in this category.

(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                                  |           |           |           | 81,549                | 81,549           |
| Total assets measured at fair value              | <u>\$</u> | <u>\$</u> | <u>\$</u> | <u>\$ 81,549</u>      | <u>\$ 81,549</u> |
| b. Liabilities at fair value                     |           |           |           |                       |                  |
| Total liabilities measured at fair value         | <u>\$</u> | <u>\$</u> | <u>\$</u> | <u>\$</u>             | <u>\$</u>        |

(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

(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  | \$ 18,392,871        | \$ 17,727,905   | \$ .....   | \$ 18,392,871 | \$ ..... | \$ .....              | \$ .....                         |
| Cash, cash equivalents and<br>Cash, cash equivalents and<br>short-term investments ..... | 10,075,190           | 10,075,190      | 10,075,190 |               |          |                       |                                  |

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 September 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 September 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 September 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 - None**

**23. Reinsurance**

Effective April 1, 2018, the Company entered into a 100% quota share arrangement with its parent, Medical Professional Mutual Insurance Company (MPMIC). Under the terms of this agreement, all loss and loss adjustment expenses after consideration of amounts ceded to third party reinsurers are ceded to MP MIC.

The Company has continually purchased excess of loss reinsurance. Effective January 1, 2019 the Company became a member of the reinsurance treaty which covers all member of the MP MIC combined group. Under this treaty, the maximum retained loss for the Company is \$1,342,000, as compared to a maximum retention of \$500,000 prior to 2019.

## Notes to the Financial Statements

### 23. Reinsurance (Continued)

The Company entered into a novation and assignment agreement effective July 1, 2019 for all business previously assumed under a quota share agreement with Nevada Mutual Insurance Company (NMIC). Under the terms of the novation agreement, the Company transferred liabilities and other insurance obligations totaling \$12,790,283 to its affiliate, Preferred Professional Insurance Company. These amounts were previously ceded by the Company under the terms of the quota share agreement with MPMIC as discussed above, and as a result of the novation, were properly recovered by the Company from MPMIC. The net financial implications to the Company from this transaction are zero.

- 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 MPMIC.
- 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 SEPTEMBER 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 [  ] No [  ]

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

2.2 If yes, date of change: \_\_\_\_\_

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 [  ] 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 [  ] No [  ]

3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
Effective July 1, 2019, Global Insurance Management Company, Inc. merged into Healthcare Underwriters Group, Inc.

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

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 [  ]  
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 the 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<br>Name of Entity                            | 2<br>NAIC Company Code | 3<br>State of Domicile |
|--|------------------------|------------------------|
| Global Insurance Management Company, Inc. .... | .....                  | DE                     |

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 [  ] N/A [  ]  
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 [  ] N/A [  ]

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [  ] No [  ] N/A [  ]

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

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 [  ]

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 [  ]

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<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| .....               | .....                       | .....    | .....    | .....     | .....    |

STATEMENT AS OF SEPTEMBER 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 [  ] 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 [  ]

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 [  ]

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 [  ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$13,782

**INVESTMENT**

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

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 [  ]

14.2 If yes, please complete the following:

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

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

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

**STATEMENT AS OF SEPTEMBER 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 [  ] No [  ]

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

| 1<br>Name of Custodian(s)        | 2<br>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<br>Name(s) | 2<br>Location(s) | 3<br>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 [  ]

17.4 If yes, give full information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of Change | 4<br>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<br>Name of Firm or Individual          | 2<br>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 [  ] 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 [  ] 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<br>Central Registration<br>Depository Number | 2<br>Name of Firm or Individual          | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With                    | 5<br>Investment<br>Management<br>Agreement<br>(IMA) Filed |
|--|--|------------------------------------|---|---|
| 151829 .....                                   | PNC Capital Advisors, LLC .....          | 549300WB7V48QCY3U49 .....          | Securities Exchange<br>Commission ..... | DS.....   |
| 105900 .....                                   | New England Asset Management, Inc. ..... | KUR85E5PS4GQFZTF0130 .....         | Securities Exchange<br>Commission ..... | NO.....   |

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [  ] No [  ]

18.2 If no, list exceptions:

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

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

Has the reporting entity self-designated 5GI securities? ..... Yes [  ] No [  ]

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 [  ]

**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 [ ] N/A [ 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? ..... Yes [ ] No [ X ]  
If yes, attach an explanation.

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:

| 1<br>Line of Business | 2<br>Maximum<br>Interest | 3<br>Discount<br>Rate | TOTAL DISCOUNT        |                    |           | DISCOUNT TAKEN DURING PERIOD |                       |                    |            |             |
|-----------------------|--------------------------|-----------------------|-----------------------|--------------------|-----------|------------------------------|-----------------------|--------------------|------------|-------------|
|                       |                          |                       | 4<br>Unpaid<br>Losses | 5<br>Unpaid<br>LAE | 6<br>IBNR | 7<br>TOTAL                   | 8<br>Unpaid<br>Losses | 9<br>Unpaid<br>LAE | 10<br>IBNR | 11<br>TOTAL |
|                       |                          |                       | TOTAL                 |                    |           |                              |                       |                    |            |             |

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 SEPTEMBER 30, 2019 OF THE Healthcare Underwriters Group Inc.

## **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

**NONE**

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

| States, etc.   | 1<br>Active<br>Status<br>(a) | Direct Premiums Written      |                            | Direct Losses Paid (Deducting Salvage) |                            | Direct Losses Unpaid         |                            |
|--|------------------------------|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|
|  |                              | 2<br>Current Year<br>To Date | 3<br>Prior Year<br>To Date | 4<br>Current Year<br>To Date           | 5<br>Prior Year<br>To Date | 6<br>Current Year<br>To Date | 7<br>Prior Year<br>To Date |
| 1. Alabama .....   | AL                           | N                            |                            |  |                            |                              |                            |
| 2. Alaska .....  | AK                           | N                            |                            |  |                            |                              |                            |
| 3. Arizona .....   | AZ                           | N                            |                            |  |                            |                              |                            |
| 4. Arkansas .....  | AR                           | N                            |                            |  |                            |                              |                            |
| 5. California .....  | CA                           | N                            |                            |  |                            |                              |                            |
| 6. Colorado .....  | CO                           | N                            |                            |  |                            |                              |                            |
| 7. Connecticut .....   | CT                           | N                            |                            |  |                            |                              |                            |
| 8. Delaware .....  | DE                           | N                            |                            |  |                            |                              |                            |
| 9. District of Columbia .....  | DC                           | N                            |                            |  |                            |                              |                            |
| 10. Florida .....  | FL                           | L                            | 5,958,424                  | 5,458,352                              | 786,627                    | 2,898,000                    | 7,711,227                  |
| 11. Georgia .....  | GA                           | N                            |                            |  |                            |                              |                            |
| 12. Hawaii .....   | HI                           | N                            |                            |  |                            |                              |                            |
| 13. Idaho .....  | ID                           | N                            |                            |  |                            |                              |                            |
| 14. Illinois .....   | IL                           | N                            |                            |  |                            |                              |                            |
| 15. Indiana .....  | IN                           | L                            | 9,456                      | 155,329                                |                            |                              | 42,171                     |
| 16. Iowa .....   | IA                           | N                            |                            |  |                            |                              |                            |
| 17. Kansas .....   | KS                           | N                            |                            |  |                            |                              |                            |
| 18. Kentucky .....   | KY                           | L                            | 1,539,582                  | 1,501,953                              | 671,500                    | 1,400,559                    | 4,036,709                  |
| 19. Louisiana .....  | LA                           | N                            |                            |  |                            |                              |                            |
| 20. Maine .....  | ME                           | N                            |                            |  |                            |                              |                            |
| 21. Maryland .....   | MD                           | N                            |                            |  |                            |                              |                            |
| 22. Massachusetts .....  | MA                           | N                            |                            |  |                            |                              |                            |
| 23. Michigan .....   | MI                           | N                            |                            |  |                            |                              |                            |
| 24. Minnesota .....  | MN                           | N                            |                            |  |                            |                              |                            |
| 25. Mississippi .....  | MS                           | N                            |                            |  |                            |                              |                            |
| 26. Missouri .....   | MO                           | N                            |                            |  |                            |                              |                            |
| 27. Montana .....  | MT                           | N                            |                            |  |                            |                              |                            |
| 28. Nebraska .....   | NE                           | N                            |                            |  |                            |                              |                            |
| 29. Nevada .....   | NV                           | N                            |                            |  |                            |                              |                            |
| 30. New Hampshire .....  | NH                           | N                            |                            |  |                            |                              |                            |
| 31. New Jersey .....   | NJ                           | N                            |                            |  |                            |                              |                            |
| 32. New Mexico .....   | NM                           | N                            |                            |  |                            |                              |                            |
| 33. New York .....   | NY                           | N                            |                            |  |                            |                              |                            |
| 34. North Carolina .....   | NC                           | N                            |                            |  |                            |                              |                            |
| 35. North Dakota .....   | ND                           | N                            |                            |  |                            |                              |                            |
| 36. Ohio .....   | OH                           | L                            | 2,833,475                  | 2,705,487                              | 1,240,000                  | 600,000                      | 2,835,749                  |
| 37. Oklahoma .....   | OK                           | N                            |                            |  |                            |                              |                            |
| 38. Oregon .....   | OR                           | N                            |                            |  |                            |                              |                            |
| 39. Pennsylvania .....   | PA                           | N                            |                            |  |                            |                              |                            |
| 40. Rhode Island .....   | RI                           | N                            |                            |  |                            |                              |                            |
| 41. South Carolina .....   | SC                           | N                            |                            |  |                            |                              |                            |
| 42. South Dakota .....   | SD                           | N                            |                            |  |                            |                              |                            |
| 43. Tennessee .....  | TN                           | N                            |                            |  |                            |                              |                            |
| 44. Texas .....  | TX                           | L                            | 201,931                    | 200,035                                |                            |                              | 91,533                     |
| 45. Utah .....   | UT                           | N                            |                            |  |                            |                              |                            |
| 46. Vermont .....  | VT                           | N                            |                            |  |                            |                              |                            |
| 47. Virginia .....   | VA                           | N                            |                            |  |                            |                              |                            |
| 48. Washington .....   | WA                           | N                            |                            |  |                            |                              |                            |
| 49. West Virginia .....  | WV                           | N                            |                            |  |                            |                              |                            |
| 50. Wisconsin .....  | WI                           | N                            |                            |  |                            |                              |                            |
| 51. Wyoming .....  | WY                           | N                            |                            |  |                            |                              |                            |
| 52. American Samoa .....   | AS                           | N                            |                            |  |                            |                              |                            |
| 53. Guam .....   | GU                           | N                            |                            |  |                            |                              |                            |
| 54. Puerto Rico .....  | PR                           | N                            |                            |  |                            |                              |                            |
| 55. U.S. Virgin Islands .....  | VI                           | N                            |                            |  |                            |                              |                            |
| 56. Northern Mariana Islands .....                                   | MP                           | N                            |                            |  |                            |                              |                            |
| 57. Canada .....   | CAN                          | N                            |                            |  |                            |                              |                            |
| 58. Aggregate Other Alien OT   | XXX                          |                              |                            |  |                            |                              |                            |
| 59. Totals   | XXX                          | 10,542,868                   | 10,021,156                 | 2,698,127                              | 4,898,559                  | 14,717,389                   | 11,488,743                 |
| DETAILS OF WRITE-INS   |                              |                              |                            |  |                            |                              |                            |
| 58001.   | XXX                          |                              |                            |  |                            |                              |                            |
| 58002.   | XXX                          |                              |                            |  |                            |                              |                            |
| 58003.   | XXX                          |                              |                            |  |                            |                              |                            |
| 58998. Summary of remaining write-ins for Line 58 from overflow page | XXX                          |                              |                            |  |                            |                              |                            |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)  | XXX                          |                              |                            |  |                            |                              |                            |

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....5

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....

D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....

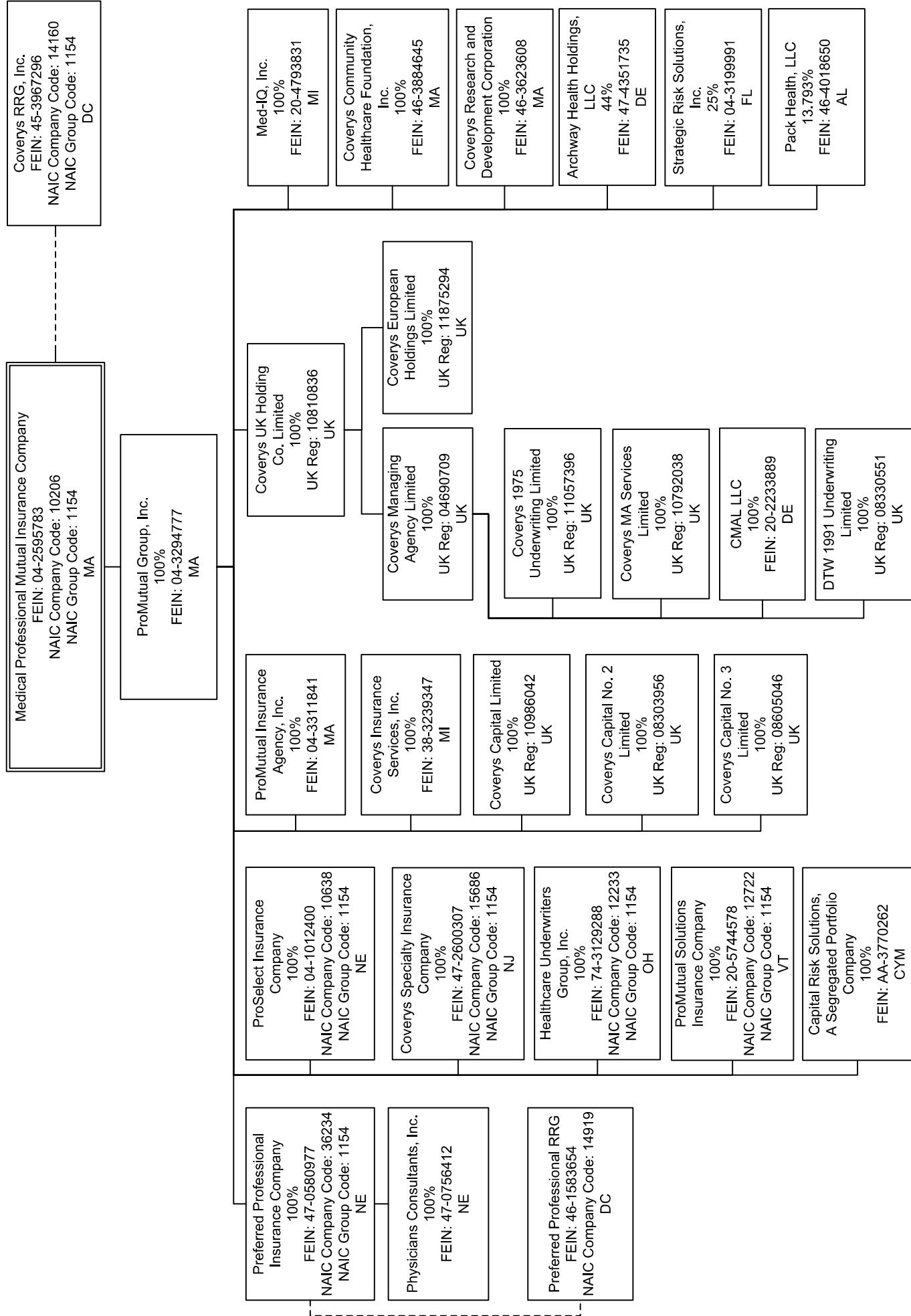
R - Registered - Non-domiciled RRGs.....

Q - Qualified - Qualified or accredited reinsurer.....

N - None of the above - Not allowed to write business in the state.....52

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

**SCHEDULE Y PART 1  
ORGANIZATIONAL CHART**



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

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

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number   | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domestic Location | 10<br>Relationship to Reporting Entity              | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s)    | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>*  |
|-----------------|-----------------|------------------------|------------------|-------------------|----------|---|--|------------------------|---|--|--|--|---|--|----------|
| ..1154          | Coverys .....   | 10206                  | 04-2595783 ..... |                   |          | Medical Professional Mutual Insurance Company .....                         | MA .....   | UIP .....              |   |  |  | 0.000  | Medical Professional Mutual Insurance Company ..... | Y .....                                | 0 .....  |
| ..1154          | Coverys .....   | 36234                  | 47-0580977 ..... |                   |          | Preferred Professional Insurance Company .....                              | NE .....   | IA .....               | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| ..1154          | Coverys .....   | 10638                  | 04-1012400 ..... |                   |          | ProSelect Insurance Company .....   | NE .....   | IA .....               | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| ..1154          | Coverys .....   | 15686                  | 47-2600307 ..... |                   |          | Coverys Specialty Insurance Company .....                                   | NJ .....   | IA .....               | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| ..1154          | Coverys .....   | 12233                  | 74-3129288 ..... |                   |          | Healthcare Underwriters Group, Inc. .....                                   | OH .....   | RE .....               | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| ..1154          | Coverys .....   | 14919                  | 46-1583654 ..... |                   |          | Preferred Professional RRG .....  | DC .....   | OTH .....              | Preferred Professional Insurance Company .....      | Medical Professional Mutual Insurance Company .....  | Management .....   | 0.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .1 ..... |
| ..1154          | Coverys .....   | 14160                  | 45-3967296 ..... |                   |          | Coverys RRG, Inc. .....   | DC .....   | OTH .....              | Medical Professional Mutual Insurance Company ..... |  | Management .....   | 0.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .2 ..... |
| ..1154          | Coverys .....   | 12722                  | 20-5744578 ..... |                   |          | ProMutual Solutions Insurance Company .....                                 | VT .....   | IA .....               | ProMutual Group, Inc. .....                         | Medical Professional Mutual Insurance Company .....  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 | 04-3294777 .....       |                  |                   |          | ProMutual Group, Inc. .....   | MA .....   | NIA .....              | Medical Professional Mutual Insurance Company ..... |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 | 47-0756412 .....       |                  |                   |          | Physicians Consultants, Inc. .....  | NE .....   | NIA .....              | Preferred Professional Insurance Company .....      |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 | AA-3770262 .....       |                  |                   |          | Capital Risk Solutions .....  | CYM .....  | OTH .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .3 ..... |
| Coverys .....   |                 | 04-3311841 .....       |                  |                   |          | ProMutual Insurance Agency, Inc. .....                                      | MA .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 | 38-3239347 .....       |                  |                   |          | Coverys Insurance Services, Inc. .....                                      | MI .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Coverys Capital Limited .....   | GBR .....  | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .3 ..... |
| Coverys .....   |                 |                        |                  |                   |          | Coverys Community Healthcare Foundation, Inc. .....                         | MA .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Coverys Research and Development Corporation .....                          | MA .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Archway Health Holdings, LLC .....  | MA .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Strategic Risk Solutions, Inc. .....  | FL .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 44.000   | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Med-IQ, Inc. .....  | MI .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 25.000   | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Coverys UK Holding Co. Limited .....  | GBR .....  | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Coverys Managing Agency Limited .....                                       | GBR .....  | NIA .....              | Coverys UK Holding Co. Limited .....                |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .3 ..... |
| Coverys .....   |                 |                        |                  |                   |          | Coverys 1975 Underwriting Limited .....                                     | GBR .....  | NIA .....              | Coverys Managing Agency Limited .....               |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .3 ..... |
| Coverys .....   |                 |                        |                  |                   |          | Coverys MA Services Limited .....   | GBR .....  | NIA .....              | Coverys Managing Agency Limited .....               |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .3 ..... |
| Coverys .....   |                 |                        |                  |                   |          | OMAL LLC .....  | DE .....   | NIA .....              | Coverys Managing Agency Limited .....               |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | DTW 1991 Underwriting Limited .....   | GBR .....  | NIA .....              | Coverys Managing Agency Limited .....               |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .3 ..... |
| Coverys .....   |                 |                        |                  |                   |          | Pack Health, LLC .....  | AL .....   | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 13.800   | Medical Professional Mutual Insurance Company ..... | N .....                                | 0 .....  |
| Coverys .....   |                 |                        |                  |                   |          | Coverys Capital No. 2 Limited .....   | GBR .....  | NIA .....              | ProMutual Group, Inc. .....                         |  | Ownership .....  | 100.000  | Medical Professional Mutual Insurance Company ..... | N .....                                | .3 ..... |

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

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

| 1<br>Group<br>Code | 2<br>Group Name | 3<br>NAIC<br>Company<br>Code | 4<br>ID<br>Number | 5<br>Federal<br>RSSD | 6<br>CIK | 7<br>Name of Securities<br>Exchange<br>if Publicly Traded<br>(U.S. or<br>International) | 8<br>Names of<br>Parent, Subsidiaries<br>Or Affiliates | 9<br>Domi-<br>niliary<br>Loca-<br>tion | 10<br>Relation-<br>ship<br>to<br>Reporting<br>Entity | 11<br>Directly Controlled by<br>(Name of Entity/Person) | 12<br>Type<br>of Control<br>(Ownership,<br>Board,<br>Management,<br>Attorney-in-Fact,<br>Influence,<br>Other) | 13<br>If<br>Control<br>is<br>Owner-<br>ship<br>Provide<br>Percen-<br>tage | 14<br>Ultimate Controlling<br>Entity(ies)/Person(s) | 15<br>Is an<br>SCA<br>Filing<br>Re-<br>quired?<br>(Y/N) | 16<br>* |
|--------------------|-----------------|------------------------------|-------------------|----------------------|----------|---|--|--|--|---|---|---|---|---|---------|
|                    | Coverys .....   |                              |                   |                      |          | Coverys Capital No. 3 Limited .....   | GBR .....  | NIA .....                              | ProlMutual Group, Inc. .....                         | Ownership.....  | 100.000 .....   | Medical Professional Mutual Insurance Company .....                       | N .....   | 3 .....   |         |
|                    | Coverys .....   |                              |                   |                      |          | Coverys European Holdings Limited .....   | GBR .....  | NIA .....                              | Coverys UK Holding Co. Limited .....                 | Ownership.....  | 100.000 .....   | Medical Professional Mutual Insurance Company .....                       | N .....   | 3 .....   |         |

| Asterisk | Explanation  |
|----------|--|
| 1 .....  | Preferred Professional Insurance Company sponsors Preferred Professional RRG ..... |
| 2 .....  | Medical Professional Mutual Insurance Company sponsors Coverys RRG, Inc. .....     |
| 3 .....  | Non-US Affiliate .....   |

**PART 1 - LOSS EXPERIENCE**

| Line of Business  | Current Year to Date           |                                |                                | 4<br>Prior Year to Date<br>Direct Loss<br>Percentage |
|---|--------------------------------|--------------------------------|--------------------------------|--|
|   | 1<br>Direct Premiums<br>Earned | 2<br>Direct Losses<br>Incurred | 3<br>Direct Loss<br>Percentage |  |
| 1. Fire .....   |                                |                                |                                |  |
| 2. Allied Lines .....   |                                |                                |                                |  |
| 3. Farmowners multiple peril .....  |                                |                                |                                |  |
| 4. Homeowners multiple peril .....  |                                |                                |                                |  |
| 5. Commercial multiple peril .....  |                                |                                |                                |  |
| 6. Mortgage guaranty .....  |                                |                                |                                |  |
| 8. Ocean marine .....   |                                |                                |                                |  |
| 9. Inland marine .....  |                                |                                |                                |  |
| 10. Financial guaranty .....  |                                |                                |                                |  |
| 11.1 Medical professional liability - occurrence .....                    | 667,770                        | 158,342                        | 23.7                           | 25.4   |
| 11.2 Medical professional liability - claims-made .....                   | 9,566,584                      | 2,305,906                      | 24.1                           | 38.1   |
| 12. Earthquake .....  |                                |                                |                                |  |
| 13. Group accident and health .....                                       |                                |                                |                                |  |
| 14. Credit accident and health .....                                      |                                |                                |                                |  |
| 15. Other accident and health .....                                       |                                |                                |                                |  |
| 16. Workers' compensation .....   |                                |                                |                                |  |
| 17.1 Other liability - occurrence .....                                   |                                |                                |                                |  |
| 17.2 Other liability - claims-made .....                                  |                                |                                |                                |  |
| 17.3 Excess workers' compensation .....                                   |                                |                                |                                |  |
| 18.1 Products liability - occurrence .....                                |                                |                                |                                |  |
| 18.2 Products liability - claims-made .....                               |                                |                                |                                |  |
| 19.1,19.2 Private passenger auto liability .....                          |                                |                                |                                |  |
| 19.3,19.4 Commercial auto liability .....                                 |                                |                                |                                |  |
| 21. Auto physical damage .....  |                                |                                |                                |  |
| 22. Aircraft (all perils) .....   |                                |                                |                                |  |
| 23. Fidelity .....  |                                |                                |                                |  |
| 24. Surety .....  |                                |                                |                                |  |
| 26. Burglary and theft .....  |                                |                                |                                |  |
| 27. Boiler and machinery .....  |                                |                                |                                |  |
| 28. Credit .....  |                                |                                |                                |  |
| 29. International .....   |                                |                                |                                |  |
| 30. Warranty .....  |                                |                                |                                |  |
| 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 .....                 |                                |                                |                                |  |
| 35. Totals .....  | 10,234,354                     | 2,464,248                      | 24.1                           | 37.5   |
| <b>DETAILS OF WRITE-INS</b>   |                                |                                |                                |  |
| 3401. .....   |                                |                                |                                |  |
| 3402. .....   |                                |                                |                                |  |
| 3403. .....   |                                |                                |                                |  |
| 3498. Summary of remaining write-ins for Line 34 from overflow page ..... |                                |                                |                                |  |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....     |                                |                                |                                |  |

**PART 2 - DIRECT PREMIUMS WRITTEN**

| Line of Business  | 1<br>Current Quarter | 2<br>Current<br>Year to Date | 3<br>Prior Year<br>Year to Date |
|---|----------------------|------------------------------|---------------------------------|
|   |                      |                              |                                 |
| 1. Fire .....   |                      |                              |                                 |
| 2. Allied Lines .....   |                      |                              |                                 |
| 3. Farmowners multiple peril .....  |                      |                              |                                 |
| 4. Homeowners multiple peril .....  |                      |                              |                                 |
| 5. Commercial multiple peril .....  |                      |                              |                                 |
| 6. Mortgage guaranty .....  |                      |                              |                                 |
| 8. Ocean marine .....   |                      |                              |                                 |
| 9. Inland marine .....  |                      |                              |                                 |
| 10. Financial guaranty .....  |                      |                              |                                 |
| 11.1 Medical professional liability - occurrence .....                    | 380,894              | 696,841                      | 414,711                         |
| 11.2 Medical professional liability - claims-made .....                   | 4,347,049            | 9,846,027                    | 9,606,445                       |
| 12. Earthquake .....  |                      |                              |                                 |
| 13. Group accident and health .....                                       |                      |                              |                                 |
| 14. Credit accident and health .....                                      |                      |                              |                                 |
| 15. Other accident and health .....                                       |                      |                              |                                 |
| 16. Workers' compensation .....   |                      |                              |                                 |
| 17.1 Other liability - occurrence .....                                   |                      |                              |                                 |
| 17.2 Other liability - claims-made .....                                  |                      |                              |                                 |
| 17.3 Excess workers' compensation .....                                   |                      |                              |                                 |
| 18.1 Products liability - occurrence .....                                |                      |                              |                                 |
| 18.2 Products liability - claims-made .....                               |                      |                              |                                 |
| 19.1,19.2 Private passenger auto liability .....                          |                      |                              |                                 |
| 19.3,19.4 Commercial auto liability .....                                 |                      |                              |                                 |
| 21. Auto physical damage .....  |                      |                              |                                 |
| 22. Aircraft (all perils) .....   |                      |                              |                                 |
| 23. Fidelity .....  |                      |                              |                                 |
| 24. Surety .....  |                      |                              |                                 |
| 26. Burglary and theft .....  |                      |                              |                                 |
| 27. Boiler and machinery .....  |                      |                              |                                 |
| 28. Credit .....  |                      |                              |                                 |
| 29. International .....   |                      |                              |                                 |
| 30. Warranty .....  |                      |                              |                                 |
| 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 .....                 |                      |                              |                                 |
| 35. Totals .....  | 4,727,943            | 10,542,868                   | 10,021,156                      |
| <b>DETAILS OF WRITE-INS</b>   |                      |                              |                                 |
| 3401. .....   |                      |                              |                                 |
| 3402. .....   |                      |                              |                                 |
| 3403. .....   |                      |                              |                                 |
| 3498. Summary of remaining write-ins for Line 34 from overflow page ..... |                      |                              |                                 |
| 3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....     |                      |                              |                                 |

STATEMENT AS OF SEPTEMBER 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<br>Prior Year-End Known Case Loss and LAE Reserves | 2<br>Prior Year-End IBNR Loss and LAE Reserves | 3<br>Total Prior Year-End Loss and LAE Reserves (Cols. 1+2) | 4<br>2019 Loss and LAE Payments on Claims Reported as of Prior Year-End | 5<br>2019 Loss and LAE Payments on Claims Unreported as of Prior Year-End | 6<br>Total 2019 Loss and LAE Payments (Cols. 4+5) | 7<br>Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End | 8<br>Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End | 9<br>Q.S. Date IBNR Loss and LAE Reserves | 10<br>Total Q.S. Loss and LAE Reserves (Cols. 7+8+9) | 11<br>Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 4+7 minus Col. 1) | 12<br>Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2) | 13<br>Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12) |
|--|--|--|---|---|---|---|--|---|---|--|--|--|---|
| 1. 2016 + Prior .....                              |  |  |   |   |   |   |  |   |   |  |  |  |   |
| 2. 2017 .....                                      |  |  |   |   |   |   |  |   |   |  |  |  |   |
| 3. Subtotals 2017 + Prior .....                    |  |  |   |   |   |   |  |   |   |  |  |  |   |
| 4. 2018 .....                                      |  |  |   |   |   |   |  |   |   |  |  |  |   |
| 5. Subtotals 2018 + Prior .....                    |  |  |   |   |   |   |  |   |   |  |  |  |   |
| 6. 2019 .....                                      | XXX  | XXX  | XXX   | XXX   |   |   | XXX  |   |   |  | XXX  | XXX  | XXX   |
| 7. Totals .....                                    |  |  |   |   |   |   |  |   |   |  |  |  |   |
| 8. Prior Year-End Surplus As Regards Policyholders | 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.   | 2.   | 3.  |
|  |  |  |   |   |   |   |  |   |   |  |  |  | Col. 13, Line 7 As a % of Col. 1 Line 8 4.  |

# **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       |

Explanations:

- 1.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]



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

3. Medicare Part D Coverage Supplement [Document Identifier 365]



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

4. Director and Officer Supplement [Document Identifier 505]



1 2 2 3 3 2 0 1 9 5 0 0 0 0 0 2

STATEMENT AS OF SEPTEMBER 30, 2019 OF THE Healthcare Underwriters Group Inc.  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

|   | Current Statement Date |                         |   | 4<br>December 31<br>Prior Year Net<br>Admitted Assets |
|---|------------------------|-------------------------|---|---|
|   | 1<br>Assets            | 2<br>Nonadmitted Assets | 3<br>Net Admitted Assets<br>(Cols. 1 - 2) |   |
| 2504. .....   |                        |                         |   |   |
| 2505. .....   |                        |                         |   |   |
| 2506. .....   |                        |                         |   |   |
| 2507. .....   |                        |                         |   |   |
| 2508. .....   |                        |                         |   |   |
| 2509. .....   |                        |                         |   |   |
| 2510. .....   |                        |                         |   |   |
| 2511. .....   |                        |                         |   |   |
| 2512. -   |                        |                         |   |   |
| 2597. Summary of remaining write-ins for Line 25 from overflow page |                        |                         |   |   |

Additional Write-ins for Liabilities Line 25

|   | 1<br>Current<br>Statement Date | 2<br>December 31,<br>Prior Year |
|---|--------------------------------|---------------------------------|
| 2504. .....   |                                |                                 |
| 2597. Summary of remaining write-ins for Line 25 from overflow page |                                |                                 |

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE****SCHEDULE D - VERIFICATION**

Bonds and Stocks

|   | 1<br>Year to Date | 2<br>Prior Year Ended<br>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 .....  | 5,217,256         | 87,377,900                           |
| 3. Accrual of discount .....  | 15,286            | 41,557                               |
| 4. Unrealized valuation increase (decrease) .....   | 231,589           | (541,502)                            |
| 5. Total gain (loss) on disposals .....   | 7,362,585         | 75,452,726                           |
| 6. Deduct consideration for bonds and stocks disposed of .....  | 40,417            | 88,212                               |
| 7. Deduct amortization of premium .....   |                   |                                      |
| 8. Total foreign exchange change in book/adjusted carrying value .....                                    |                   |                                      |
| 9. Deduct current year's other than temporary impairment recognized .....                                 |                   |                                      |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees ..... | 603               |                                      |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9+10) .....              | 17,727,905        | 19,666,173                           |
| 12. Deduct total nonadmitted amounts .....  |                   |                                      |
| 13. Statement value at end of current period (Line 11 minus Line 12) .....                                | 17,727,905        | 19,666,173                           |

STATEMENT AS OF SEPTEMBER 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<br>Book/Adjusted<br>Carrying Value<br>Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted<br>Carrying Value<br>End of<br>First Quarter | 6<br>Book/Adjusted<br>Carrying Value<br>End of<br>Second Quarter | 7<br>Book/Adjusted<br>Carrying Value<br>End of<br>Third Quarter | 8<br>Book/Adjusted<br>Carrying Value<br>December 31<br>Prior Year |
|---|---|--|--|--|---|--|---|---|
| <b>BONDS</b>                              |   |  |  |  |   |  |   |   |
| 1. NAIC 1 (a) .....                       | 16,535,296  | 3,096,742                                      | 2,332,809                                      | (10,017)   | 16,384,442  | 16,535,296   | 17,289,212  | 18,623,419  |
| 2. NAIC 2 (a) .....                       | 974,402   |  | 387,327  | 115  | 1,052,622   | 974,402  | 587,190   | 1,072,756   |
| 3. NAIC 3 (a) .....                       |   |  |  |  |   |  |   |   |
| 4. NAIC 4 (a) .....                       |   |  |  |  |   |  |   |   |
| 5. NAIC 5 (a) .....                       |   |  |  |  |   |  |   |   |
| 6. NAIC 6 (a) .....                       |   |  |  |  |   |  |   |   |
| 7. Total Bonds .....                      | 17,509,698  | 3,096,742                                      | 2,720,136                                      | (9,902)  | 17,437,064  | 17,509,698   | 17,876,402  | 19,696,175  |
| <b>PREFERRED STOCK</b>                    |   |  |  |  |   |  |   |   |
| 8. NAIC 1 .....                           |   |  |  |  |   |  |   |   |
| 9. NAIC 2 .....                           |   |  |  |  |   |  |   |   |
| 10. NAIC 3 .....                          |   |  |  |  |   |  |   |   |
| 11. NAIC 4 .....                          |   |  |  |  |   |  |   |   |
| 12. NAIC 5 .....                          |   |  |  |  |   |  |   |   |
| 13. NAIC 6 .....                          |   |  |  |  |   |  |   |   |
| 14. Total Preferred Stock .....           |   |  |  |  |   |  |   |   |
| 15. Total Bonds and Preferred Stock ..... | 17,509,698  | 3,096,742                                      | 2,720,136                                      | (9,902)  | 17,437,064  | 17,509,698   | 17,876,402  | 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 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

SI02

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

## SCHEDULE DA - PART 1

Short-Term Investments

|                | 1<br>Book/Adjusted<br>Carrying Value | 2<br>Par Value | 3<br>Actual Cost | 4<br>Interest Collected<br>Year-to-Date | 5<br>Paid for<br>Accrued Interest<br>Year-to-Date |
|----------------|--------------------------------------|----------------|------------------|---|---|
| 9199999 Totals | 148,498                              | XXX            | 148,498          |   |   |

## SCHEDULE DA - VERIFICATION

Short-Term Investments

|   | 1<br>Year To Date | 2<br>Prior Year Ended<br>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 .....  |                   |                                      |
| 4. Unrealized valuation increase (decrease) .....   |                   |                                      |
| 5. Total gain (loss) on disposals .....   |                   | 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 .....                    |                   |                                      |
| 9. Deduct current year's other than temporary impairment recognized .....                 |                   |                                      |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) ..... | 148,498           | 30,003                               |
| 11. Deduct total nonadmitted amounts .....  |                   |                                      |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 148,498           | 30,003                               |

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**N O N E**

Schedule DB - Part B - Verification - Futures Contracts  
**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open  
**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives  
**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

|   | 1<br>Year To Date | 2<br>Prior Year Ended<br>December 31 |
|---|-------------------|--------------------------------------|
| 1. Book/adjusted carrying value, December 31 of prior year .....                          | 720,022           | 74,716,790                           |
| 2. Cost of cash equivalents acquired .....  | 2,895,053         | 155,963,736                          |
| 3. Accrual of discount .....  |                   | 4                                    |
| 4. Unrealized valuation increase (decrease) .....   |                   |                                      |
| 5. Total gain (loss) on disposals .....   |                   | 101                                  |
| 6. Deduct consideration received on disposals .....                                       | 2,022,636         | 229,960,463                          |
| 7. Deduct amortization of premium .....   |                   | 146                                  |
| 8. Total foreign exchange change in book/adjusted carrying value .....                    |                   |                                      |
| 9. Deduct current year's other than temporary impairment recognized .....                 |                   |                                      |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) ..... | 1,592,439         | 720,022                              |
| 11. Deduct total nonadmitted amounts .....  |                   |                                      |
| 12. Statement value at end of current period (Line 10 minus Line 11)                      | 1,592,439         | 720,022                              |

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

## STATEMENT AS OF SEPTEMBER 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<br>CUSIP<br>Identification   | 2<br>Description             | 3<br>Foreign | 4<br>Date<br>Acquired | 5<br>Name of Vendor    | 6<br>Number of<br>Shares of<br>Stock | 7 | 8         | 9         | 10<br>NAIC<br>Designation<br>and<br>Adminis-<br>trative<br>Symbol/<br>Market<br>Indicator<br>(a) |
|--|------------------------------|--------------|-----------------------|------------------------|--------------------------------------|---|-----------|-----------|--|
| 815853-SU-1  | SEGUIN TEX INDPT SCH DIST    |              | .07/30/2019           | CITIGROUP GLOBAL       |                                      |   | 274,980   | .250,000  | 1FE  |
| 2499999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions |                              |              |                       |                        |                                      |   | 274,980   | .250,000  | XXX  |
| 313290-N6-4  | FHLMC UMBs 30Y FIXED         |              | .08/08/2019           | WACHOVIA SECURITIES    |                                      |   | 973,244   | .939,340  | 1,096  |
| 3199999. Subtotal - Bonds - U.S. Special Revenues  |                              |              |                       |                        |                                      |   | 973,244   | .939,340  | 1,096  |
| 02665W-DD-0  | AMERICAN HONDA FIN CORP MTN  |              | .09/05/2019           | BNP PARIBAS            |                                      |   | .149,958  | .150,000  | 1FE  |
| 06540B-BC-2  | BANK 2019-BNK21 144A         |              | .09/27/2019           | MONTGOMERY SECURITIES  |                                      |   | .252,496  | .250,000  | .397   |
| 149123-CG-4  | CATERPILLAR INC DEL          |              | .09/20/2019           | NORTHERN TRUST         |                                      |   | .151,292  | .150,000  | .54  |
| 12528Y-AE-3  | CF MORTGAGE TR 2019-CF2      |              | .09/26/2019           | CANTOR FITZGERALD & CO |                                      |   | .252,498  | .250,000  | .292   |
| 172967-ME-8  | CITI GROUP INC               |              | .09/23/2019           | WACHOVIA SECURITIES    |                                      |   | .109,230  | .100,000  | .55  |
| 26443T-AB-2  | DUKE ENERGY IND LLC          |              | .09/25/2019           | MIZUHO SECURITIES      |                                      |   | .97,763   | .100,000  | 1FE  |
| 38141G-WB-6  | GOLDMAN SACHS GROUP INC      |              | .09/20/2019           | NORTHERN TRUST         |                                      |   | .105,848  | .100,000  | .620   |
| 459200-JV-8  | INTERNATIONAL BUSINESS MACHS |              | .09/20/2019           | GOLDMAN SACHS & CO     |                                      |   | .154,749  | .150,000  | 1FE  |
| 828807-DG-9  | SIMON PPTY GROUP LP          |              | .09/20/2019           | MIZUHO SECURITIES      |                                      |   | .148,086  | .150,000  | .92  |
| 857477-BD-4  | STATE STR CORP               |              | .07/10/2019           | NORTHERN TRUST         |                                      |   | .276,903  | .250,000  | 1,122  |
| 911312-BU-9  | UNITED PARCEL SERVICE INC    |              | .09/23/2019           | NORTHERN TRUST         |                                      |   | .149,696  | .150,000  | .406   |
| 3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)                        |                              |              |                       |                        |                                      |   | 1,848,519 | 1,800,000 | 4,651  |
| 8399997. Total - Bonds - Part 3  |                              |              |                       |                        |                                      |   | 3,096,743 | 2,989,340 | 5,747  |
| 8399998. Total - Bonds - Part 5  |                              |              |                       |                        |                                      |   | XXX       | XXX       | XXX  |
| 8399999. Total - Bonds   |                              |              |                       |                        |                                      |   | 3,096,743 | 2,989,340 | 5,747  |
| 8999997. Total - Preferred Stocks - Part 3   |                              |              |                       |                        |                                      |   | XXX       |           | XXX  |
| 8999998. Total - Preferred Stocks - Part 5   |                              |              |                       |                        |                                      |   | XXX       | XXX       | XXX  |
| 8999999. Total - Preferred Stocks  |                              |              |                       |                        |                                      |   | XXX       |           | XXX  |
| 9799997. Total - Common Stocks - Part 3  |                              |              |                       |                        |                                      |   | XXX       |           | XXX  |
| 9799998. Total - Common Stocks - Part 5  |                              |              |                       |                        |                                      |   | XXX       | XXX       | XXX  |
| 9799999. Total - Common Stocks   |                              |              |                       |                        |                                      |   | XXX       |           | XXX  |
| 9899999. Total - Preferred and Common Stocks   |                              |              |                       |                        |                                      |   | XXX       |           | XXX  |
| 9999999 - Totals   |                              |              |                       |                        |                                      |   | 3,096,743 | XXX       | 5,747  |

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

## STATEMENT AS OF SEPTEMBER 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<br>CUSIP<br>Ident-<br>ification   | 2<br>Description               | 3<br>For-<br>eign | 4<br>Disposal<br>Date | 5<br>Name<br>of Purchaser | 6<br>Number of<br>Shares of<br>Stock | 7<br>Consid-<br>eration | 8<br>Par Value | 9<br>Actual<br>Cost | 10<br>Prior Year<br>Book/<br>Adjusted<br>Carrying<br>Value | Change In Book/Adjusted Carrying Value                   |  |  |   |   | 16<br>Book/<br>Adjusted<br>Carrying<br>Value at<br>Disposal<br>Date | 17<br>Foreign<br>Exchange<br>Gain<br>(Loss) on<br>Disposal | 18<br>Realized<br>Gain<br>(Loss) on<br>Disposal | 19<br>Total Gain<br>(Loss) on<br>Disposal | 20<br>Bond<br>Interest/<br>Stock<br>Dividends<br>Received<br>During Year | 21<br>Stated<br>Con-<br>tractual<br>Maturity<br>Date | 22<br>NAIC<br>Design-<br>ation and<br>Admini-<br>strative<br>Symbol<br>/Market<br>Indicator<br>(a) |            |   |
|---|--------------------------------|-------------------|-----------------------|---------------------------|--------------------------------------|-------------------------|----------------|---------------------|--|--|--|--|---|---|---|--|---|---|--|--|--|------------|---|
|   |                                |                   |                       |                           |                                      |                         |                |                     |  | 11<br>Unrealized<br>Valuation<br>Increase/<br>(Decrease) | 12<br>Current<br>Year's<br>(Amor-<br>tization)/<br>Accretion | 13<br>Other Than<br>Temporary<br>Impairment<br>Recogn-<br>ized | 14<br>Total<br>Change in<br>Book/<br>Adjusted<br>Carrying<br>Value<br>(11 + 12 -<br>13) | 15<br>Total<br>Foreign<br>Exchange<br>Change in<br>Book/<br>Adjusted<br>Carrying<br>Value |   |  |   |   |  |  |  |            |   |
| 417123-FU-5   | HARTNELL CALIF CMNTY COLLEGE D | 08/26/2019        |                       | MORGAN STANLEY & CO INC   | 112,077                              | 100,000                 | 104,340        | 103,979             |  | (263)  |  |  | (263)   |   | 103,716   |  | 8,361   | 8,361                                     | 4,300  | 08/01/2047   | 1FE  |            |   |
| 24999999. Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions |                                |                   |                       |                           | 112,077                              | 100,000                 | 104,340        | 103,979             |  | (263)  |  |  | (263)   |   | 103,716   |  | 8,361   | 8,361                                     | 4,300  | XXX  | XXX  |            |   |
| 02765U-LM-4   | AMERICAN MUN PWR OHIO INC REV  | 08/26/2019        |                       | MORGAN STANLEY & CO INC   |                                      | 174,293                 | 150,000        | 162,474             | 162,088  |  | (982)  |  |   | (982)   |   | 161,106  |   | 13,186                                    | 13,186   | 7,771  | 02/15/2046   | 1FE        |   |
| 249182-LK-0   | DENVER COLO CITY & CNTY ARPT R | 08/28/2019        |                       | MERRILL LYNCH             | 206,130                              | 150,000                 | 173,027        | 172,795             |  | (592)  |  |  | (592)   |   | 172,203   |  | 33,927  | 33,927                                    | 5,604  | 12/01/2036   | 1FE  |            |   |
| 3128MM-UJ-6   | FHLMC PC GOLD COMB 15          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 1,362                                | 1,362                   | 1,421          | 1,420               |  | (58)   |  |  | (58)  |   | 1,362   |  |   |   |  | 28   | 01/01/2031   | 1          |   |
| 3128MJ-KX-1   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 4,839                                | 4,839                   | 5,049          | 5,052               |  | (213)  |  |  | (213)   |   |   |  | 4,839   |   |  |  | 114  | 12/01/2045 | 1 |
| 3128MJ-XX-3   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 2,976                                | 2,976                   | 3,148          | 3,149               |  | (173)  |  |  | (173)   |   |   |  | 2,976   |   |  |  | 70   | 02/01/2046 | 1 |
| 3132V2-HF-6   | FHLMC PC GOLD PC 30YR          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 9,540                                | 9,540                   | 9,649          | 9,650               |  | (110)  |  |  | (110)   |   | 9,540   |  |   |   |  | 259  | 09/01/2048   | 1          |   |
| 3128PT-GQ-2   | FHLMC PC GOLD 15 YR            | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 523                                  | 523                     | 550            | 548                 |  | (25)   |  |  | (25)  |   |   |  | 523   |   |  |  | 12   | 12/01/2025 | 1 |
| 3128PU-J2-9   | FHLMC PC GOLD 15 YR            | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 1,314                                | 1,314                   | 1,376          | 1,371               |  | (58)   |  |  | (58)  |   |   |  | 1,314   |   |  |  | 31   | 03/01/2026 | 1 |
| 3128PU-BW-7   | FHLMC PC GOLD 15 YR            | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 381                                  | 381                     | 401            | 400                 |  | (18)   |  |  | (18)  |   |   |  | 381   |   |  |  | 9  | 08/01/2026 | 1 |
| 3128PK-40-7   | FHLMC PC GOLD CASH 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 170                                  | 170                     | 183            | 183                 |  | (13)   |  |  | (13)  |   |   |  | 170   |   |  |  | 4  | 10/01/2040 | 1 |
| 3128MD-PJ-6   | FHLMC PC GOLD COMB 15          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 3,164                                | 3,164                   | 3,268          | 3,263               |  | (99)   |  |  | (99)  |   |   |  | 3,164   |   |  |  | 53   | 04/01/2028 | 1 |
| 3128MM-Q2-2   | FHLMC PC GOLD COMB 15          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 2,206                                | 2,206                   | 2,273          | 2,270               |  | (65)   |  |  | (65)  |   |   |  | 2,206   |   |  |  | 37   | 07/01/2028 | 1 |
| 3128MM-QT-3   | FHLMC PC GOLD COMB 15          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 640                                  | 640                     | 653            | 653                 |  | (12)   |  |  | (12)  |   |   |  | 640   |   |  |  | 11   | 05/01/2028 | 1 |
| 3128MM-TS-2   | FHLMC PC GOLD COMB 15          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 572                                  | 572                     | 579            | 579                 |  | (7)  |  |  | (7)   |   |   |  | 572   |   |  |  | 9  | 07/01/2030 | 1 |
| 3128MM-FA-2   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 1,436                                | 1,436                   | 1,495          | 1,496               |  | (60)   |  |  | (60)  |   |   |  | 1,436   |   |  |  | 34   | 03/01/2045 | 1 |
| 3128MM-AW-0   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 188                                  | 188                     | 212            | 211                 |  | (24)   |  |  | (24)  |   |   |  | 188   |   |  |  | 7  | 11/01/2034 | 1 |
| 3128MM-SS-0   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 2,350                                | 2,350                   | 2,442          | 2,441               |  | (91)   |  |  | (91)  |   |   |  | 2,350   |   |  |  | 47   | 04/01/2043 | 1 |
| 3128MJ-TH-3   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 491                                  | 491                     | 531            | 531                 |  | (41)   |  |  | (41)  |   |   |  | 491   |   |  |  | 13   | 10/01/2043 | 1 |
| 3128MJ-UB-4   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 1,919                                | 1,919                   | 2,085          | 2,086               |  | (167)  |  |  | (167)   |   |   |  | 1,919   |   |  |  | 52   | 03/01/2044 | 1 |
| 3128933-WQ-3  | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 948                                  | 948                     | 1,058          | 1,057               |  | (109)  |  |  | (109)   |   |   |  | 948   |   |  |  | 29   | 06/01/2039 | 1 |
| 312836-NA-1   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 565                                  | 565                     | 626            | 626                 |  | (61)   |  |  | (61)  |   |   |  | 565   |   |  |  | 16   | 10/01/2039 | 1 |
| 312945-DS-4   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 1,008                                | 1,008                   | 1,084          | 1,084               |  | (76)   |  |  | (76)  |   |   |  | 1,008   |   |  |  | 27   | 01/01/2041 | 1 |
| 31335A-FV-5   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 440                                  | 440                     | 488            | 488                 |  | (48)   |  |  | (48)  |   |   |  | 440   |   |  |  | 13   | 05/01/2042 | 1 |
| 31335A-UF-3   | FHLMC PC GOLD COMB 30          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 5,006                                | 5,006                   | 5,167          | 5,170               |  | (164)  |  |  | (164)   |   |   |  | 5,006   |   |  |  | 118  | 05/01/2046 | 1 |
| 31320R-MV-9   | FHLMC PC GOLD PC 30YR          | 09/16/2019        |                       | PRINCIPAL RECEIPT         | 6,969                                | 6,969                   | 7,099          | 7,101               |  | (132)  |  |  | (132)   |   |   |  | 6,969   |   |  |  | 169  | 07/01/2045 | 1 |
| 313290-N6-4   | FHLMC UMBS 30Y FIXED           | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 5,905                                | 5,905                   | 6,118          | 6,118               |  | (213)  |  |  | (213)   |   |   |  | 5,905   |   |  |  | 17   | 04/01/2049 | 1 |
| 3138X3-EH-1   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 441                                  | 441                     | 444            | 444                 |  | (4)  |  |  | (4)   |   |   |  | 441   |   |  |  | 9  | 08/01/2043 | 1 |
| 31402R-DD-8   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 169                                  | 169                     | 194            | 194                 |  | (24)   |  |  | (24)  |   |   |  | 169   |   |  |  | 6  | 05/01/2035 | 1 |
| 3140HA-C9-9   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 2,119                                | 2,119                   | 2,144          | 2,143               |  | (24)   |  |  | (24)  |   |   |  | 2,119   |   |  |  | 50   | 01/01/2048 | 1 |
| 3138A5-AP-7   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 1,359                                | 1,359                   | 1,423          | 1,418               |  | (60)   |  |  | (60)  |   |   |  | 1,359   |   |  |  | 31   | 01/01/2026 | 1 |
| 3138A7-GY-8   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 481                                  | 481                     | 505            | 503                 |  | (22)   |  |  | (22)  |   |   |  | 481   |   |  |  | 11   | 02/01/2026 | 1 |
| 3138EG-AB-0   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 12,979                               | 12,979                  | 13,482         | 13,451              |  | (472)  |  |  | (472)   |   |   |  | 12,979  |   |  |  | 299  | 02/01/2026 | 1 |
| 3138E0-CS-9   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 8,509                                | 8,509                   | 8,795          | 8,788               |  | (280)  |  |  | (280)   |   |   |  | 8,509   |   |  |  | 171  | 09/01/2030 | 1 |
| 3138WJ-DM-7   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 4,930                                | 4,930                   | 4,896          | 4,897               |  | (34)   |  |  | (34)  |   |   |  | 4,930   |   |  |  | 83   | 10/01/2031 | 1 |
| 3138WJ-JG-0   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 253                                  | 253                     | 258            | 258                 |  | (5)  |  |  | (5)   |   |   |  | 253   |   |  |  | 4  | 04/01/2028 | 1 |
| 31416W-GR-8   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 2,656                                | 2,656                   | 2,792          | 2,781               |  | (125)  |  |  | (125)   |   |   |  | 2,656   |   |  |  | 62   | 11/01/2025 | 1 |
| 31417A-RG-6   | FNMA PASS-THRU INT 15 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 252                                  | 252                     | 262            | 261                 |  | (9)  |  |  | (9)   |   |   |  | 252   |   |  |  | 5  | 12/01/2026 | 1 |
| 3138AB-BY-4   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 533                                  | 533                     | 591            | 591                 |  | (58)   |  |  | (58)  |   |   |  | 533   |   |  |  | 15   | 04/01/2041 | 1 |
| 3138E0-RA-9   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 1,864                                | 1,864                   | 1,974          | 1,974               |  | (110)  |  |  | (110)   |   |   |  | 1,864   |   |  |  | 44   | 12/01/2041 | 1 |
| 3138EH-BB-7   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 355                                  | 355                     | 407            | 409                 |  | (53)   |  |  | (53)  |   |   |  | 355   |   |  |  | 12   | 10/01/2041 | 1 |
| 3138MS-LN-7   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 1,269                                | 1,269                   | 1,318          | 1,318               |  | (49)   |  |  | (49)  |   |   |  | 1,269   |   |  |  | 29   | 08/01/2042 | 1 |
| 3138W9-BG-4   | FNMA PASS-THRU LNG 30 YEAR     | 09/25/2019        |                       | PRINCIPAL RECEIPT         | 1,057                                | 1,057                   | 1,085          | 1,085               |  | (28)   |  |  | (28)  |   |   |  |   |   |  |  |  |            |   |

## STATEMENT AS OF SEPTEMBER 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<br>CUSIP<br>Ident-<br>ification                                       | 2<br>Description                 | For-<br>eign | 4<br>Disposal<br>Date | 5<br>Name<br>of Purchaser      | 6<br>Number of<br>Shares of<br>Stock | 7<br>Consid-<br>eration | 8<br>Par Value | 9<br>Actual<br>Cost | 10<br>Prior Year<br>Book/<br>Adjusted<br>Carrying<br>Value | Change In Book/Adjusted Carrying Value                   |  |   |   |   | 16<br>Book/<br>Adjusted<br>Carrying<br>Value at<br>Disposal<br>Date | 17<br>Foreign<br>Exchange<br>Gain<br>(Loss) on<br>Disposal | 18<br>Realized<br>Gain<br>(Loss) on<br>Disposal | 19<br>Total Gain<br>(Loss) on<br>Disposal | 20<br>Bond<br>Interest/<br>Stock<br>Dividends<br>Received<br>During Year | 21<br>Stated<br>Con-<br>tractual<br>Maturity<br>Date | 22<br>NAIC<br>Design-<br>ation and<br>Admini-<br>strative<br>Symbol<br>/Market<br>Indicator<br>(a) |     |
|---|----------------------------------|--------------|-----------------------|--------------------------------|--------------------------------------|-------------------------|----------------|---------------------|--|--|--|---|---|---|---|--|---|---|--|--|--|-----|
|   |                                  |              |                       |                                |                                      |                         |                |                     |  | 11<br>Unrealized<br>Valuation<br>Increase/<br>(Decrease) | 12<br>Current<br>Year's<br>(Amor-<br>tization)/<br>Accretion | 13<br>Current<br>Year's<br>Other Than<br>Temporary<br>Impairment<br>Recogn-<br>ized | 14<br>Total<br>Change in<br>Book/<br>Adjusted<br>Carrying<br>Value<br>(11 + 12 -<br>13) | 15<br>Total<br>Foreign<br>Exchange<br>Change in<br>Book<br>/Adjusted<br>Carrying<br>Value |   |  |   |   |  |  |  |     |
| .880461-J-7   | TENNESSEE HSG DEV AGY RESIDENT   |              | 09/03/2019            | STIFEL NICOLAUS & CO           |                                      | 264,306                 | .245,000       | .245,000            | .245,000   |  |  |   |   |   | .245,000  |  | .19,306   | .19,306                                   | .11,254  | 07/01/2042   | 1FE  |     |
| 3199999. Subtotal - Bonds - U.S. Special Revenues                       |                                  |              |                       |                                | 767,856                              | 668,128                 | 707,114        | 700,313             |  | (4,998)  |  |   | (4,998)   |   |   | 701,436  |   | 66,419                                    | 66,419   | 27,277   | XXX  | XXX |
| ..035242-AL-0   | ANHEUSER BUSCH INBEV FIN INC     |              | 08/09/2019            | DONALDSON LUFKIN & JENRETTE SE |                                      | 128,365                 | .124,000       | .123,325            | .123,432   |  | .79  |   | .79   |   |   | .123,511   |   | .4,854                                    | .4,854   | .4,328   | 02/01/2023   | 2FE |
| ..06051G-HG-7   | BANK AMER CORP                   |              | 08/09/2019            | MORGAN STANLEY & CO INC        |                                      | 108,525                 | .100,000       | .96,270             | .96,307  |  | .177   |   | .177  |   |   | .96,484  |   | .12,041                                   | .12,041  | .3,727   | 03/05/2029   | 1FE |
| ..08161C-AE-1   | BENCHMARK MTG TR 2018-B2 FLT     |              | 08/12/2019            | CHASE SECURITIES               |                                      | 277,549                 | .250,000       | .257,499            | .256,917   |  | (.410)   |   | (.410)  |   |   | .256,507   |   | .21,042                                   | .21,042  | .6,820   | 02/17/2051   | 1FM |
| ..20030N-AZ-4   | COMCAST CORP NEW                 |              | 07/01/2019            | MATURITY                       |                                      | .30,000                 | .30,000        | .31,449             | .30,586  |  | (.586)   |   | (.586)  |   |   |  |   |   |  | .1,710   | 07/01/2019   | 1FE |
| ..210518-DC-7   | CONSUMERS ENERGY CO              |              | 08/09/2019            | MONTGOMERY SECURITIES          |                                      | 111,758                 | .100,000       | .99,752             | .99,755  |  | .13  |   | .13   |   |   | .99,768  |   | .11,990                                   | .11,990  | .2,850   | 11/15/2028   | 1FE |
| ..126650-DC-1   | CVS HEALTH CORP                  |              | 08/23/2019            | TENDER OFFER                   |                                      | 119,602                 | .117,000       | .116,940            | .116,956   |  | .13  |   | .13   |   |   | .116,969   |   | .2,633                                    | .2,633   | .3,745   | 03/09/2021   | 2FE |
| ..24422E-SS-9   | DEERE JOHN CAP CORP MTNS BE      |              | 09/16/2019            | MATURITY                       |                                      | .50,000                 | .50,000        | .50,431             | .50,212  |  | (.212)   |   | (.212)  |   |   | .50,000  |   |   |  | .1,150   | 09/16/2019   | 1FE |
| ..31428X-BS-4   | FEDEX CORP                       |              | 08/09/2019            | GOLDMAN SACHS & CO             |                                      | 168,321                 | .150,000       | .146,810            | .146,819   |  | .28  |   | .28   |   |   | .146,847   |   | .21,474                                   | .21,474  | .6,105   | 10/17/2048   | 2FE |
| ..38014B-AC-3   | GM FINL AUTO LEASE TR 2018-1     |              | 09/20/2019            | PRINCIPAL RECEIPT              |                                      | .80,049                 | .80,049        | .80,050             | .80,050  |  | (.1)   |   | (.1)  |   |   | .80,049  |   |   |  | .1,407   | 04/20/2020   | 1FE |
| ..46647P-AR-7   | JP MORGAN CHASE BANK NA          |              | 08/12/2019            |                                |                                      | 109,749                 | .100,000       | .97,009             | .97,042  |  | .142   |   | .142  |   |   | .97,184  |   | .12,565                                   | .12,565  | .3,226   | 04/23/2029   | 1FE |
| ..59217G-CX-3   | METROPOLITAN LIFE GLOBAL 144A    |              | 08/12/2019            | GOLDMAN SACHS & CO             |                                      | 259,018                 | .250,000       | .231,325            | .231,598   |  | .1,099   |   | .1,099  |   |   | .232,697   |   | .26,320                                   | .26,320  | .6,750   | 02/19/2027   | 1FE |
| ..64932Z-AC-8   | NEW YORK PRESBYTERIAN HOSP       |              | 08/12/2019            | RAYMOND JAMES & ASSOC          |                                      | 106,480                 | .100,000       | .95,922             | .96,062  |  | .97  |   | .97   |   |   | .96,159  |   | .10,321                                   | .10,321  | .3,692   | 08/01/2036   | 1FE |
| ..69353R-FG-8   | PNC BK N A PITTSBURGH PA         |              | 08/12/2019            |                                |                                      | 262,550                 | .250,000       | .234,798            | .235,063   |  | .883   |   | .883  |   |   | .235,946   |   | .26,604                                   | .26,604  | .6,200   | 10/25/2027   | 1FE |
| ..86212V-AD-6   | STORE MSTR FDG I-VII 2018-1 144A |              | 09/20/2019            | PRINCIPAL RECEIPT              |                                      | 1,291                   | .1,291         | .1,291              | .1,291   |  |  |   |   |   |   | .1,291   |   |   |  | .34  | 10/20/2048   | 1FE |
| .404280-BK-4  | HSBC HLDGS PLC                   | D            | 08/12/2019            | JENRETTE SE                    |                                      | 264,950                 | .250,000       | .251,825            | .251,679   |  | (.108)   |   | (.108)  |   |   | .251,571   |   | .13,379                                   | .13,379  | .9,261   | 03/13/2028   | 1FE |
| 3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) |                                  |              |                       |                                | 2,078,207                            | 1,952,341               | 1,914,696      | 1,913,769           |  | 1,214  |  | 1,214   |   |   | 1,914,983   |  | 163,223   | 163,223                                   | 61,005   | XXX  | XXX  |     |
| 8399997. Total - Bonds - Part 4   |                                  |              |                       |                                | 2,958,140                            | 2,720,468               | 2,726,150      | 2,718,061           |  | (4,047)  |  | (4,047)   |   |   | 2,720,135   |  | 238,003   | 238,003                                   | 92,582   | XXX  | XXX  |     |
| 8399998. Total - Bonds - Part 5   |                                  |              |                       |                                | XXX                                  | XXX                     | XXX            | XXX                 |  | XXX  |  | XXX   |   |   | XXX   |  | XXX   | XXX                                       | XXX  | XXX  | XXX  |     |
| 8399999. Total - Bonds  |                                  |              |                       |                                | 2,958,140                            | 2,720,468               | 2,726,150      | 2,718,061           |  | (4,047)  |  | (4,047)   |   |   | 2,720,135   |  | 238,003   | 238,003                                   | 92,582   | XXX  | XXX  |     |
| 8999997. Total - Preferred Stocks - Part 4                              |                                  |              |                       |                                | XXX                                  |                         |                |                     |  |  |  |   |   |   |   |  |   |   |  | XXX  | XXX  |     |
| 8999998. Total - Preferred Stocks - Part 5                              |                                  |              |                       |                                | XXX                                  | XXX                     | XXX            | XXX                 |  | XXX  |  | XXX   |   |   | XXX   |  | XXX   | XXX                                       | XXX  | XXX  | XXX  |     |
| 8999999. Total - Preferred Stocks                                       |                                  |              |                       |                                | XXX                                  |                         |                |                     |  |  |  |   |   |   |   |  |   |   |  | XXX  | XXX  |     |
| 9799997. Total - Common Stocks - Part 4                                 |                                  |              |                       |                                | XXX                                  |                         |                |                     |  |  |  |   |   |   |   |  |   |   |  | XXX  | XXX  |     |
| 9799998. Total - Common Stocks - Part 5                                 |                                  |              |                       |                                | XXX                                  | XXX                     | XXX            | XXX                 |  | XXX  |  | XXX   |   |   | XXX   |  | XXX   | XXX                                       | XXX  | XXX  | XXX  |     |
| 9799999. Total - Common Stocks  |                                  |              |                       |                                | XXX                                  |                         |                |                     |  |  |  |   |   |   |   |  |   |   |  | XXX  | XXX  |     |
| 9899999. Total - Preferred and Common Stocks                            |                                  |              |                       |                                | XXX                                  |                         |                |                     |  |  |  |   |   |   |   |  |   |   |  | XXX  | XXX  |     |
| 9999999 - Totals  |                                  |              |                       |                                | 2,958,140                            | XXX                     | 2,726,150      | 2,718,061           |  | (4,047)  |  | (4,047)   |   |   | 2,720,135   |  | 238,003   | 238,003                                   | 92,582   | XXX  | XXX  |     |

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**NONE**

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

## **SCHEDULE E - PART 1 - CASH**

## Month End Depository Balances

| 1<br>Depository   | 2<br>Code                 | 3<br>Rate of<br>Interest | 4<br>Amount of<br>Interest Received<br>During Current<br>Quarter | 5<br>Amount of<br>Interest Accrued<br>at Current<br>Statement Date | Book Balance at End of Each Month<br>During Current Quarter |                   |                  | 9<br>* |
|---|---------------------------|--------------------------|--|--|---|-------------------|------------------|--------|
|   |                           |                          |  |  | 6<br>First Month  | 7<br>Second Month | 8<br>Third Month |        |
| Citizens Bank .....   | Boston, MA .....          |                          |  |  | 7,195,669   | 6,908,334         | 7,926,356        | XXX    |
| PNC Bank .....  | Fort Lauderdale, FL ..... |                          |  |  | 2,105,845   | 999,715           | 408,611          | XXX    |
| 0199998. Deposits in ...<br>depositories that do not<br>exceed the allowable limit in any one depository (See<br>instructions) - Open Depositories      | XXX                       | XXX                      |  |  |   |                   |                  | XXX    |
| 0199999. Totals - Open Depositories   | XXX                       | XXX                      |  |  | 9,301,514   | 7,908,049         | 8,334,967        | XXX    |
| 0299998. Deposits in ...<br>depositories that do not<br>exceed the allowable limit in any one depository (See<br>instructions) - Suspended Depositories | XXX                       | XXX                      |  |  |   |                   |                  | XXX    |
| 0299999. Totals - Suspended Depositories  | XXX                       | XXX                      |  |  |   |                   |                  | XXX    |
| 0399999. Total Cash on Deposit  | XXX                       | XXX                      |  |  | 9,301,514   | 7,908,049         | 8,334,967        | XXX    |
| 0499999. Cash in Company's Office   | XXX                       | XXX                      | XXX  | XXX  |   |                   |                  | XXX    |
|   |                           |                          |  |  |   |                   |                  |        |
|   |                           |                          |  |  |   |                   |                  |        |
|   |                           |                          |  |  |   |                   |                  |        |
|   |                           |                          |  |  |   |                   |                  |        |
|   |                           |                          |  |  |   |                   |                  |        |
|   |                           |                          |  |  |   |                   |                  |        |
|   |                           |                          |  |  |   |                   |                  |        |
| 0599999. Total - Cash   | XXX                       | XXX                      |  |  | 9,301,514   | 7,908,049         | 8,334,967        | XXX    |

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

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter

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SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2019 OF THE Healthcare Underwriters Group Inc.

Designate the type of health care providers reported on this page:  
Physicians, including surgeons and osteopaths

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

| States, etc.   | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Direct Losses Paid |                    | 5<br>Direct Losses Incurred | Direct Losses Unpaid |                    | 8<br>Direct Losses Incurred But Not Reported |
|--|------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|----------------------|--------------------|--|
|  |                              |                             | 3<br>Amount        | 4<br>No. of Claims |                             | 6<br>Amount Reported | 7<br>No. 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                           | 5,958,424                   | 5,801,384          | 786,627            | 10                          | 1,385,859            | 5,690,000          | 69 2,021,227                                 |
| 11. Georgia .....  | GA                           |                             |                    |                    |                             |                      |                    |  |
| 12. Hawaii .....   | HI                           |                             |                    |                    |                             |                      |                    |  |
| 13. Idaho .....  | ID                           |                             |                    |                    |                             |                      |                    |  |
| 14. Illinois .....   | IL                           |                             |                    |                    |                             |                      |                    |  |
| 15. Indiana .....  | IN                           | 9,456                       | 26,510             |                    |                             | 6,067                | 50,000             | 2 (7,829)                                    |
| 16. Iowa .....   | IA                           |                             |                    |                    |                             |                      |                    |  |
| 17. Kansas .....   | KS                           |                             |                    |                    |                             |                      |                    |  |
| 18. Kentucky .....   | KY                           | 1,539,582                   | 1,672,332          | 671,500            | 4                           | 496,301              | 3,763,000          | 47 273,709                                   |
| 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                           | 2,833,475                   | 2,583,606          | 1,240,000          | 4                           | 541,132              | 1,991,000          | 34 844,749                                   |
| 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                           | 201,931                     | 150,521            |                    |                             | 34,889               |                    | 1 91,533                                     |
| 45. Utah .....   | UT                           |                             |                    |                    |                             |                      |                    |  |
| 46. Vermont .....  | VT                           |                             |                    |                    |                             |                      |                    |  |
| 47. Virginia .....   | VA                           |                             |                    |                    |                             |                      |                    |  |
| 48. Washington .....   | WA                           |                             |                    |                    |                             |                      |                    |  |
| 49. West Virginia .....  | WV                           |                             |                    |                    |                             |                      |                    |  |
| 50. Wisconsin .....  | WI                           |                             |                    |                    |                             |                      |                    |  |
| 51. Wyoming .....  | WY                           |                             |                    |                    |                             |                      |                    |  |
| 52. American Samoa .....   | AS                           |                             |                    |                    |                             |                      |                    |  |
| 53. Guam .....   | GU                           |                             |                    |                    |                             |                      |                    |  |
| 54. Puerto Rico .....  | PR                           |                             |                    |                    |                             |                      |                    |  |
| 55. U.S. Virgin Islands .....  | VI                           |                             |                    |                    |                             |                      |                    |  |
| 56. Northern Mariana Islands .....                                   | MP                           |                             |                    |                    |                             |                      |                    |  |
| 57. Canada .....   | CAN                          |                             |                    |                    |                             |                      |                    |  |
| 58. Aggregate Other Aliens .....                                     | OT                           |                             |                    |                    |                             |                      |                    |  |
| 59. Totals .....   |                              | 10,542,868                  | 10,234,353         | 2,698,127          | 18                          | 2,464,248            | 11,494,000         | 153 3,223,389                                |
| DETAILS OF WRITE-INS   |                              |                             |                    |                    |                             |                      |                    |  |
| 58001. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58002. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58003. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58998. Summary of remaining write-ins for Line 58 from overflow page |                              |                             |                    |                    |                             |                      |                    |  |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)  |                              |                             |                    |                    |                             |                      |                    |  |



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2019 OF THE Healthcare Underwriters Group Inc.

Designate the type of health care providers reported on this page:  
Hospitals

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

| States, etc.   | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Direct Losses Paid |                    | 5<br>Direct Losses Incurred | Direct Losses Unpaid |                    | 8<br>Direct Losses Incurred But Not Reported |
|--|------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|----------------------|--------------------|--|
|  |                              |                             | 3<br>Amount        | 4<br>No. of Claims |                             | 6<br>Amount Reported | 7<br>No. 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                           |                             |                    |                    |                             |                      |                    |  |
| 11. Georgia .....  | GA                           |                             |                    |                    |                             |                      |                    |  |
| 12. Hawaii .....   | HI                           |                             |                    |                    |                             |                      |                    |  |
| 13. Idaho .....  | ID                           |                             |                    |                    |                             |                      |                    |  |
| 14. Illinois .....   | IL                           |                             |                    |                    |                             |                      |                    |  |
| 15. Indiana .....  | IN                           |                             |                    |                    |                             |                      |                    |  |
| 16. Iowa .....   | IA                           |                             |                    |                    |                             |                      |                    |  |
| 17. Kansas .....   | KS                           |                             |                    |                    |                             |                      |                    |  |
| 18. Kentucky .....   | KY                           |                             |                    |                    |                             |                      |                    |  |
| 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                           |                             |                    |                    |                             |                      |                    |  |
| 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                           |                             |                    |                    |                             |                      |                    |  |
| 45. Utah .....   | UT                           |                             |                    |                    |                             |                      |                    |  |
| 46. Vermont .....  | VT                           |                             |                    |                    |                             |                      |                    |  |
| 47. Virginia .....   | VA                           |                             |                    |                    |                             |                      |                    |  |
| 48. Washington .....   | WA                           |                             |                    |                    |                             |                      |                    |  |
| 49. West Virginia .....  | WV                           |                             |                    |                    |                             |                      |                    |  |
| 50. Wisconsin .....  | WI                           |                             |                    |                    |                             |                      |                    |  |
| 51. Wyoming .....  | WY                           |                             |                    |                    |                             |                      |                    |  |
| 52. American Samoa .....   | AS                           |                             |                    |                    |                             |                      |                    |  |
| 53. Guam .....   | GU                           |                             |                    |                    |                             |                      |                    |  |
| 54. Puerto Rico .....  | PR                           |                             |                    |                    |                             |                      |                    |  |
| 55. U.S. Virgin Islands .....  | VI                           |                             |                    |                    |                             |                      |                    |  |
| 56. Northern Mariana Islands .....   | MP                           |                             |                    |                    |                             |                      |                    |  |
| 57. Canada .....   | CAN                          |                             |                    |                    |                             |                      |                    |  |
| 58. Aggregate Other Aliens .....   | OT                           |                             |                    |                    |                             |                      |                    |  |
| 59. Totals .....   |                              |                             |                    |                    |                             |                      |                    |  |
| DETAILS OF WRITE-INS   |                              |                             |                    |                    |                             |                      |                    |  |
| 58001. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58002. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58003. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58998. Summary of remaining write-ins for Line 58 from overflow page ..... |                              |                             |                    |                    |                             |                      |                    |  |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....  |                              |                             |                    |                    |                             |                      |                    |  |

**NONE**



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2019 OF THE Healthcare Underwriters Group Inc.

Designate the type of health care providers reported on this page:

Other health care professionals, including dentists, chiropractors, and podiatrists

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

| States, etc.   | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Direct Losses Paid |                    | 5<br>Direct Losses Incurred | Direct Losses Unpaid |                    | 8<br>Direct Losses Incurred But Not Reported |
|--|------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|----------------------|--------------------|--|
|  |                              |                             | 3<br>Amount        | 4<br>No. of Claims |                             | 6<br>Amount Reported | 7<br>No. 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                           |                             |                    |                    |                             |                      |                    |  |
| 11. Georgia .....  | GA                           |                             |                    |                    |                             |                      |                    |  |
| 12. Hawaii .....   | HI                           |                             |                    |                    |                             |                      |                    |  |
| 13. Idaho .....  | ID                           |                             |                    |                    |                             |                      |                    |  |
| 14. Illinois .....   | IL                           |                             |                    |                    |                             |                      |                    |  |
| 15. Indiana .....  | IN                           |                             |                    |                    |                             |                      |                    |  |
| 16. Iowa .....   | IA                           |                             |                    |                    |                             |                      |                    |  |
| 17. Kansas .....   | KS                           |                             |                    |                    |                             |                      |                    |  |
| 18. Kentucky .....   | KY                           |                             |                    |                    |                             |                      |                    |  |
| 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                           |                             |                    |                    |                             |                      |                    |  |
| 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                           |                             |                    |                    |                             |                      |                    |  |
| 45. Utah .....   | UT                           |                             |                    |                    |                             |                      |                    |  |
| 46. Vermont .....  | VT                           |                             |                    |                    |                             |                      |                    |  |
| 47. Virginia .....   | VA                           |                             |                    |                    |                             |                      |                    |  |
| 48. Washington .....   | WA                           |                             |                    |                    |                             |                      |                    |  |
| 49. West Virginia .....  | WV                           |                             |                    |                    |                             |                      |                    |  |
| 50. Wisconsin .....  | WI                           |                             |                    |                    |                             |                      |                    |  |
| 51. Wyoming .....  | WY                           |                             |                    |                    |                             |                      |                    |  |
| 52. American Samoa .....   | AS                           |                             |                    |                    |                             |                      |                    |  |
| 53. Guam .....   | GU                           |                             |                    |                    |                             |                      |                    |  |
| 54. Puerto Rico .....  | PR                           |                             |                    |                    |                             |                      |                    |  |
| 55. U.S. Virgin Islands .....  | VI                           |                             |                    |                    |                             |                      |                    |  |
| 56. Northern Mariana Islands .....   | MP                           |                             |                    |                    |                             |                      |                    |  |
| 57. Canada .....   | CAN                          |                             |                    |                    |                             |                      |                    |  |
| 58. Aggregate Other Aliens .....   | OT                           |                             |                    |                    |                             |                      |                    |  |
| 59. Totals .....   |                              |                             |                    |                    |                             |                      |                    |  |
| DETAILS OF WRITE-INS   |                              |                             |                    |                    |                             |                      |                    |  |
| 58001. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58002. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58003. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58998. Summary of remaining write-ins for Line 58 from overflow page ..... |                              |                             |                    |                    |                             |                      |                    |  |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....  |                              |                             |                    |                    |                             |                      |                    |  |

**NONE**



SUPPLEMENT FOR THE QUARTER ENDING SEPTEMBER 30, 2019 OF THE Healthcare Underwriters Group Inc.

Designate the type of health care providers reported on this page:  
Other health care facilities

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

| States, etc.   | 1<br>Direct Premiums Written | 2<br>Direct Premiums Earned | Direct Losses Paid |                    | 5<br>Direct Losses Incurred | Direct Losses Unpaid |                    | 8<br>Direct Losses Incurred But Not Reported |
|--|------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|----------------------|--------------------|--|
|  |                              |                             | 3<br>Amount        | 4<br>No. of Claims |                             | 6<br>Amount Reported | 7<br>No. 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                           |                             |                    |                    |                             |                      |                    |  |
| 11. Georgia .....  | GA                           |                             |                    |                    |                             |                      |                    |  |
| 12. Hawaii .....   | HI                           |                             |                    |                    |                             |                      |                    |  |
| 13. Idaho .....  | ID                           |                             |                    |                    |                             |                      |                    |  |
| 14. Illinois .....   | IL                           |                             |                    |                    |                             |                      |                    |  |
| 15. Indiana .....  | IN                           |                             |                    |                    |                             |                      |                    |  |
| 16. Iowa .....   | IA                           |                             |                    |                    |                             |                      |                    |  |
| 17. Kansas .....   | KS                           |                             |                    |                    |                             |                      |                    |  |
| 18. Kentucky .....   | KY                           |                             |                    |                    |                             |                      |                    |  |
| 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                           |                             |                    |                    |                             |                      |                    |  |
| 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                           |                             |                    |                    |                             |                      |                    |  |
| 45. Utah .....   | UT                           |                             |                    |                    |                             |                      |                    |  |
| 46. Vermont .....  | VT                           |                             |                    |                    |                             |                      |                    |  |
| 47. Virginia .....   | VA                           |                             |                    |                    |                             |                      |                    |  |
| 48. Washington .....   | WA                           |                             |                    |                    |                             |                      |                    |  |
| 49. West Virginia .....  | WV                           |                             |                    |                    |                             |                      |                    |  |
| 50. Wisconsin .....  | WI                           |                             |                    |                    |                             |                      |                    |  |
| 51. Wyoming .....  | WY                           |                             |                    |                    |                             |                      |                    |  |
| 52. American Samoa .....   | AS                           |                             |                    |                    |                             |                      |                    |  |
| 53. Guam .....   | GU                           |                             |                    |                    |                             |                      |                    |  |
| 54. Puerto Rico .....  | PR                           |                             |                    |                    |                             |                      |                    |  |
| 55. U.S. Virgin Islands .....  | VI                           |                             |                    |                    |                             |                      |                    |  |
| 56. Northern Mariana Islands .....   | MP                           |                             |                    |                    |                             |                      |                    |  |
| 57. Canada .....   | CAN                          |                             |                    |                    |                             |                      |                    |  |
| 58. Aggregate Other Aliens .....   | OT                           |                             |                    |                    |                             |                      |                    |  |
| 59. Totals .....   |                              |                             |                    |                    |                             |                      |                    |  |
| DETAILS OF WRITE-INS   |                              |                             |                    |                    |                             |                      |                    |  |
| 58001. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58002. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58003. ....  |                              |                             |                    |                    |                             |                      |                    |  |
| 58998. Summary of remaining write-ins for Line 58 from overflow page ..... |                              |                             |                    |                    |                             |                      |                    |  |
| 58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above) .....  |                              |                             |                    |                    |                             |                      |                    |  |

**NONE**