



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF MARCH 31, 2020
OF THE CONDITION AND AFFAIRS OF THE

Healthcare Underwriters Group, Inc.

NAIC Group Code11541154NAIC Company Code12233Employer's ID Number74-3129288
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States

Incorporated/Organized11/30/2004Commenced Business12/14/2004

Statutory Home Office155 East Broad Street, Suite 300Columbus, OH, US 43215-3608
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative OfficeOne Financial Center, 13th Floor
(Street and Number)
Boston, MA, US 02111-2621617-330-1755
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressOne Financial Center, 13th FloorBoston, MA, US 02111-2621
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and RecordsOne Financial Center, 13th Floor
(Street and Number)
Boston, MA, US 02111-2621617-330-1755
(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.hugroupinc.com

Statutory Statement ContactMichael Richard Gabree617-428-9888
(Name)(Area Code) (Telephone Number)
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(E-mail Address)(FAX Number)

OFFICERS

Chief Executive Officer & President, ChairGregg Lee HansonTreasurerTodd Colin Mills

Vice ChairJoseph Gerard MurphyGeneral Counsel & SecretaryErin Brennan Bagley

OTHER

Jose Raul Zorola, Chief Underwriting OfficerWilliam Carl Ludwig, Vice President, Claims

DIRECTORS OR TRUSTEES

Gregg Lee HansonJoseph Gerard MurphyErin Brennan Bagley

Todd Colin MillsJose Raul Zorola

State ofMassachusettsSS:

County ofSuffolk

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, Chair

Joseph Gerard Murphy
Vice Chair

Todd Colin Mills
Treasurer

Subscribed and sworn to before me this
day of

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	18,718,639		18,718,639	18,462,936
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 (\$6,808,514), cash equivalents (\$704,997) and short-term investments (\$)	7,513,512		7,513,512	6,403,313
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)	26,232,151		26,232,151	24,866,249
13. Title plants less \$ charged off (for Title insurers only)				
14. Investment income due and accrued	124,747		124,747	112,876
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	212,959	4,548	208,411	434,100
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	1,711,563		1,711,563	1,722,794
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,655,791		1,655,791	2,848,491
16.2 Funds held by or deposited with reinsured companies				
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	19,242		19,242	49,820
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	8,720	2,326	6,394	7,772
21. Furniture and equipment, including health care delivery assets (\$)	25,987	25,987		
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$) and other amounts receivable				
25. Aggregate write-ins for other than invested assets	1,000		1,000	1,000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	29,992,160	32,861	29,959,299	30,043,101
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. Total (Lines 26 and 27)	29,992,160	32,861	29,959,299	30,043,101
DETAILS OF WRITE-INS				
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				
2502. Amounts Receivable-Deductibles	1,000		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)	1,000		1,000	1,000

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, 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	196,739	170,893
5. Other expenses (excluding taxes, licenses and fees)	553	251,707
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	53,962	45,140
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses))		
7.2 Net deferred tax liability	128,937	83,941
8. Borrowed money \$ and interest thereon \$		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$7,876,394 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	144,192	338,969
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	4,361,793	4,417,558
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	450,373	419,760
20. Derivatives		
21. Payable for securities	198,758	
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	88,306	87,042
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	5,623,613	5,815,010
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	5,623,613	5,815,010
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	15,454,672
35. Unassigned funds (surplus)	694,966	587,372
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)	24,335,685	24,228,091
38. Totals (Page 2, Line 28, Col. 3)	29,959,299	30,043,101
DETAILS OF WRITE-INS		
2501. Miscellaneous Liabilities	4,766	10,665
2502. Amounts Payable Assessment	50,086	76,377
2503. Unallocated Cash	33,455	
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	88,306	87,042
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 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 2,778,863)	3,084,094	3,492,429	11,947,948
1.2 Assumed (written \$ 0)		1,308,956	(8,628,430)
1.3 Ceded (written \$ 2,778,863)	3,084,094	4,801,385	3,319,518
1.4 Net (written \$)			
DEDUCTIONS:			
2. Losses incurred (current accident year \$)::			
2.1 Direct	1,336,030	815,838	5,409,382
2.2 Assumed		503,948	(5,448,975)
2.3 Ceded	1,336,030	1,319,786	(39,593)
2.4 Net			
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions			
6. Total underwriting deductions (Lines 2 through 5)			
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)			
INVESTMENT INCOME			
9. Net investment income earned	120,818	140,460	537,625
10. Net realized capital gains (losses) less capital gains tax of \$ (1,963)	7,382	(4,313)	192,201
11. Net investment gain (loss) (Lines 9 + 10)	128,201	136,147	729,826
OTHER INCOME			
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	1,702	4,153	12,665
15. Total other income (Lines 12 through 14)	1,702	4,153	12,665
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	129,903	140,300	742,491
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)	129,903	140,300	742,491
19. Federal and foreign income taxes incurred	(21,205)	30,257	152,876
20. Net income (Line 18 minus Line 19)(to Line 22)	151,108	110,043	589,615
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	24,228,091	22,562,964	22,562,966
22. Net income (from Line 20)	151,108	110,043	589,615
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	(44,996)	22,705	88,812
27. Change in nonadmitted assets	1,483	3,099	(22,288)
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
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
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)	107,594	135,847	1,665,125
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	24,335,685	22,698,811	24,228,091
DETAILS OF WRITE-INS			
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	1,702	4,153	12,665
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)	1,702	4,153	12,665
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)			

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	7,600	(847,573)	(1,530,524)
2. Net investment income	122,780	156,643	584,604
3. Miscellaneous income	1,702	4,153	12,665
4. Total (Lines 1 to 3)	132,082	(686,777)	(933,255)
5. Benefit and loss related payments	(1,192,701)	1,005,544	(4,022,733)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	206,961	235,852	329,947
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(49,820)	(124,501)	77,334
10. Total (Lines 5 through 9)	(1,035,560)	1,116,895	(3,615,451)
11. Net cash from operations (Line 4 minus Line 10)	1,167,641	(1,803,672)	2,682,196
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	290,750	4,087,529	8,781,020
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			
12.7 Miscellaneous proceeds	198,758	2,807	
12.8 Total investment proceeds (Lines 12.1 to 12.7)	489,508	4,090,336	8,781,020
13. Cost of investments acquired (long-term only):			
13.1 Bonds	550,040	1,871,246	7,383,546
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)	550,040	1,871,246	7,383,546
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)	(60,532)	2,219,090	1,397,474
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			1,008,986
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
16.6 Other cash provided (applied)	3,090	725,405	(380,992)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	3,090	725,405	627,995
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	1,110,199	1,140,823	4,707,665
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	6,403,313	1,695,648	1,695,648
19.2 End of period (Line 18 plus Line 19.1)	7,513,512	2,836,471	6,403,313

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

20.0001.			
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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 #	03/31/2020	12/31/2019
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 151,108	\$ 589,615
(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>\$ 151,108</u>	<u>\$ 589,615</u>
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 24,335,685	\$ 24,228,091
(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>\$ 24,335,685</u>	<u>\$ 24,228,091</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 - No Significant Changes

4. Discontinued Operations - Not Applicable

Quarterly Statement as of March 31, 2020 of the HEALTHCARE UNDERWRITERS GROUP, INC.

Notes to the Financial Statements

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 OTTI 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:

a. The aggregate amount of unrealized losses:	
1. Less than 12 months	\$ 2,135
2. 12 months or longer	720
b. The aggregate related fair value of securities with unrealized losses:	
1. Less than 12 months	\$ 814,210
2. 12 months or longer	61,884

(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 March 31, 2020 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	1,101,840	.....	.....	.....	1,101,840	1,102,130	(290)	.....	1,101,840	.....	.....
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
o. Total restricted assets	\$ 1,101,840	\$	\$	\$	\$ 1,101,840	\$ 1,102,130	\$ (290)	\$	\$ 1,101,840	%	%

- (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) - Not Applicable
- (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. 5GI Securities - Not Applicable
- P. Short Sales - Not Applicable
- Q. Prepayment Penalty and Acceleration Fees - Not Applicable

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

7. Investment Income - Not Applicable

8. Derivative Instruments - Not Applicable

9. Income Taxes - No Significant Changes

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. Nature of Relationships - No Significant Changes
- B. Detail of Transactions Greater Than 0.5% of Admitted Assets - No Significant Changes

Notes to the Financial Statements

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties (Continued)

C. Amount of Transactions & Effects of Change in Terms of Intercompany Arrangements

Effective as of January 1, 2020, the Coverys Companies amended their intercompany reinsurance arrangement. Healthcare Underwriters Group, Inc. (HU) cedes, and Medical Professional Mutual Insurance Company (MPMIC) reinsures, a one hundred percent (100%) quota share of the net underwriting assets and liabilities of HU under all policies written by HU subsequent to the effective date (inclusive). This cession occurs prior to application of any Coverys Enterprise Reinsurance Program and applies only subsequent to all other Third Party Reinsurance. The liability of MPMIC with respect to each cessionr commences obligatorily and simultaneously with that of HU, subject to the terms, conditions and limitations set forth. Furthermore, MPMIC assumes the credit risk, including any form of default, in any way associated with all reinsurance recoverable balances due from Third Party Reinsurers.

Prior to January 1, 2020, the Company maintained a 100% quota share agreement with Medical Professional Mutual Insurance Company (MPMIC), where HU ceded all net premiums, losses, loss adjustment and underwriting expenses to MPMIC.

D. Amounts Due To or From Related Parties - No Significant Changes

E. Guarantees or Contingencies - Not Applicable

F. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes

G. Nature of Relationships that Could Affect Operations - No Significant Changes

H. Amount Deducted for Investment in Upstream Company - Not Applicable

I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable

J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable

K. Foreign Subsidiary Value Using CARVM - Not Applicable

L. Downstream Holding Company Value Using Look-Through Method - Not Applicable

M. All SCA Investments - Not Applicable

N. Investment in Insurance SCAs - Not Applicable

O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

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 \$13,383 through the first quarter of 2020, and \$43,821 for the year ending December 31, 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 - No Significant Changes

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				88,203	88,203
Total assets at fair value/NAV	\$	\$	\$	88,203	88,203
b. Liabilities at fair value					
Total liabilities at fair value	\$	\$	\$	\$	\$

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

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

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

(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	\$ 19,406,181	\$ 18,718,639		\$ 19,406,181		\$	\$
Cash, cash equivalents and Cash, cash equivalents and short-term investments	7,513,512	7,513,512	7,513,512				

D. Not Practicable to Estimate Fair Value - Not Applicable

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

21. Other Items

A. Special Disability Trust Fund Disclosure, Florida Statutes 625.091

1. The Company took no credit in loss reserves for anticipated recoveries from the Special Disability Trust Fund for the quarter ending March 31, 2020 and year ending December 31, 2019.
2. The Company received no payments from the Special Disability Trust Fund during the quarter ending March 31, 2020 and year ending December 31, 2019.
3. The Company had no assessments by the Special Disability Trust Fund during the quarter ending March 31, 2020 and year ending December 31, 2019.

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

22. Events Subsequent

The spread of COVID-19, which was declared by the World Health Organization to be a pandemic on March 11, 2020, and actions taken globally in response to it have disrupted business activities throughout the world. The Company is closely monitoring the impact of COVID-19 on all aspects of its business and operations. Specifically, the Company’s business could experience losses resulting from COVID-19 related impacts as a result of complete or partial closure of its policyholders’ facilities, labor shortages, increased cybersecurity risk as well as unforeseen perils. The Company may experience reductions in premium volume, delays in collection of premiums and an increase in COVID-19 related claims. As a result of a pandemic and other factors, the Company could also experience losses in its investment portfolio as a result of volatile markets. Management is taking actions it considers prudent to minimize the impact on the Company’s operations. However, given the ongoing uncertainty surrounding the duration, magnitude and geographic reach of COVID-19, the Company continues to evaluate the impact of COVID-19 on its business and operations.

Subsequent to March 31, 2020, the Company has started granting certain premium relief requests as a result of COVID-19, most often in the form of premium deferrals. These premium relief efforts are intended for insureds adversely impacted by the COVID-19 pandemic and to adjust for changes in exposures given payroll reductions, suspension of elective medical procedures and general reduction in non-COVID-19 healthcare consumption. The Company is evaluating each request on an individual basis, considering a number of factors; however, it is unable to predict the impact that premium relief efforts will have on its financial condition, results of operations and cash flows.

Notes to the Financial Statements

22. Events Subsequent (Continued)

On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted in response to the COVID-19 pandemic. The CARES Act includes tax provisions relevant to businesses that during 2020 will impact taxes related to 2018 and 2019. Some of the significant changes are reducing the interest expense disallowance for 2019 and 2020, allowing the five-year carryback of net operating losses for 2018-2020, suspension of the 80% limitation of taxable income for net operating loss carryforwards for 2018-2020, and the acceleration of depreciation expense from 2018 and forward on qualified improvement property. The Company is required to recognize the effect on the financial statements in the period the law was enacted, which is 2020. At this time, for 2018 and 2019, the Company does not expect the impact of the CARES Act on the Company's financial position or results of operations to be material.

The Company has not experienced any other significant Type I or Type II subsequent events requiring adjustment or disclosure.

Subsequent events have been considered through May 14, 2020 for the statutory statement issued on May 14, 2020.

23. Reinsurance - No Significant Changes

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - Not Applicable
- B. Method Used to Record - Not Applicable
- C. Amount and Percent of Net Retrospective Premiums - Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - Not Applicable
- E. Calculation of Nonadmitted Retrospective Premium - Not Applicable
- F. Risk-Sharing Provisions of the Affordable Care Act (ACA)

- (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions

Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?
NO

- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - Not Applicable
- (5) ACA risk corridors receivable as of reporting date - 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 - Not Applicable

31. High Deductibles

- A. Reserve Credit Recorded on Unpaid Claims and Amount Billed and Recoverable on Paid Claims for High Deductibles

- (1) Counter party exposure recorded on unpaid claims and billed recoverables on paid claims

Annual Statement Line of Business (ASL)		(3)	(4)	(5)	(6)
(1)	(2)				Total High Deductibles and Billed Recoverables (Col 4 + Col 5)
ASL #	ASL Description	Gross (of High Deductible) Loss Reserves	Reserve Credit for High Deductibles	Billed Recoverables on Paid Claims	
11.2.....	Medical Professional Liability - Claims Made.....	\$..... –	\$..... –	\$..... 1,000	\$..... 1,000
Total.....		<u>\$..... –</u>	<u>\$..... –</u>	<u>\$..... 1,000</u>	<u>\$..... 1,000</u>

- (2) Unsecured amounts of high deductibles

- a. Total high deductibles and billed recoverables on paid claims (should equal total line for Column 6 for A(1) above)..... \$..... 1,000
- b. Collateral on balance sheet (must be equal to or greater than zero).....
- c. Collateral off balance sheet (must be equal to or greater than zero).....
- d. Total unsecured deductibles and billed recoverables on paid claims d=a-(b+c) (must be equal to or greater than zero)..... 1,000
- e. Percentage unsecured.....100.000%

- (3) High Deductible Recoverables Amounts on Paid Claims - None

Notes to the Financial Statements

31. High Deductibles (Continued)

(4) The deductible amounts for the highest ten unsecured high deductible policies

Counterparty Ranking	Top Ten Unsecured High Deductible Amounts
Counterparty 1	\$ 1,000
Counterparty 2
Counterparty 3
Counterparty 4
Counterparty 5
Counterparty 6
Counterparty 7
Counterparty 8
Counterparty 9
Counterparty 10

B. Unsecured High Deductible Recoverables for Individual Obligors Part of a Group Under the Same Management or Control Which Are Greater Than 1% of Capital and Surplus - None

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 MARCH 31, 2020 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 [X]
- 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 [X]
- 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?

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

Yes [X] No []
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [X] No []
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
Effective January 1, 2020, Coverys Reseach and Development Corporation merged with and into ProSelect Insurance Company. Effective January 8, 2020, Coverys European Holdings Limited acquired AEC Underwriting Agency Insurance and Reinsurance S.p.A. and its subsidiaries. Effective January 15, 2020, ProMutual Group Inc.'s ownership interest in Archway Health Holding, LLC increased to 79.7%.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [] No [X]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]
- 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 | 2 | 3 |
| Name of Entity | NAIC Company Code | State of Domicile |
| | | |
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

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

12/31/2018
- 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).

02/11/2020
- 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 [X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [] No [] N/A [X]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

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

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

STATEMENT AS OF MARCH 31, 2020 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?
(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.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

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

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

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

\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [X] No []
- 11.2

If yes, give full and complete information relating thereto:
State deposit requirements
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
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 [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [] N/A []
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 MARCH 31, 2020 OF THE Healthcare Underwriters Group, Inc.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

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

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

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

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []
- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
151829	PNC Capital Advisors, LLC	549300WVB7V48QCY3U49	Securities Exchange Commission	DS.....
105900	New England Asset Management, Inc.	KUR85E5PS4GQFZTFC130	Securities Exchange Commission	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. 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.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. 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.
- d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]
21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

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?
If yes, attach an explanation.

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

Yes [] No [X]
- 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:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	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 []

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE						

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....AL	N						
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	1,761,463	1,936,670	250,000	300,500	8,632,332	7,259,526
11. Georgia.....GA	N						
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	N						
15. Indiana.....IN	L		9,456			103,868	41,223
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	L	488,715	494,256	50,000	449,000	5,457,296	3,928,333
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	528,685	727,191	124,000	1,165,000	3,082,188	2,556,401
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		(14,124)			25,294	67,123
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	2,778,863	3,153,449	424,000	1,914,500	17,300,979	13,852,606
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).....

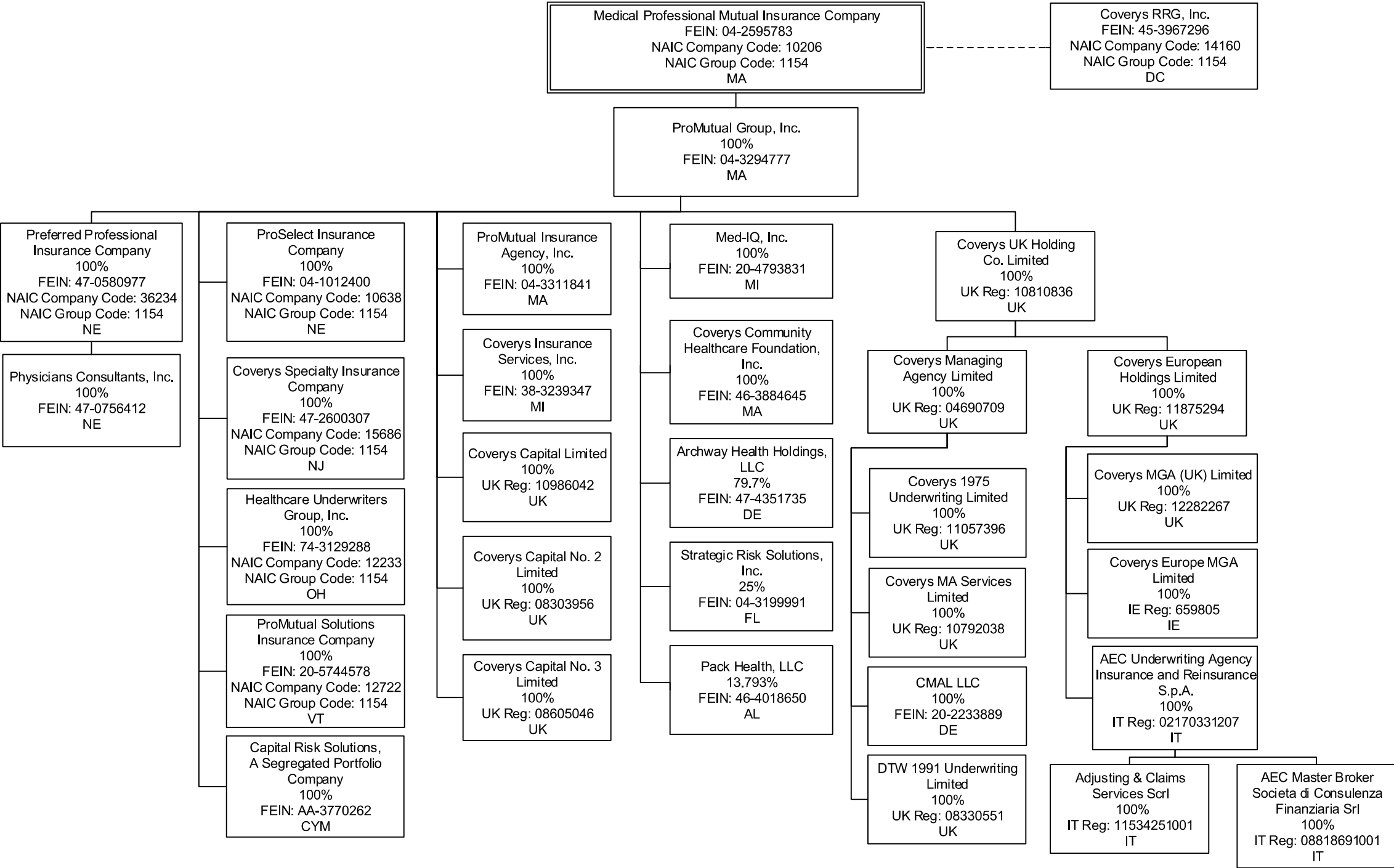
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....

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 MARCH 31, 2020 OF THE Healthcare Underwriters Group, Inc.
SCHEDULE Y PART 1
ORGANIZATIONAL CHART



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

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percent- age	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Y/N)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Relation- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
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	14160	45-3967296				Coverys RRG, Inc.	DC	OTH	Medical Professional Mutual Insurance Company	Management	0.000	Medical Professional Mutual Insurance Company	N	1
1154	Coverys	12722	20-5744578				ProMutual Solutions Insurance Company	VT	IA	ProMutual Group, Inc.	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	2
	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	2
	Coverys		46-3884645				Coverys Community Healthcare Foundation, Inc.	MA	NIA	ProMutual Group, Inc.	Ownership	100.000	Medical Professional Mutual Insurance Company	N	0
	Coverys		47-4351735				Archway Health Holdings, LLC	MA	NIA	ProMutual Group, Inc.	Ownership	79.700	Medical Professional Mutual Insurance Company	N	0
	Coverys		04-3199991				Strategic Risk Solutions, Inc.	FL	NIA	ProMutual Group, Inc.	Ownership	25.000	Medical Professional Mutual Insurance Company	N	0
	Coverys		20-4793831				Med-IQ, Inc.	MI	NIA	ProMutual Group, Inc.	Ownership	100.000	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	2
	Coverys						Coverys Managing Agency Limited	GBR	NIA	Coverys UK Holding Co. Limited	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys						Coverys 1975 Underwriting Limited	GBR	NIA	Coverys Managing Agency Limited	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys						Coverys MA Services Limited	GBR	NIA	Coverys Managing Agency Limited	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys		20-2233889				CMAL 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	2
	Coverys		46-4018650				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	2
	Coverys						Coverys Capital No. 3 Limited	GBR	NIA	ProMutual Group, Inc.	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys						Coverys European Holdings Limited	GBR	NIA	Coverys UK Holding Co. Limited	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.....	Coverys .....	.....	.....	.....	.....	.....	Coverys MGA (UK) Limited .....	..GBR.....	..NIA.....	Coverys European Holdings Limited	Ownership.....	100.000	Medical Professional Mutual Insurance Company .....	..N.....	..2
.....	Coverys .....	.....	.....	.....	.....	.....	Coverys Europe MGA Limited .....	..IRL.....	..NIA.....	Coverys European Holdings Limited	Ownership.....	100.000	Medical Professional Mutual Insurance Company .....	..N.....	..2
.....	Coverys .....	.....	.....	.....	.....	.....	AEC Underwriting Agency Insurance and Reinsurance S.p.A. ....	..ITA.....	..NIA.....	Coverys European Holdings Limited	Ownership.....	100.000	Medical Professional Mutual Insurance Company .....	..N.....	..2
.....	Coverys .....	.....	.....	.....	.....	.....	Adjusting and Claims Services Scrl .....	..ITA.....	..NIA.....	AEC Underwriting Agency Insurance and Reinsurance S.p.A.	Ownership.....	100.000	Medical Professional Mutual Insurance Company .....	..N.....	..2
.....	Coverys .....	.....	.....	.....	.....	.....	AEC Master Broker Societa di Consulenza Finanziaria Srl .....	..ITA.....	..NIA.....	AEC Underwriting Agency Insurance and Reinsurance S.p.A.	Ownership.....	100.000	Medical Professional Mutual Insurance Company .....	..N.....	..2

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

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire				
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	71,418	30,938	43.3	36.8
11.2	Medical professional liability - claims-made	3,012,676	1,305,091	43.3	23.2
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	3,084,094	1,336,030	43.3	23.4
DETAILS OF WRITE-INS					
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	2	3
		Current Quarter	Current Year to Date	Prior Year 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	69,925	69,925	38,063
11.2	Medical professional liability - claims-made	2,708,938	2,708,938	3,115,386
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	2,778,863	2,778,863	3,153,449
DETAILS OF WRITE-INS				
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 MARCH 31, 2020 OF THE Healthcare Underwriters Group, Inc.

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2020 Loss and LAE Payments on Claims Reported as of Prior Year-End	2020 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2020 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2017 + Prior													
2. 2018													
3. Subtotals 2018 + Prior													
4. 2019													
5. Subtotals 2019 + Prior													
6. 2020	XXX	XXX	XXX	XXX			XXX				XXX	XXX	XXX
7. Totals													
8. Prior Year-End Surplus As Regards Policyholders	24,228										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		

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.

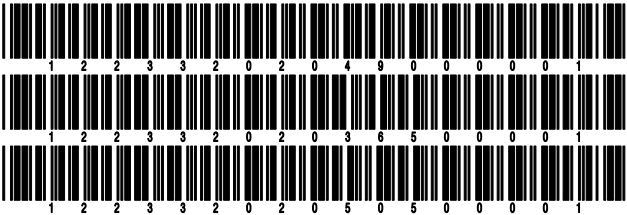
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	YES
3. Will the Medicare Part D Coverage Supplement be filed with the state 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]
- 3. Medicare Part D Coverage Supplement [Document Identifier 365]
- 4. Director and Officer Supplement [Document Identifier 505]



STATEMENT AS OF MARCH 31, 2020 OF THE Healthcare Underwriters Group, Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (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 Current Statement Date	2 December 31, Prior Year
2504. -		
2597. Summary of remaining write-ins for Line 25 from overflow page		

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended 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)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended 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 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)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended 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)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	18,462,936	19,666,173
2. Cost of bonds and stocks acquired	550,040	7,383,546
3. Accrual of discount	4,514	19,590
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	9,345	231,589
6. Deduct consideration for bonds and stocks disposed of	290,750	8,781,622
7. Deduct amortization of premium	17,446	56,942
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		602
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	18,718,639	18,462,936
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	18,718,639	18,462,936

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	17,885,635	251,300	206,605	(372,435)	17,557,895			17,885,635
2. NAIC 2 (a)	577,301	298,740	74,800	359,503	1,160,744			577,301
3. NAIC 3 (a)								
4. NAIC 4 (a)								
5. NAIC 5 (a)								
6. NAIC 6 (a)								
7. Total Bonds	18,462,936	550,040	281,404	(12,932)	18,718,639			18,462,936
PREFERRED STOCK								
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	18,462,936	550,040	281,404	(12,932)	18,718,639			18,462,936

(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 \$; NAIC 2 \$; NAIC 3 \$ NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals		XXX			

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		30,003
2. Cost of short-term investments acquired		148,498
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		178,498
7. Deduct amortization of premium		3
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)		
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		

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	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	632,812	720,022
2. Cost of cash equivalents acquired	317,878	3,116,902
3. Accrual of discount		
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	245,693	3,204,112
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. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	704,997	632,812
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	704,997	632,812

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

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
023608-AJ-1	AMEREN CORP		.03/31/2020	CHASE SECURITIES		99,763	100,000		2FE
25746U-DG-1	DOMINION ENERGY INC		.03/31/2020	US BANCORP INVESTMENTS INC		98,995	100,000		2FE
68902V-AB-3	OTIS WORLDWIDE CORP 144A		.02/19/2020	SMITH BARNEY INC		99,982	100,000		2FE
69351U-AW-3	PPL ELEC UTILS CORP		.02/12/2020	SMITH BARNEY INC		251,300	250,000	3,292	1FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						550,040	550,000	3,292	XXX
8399997. Total - Bonds - Part 3						550,040	550,000	3,292	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX
8399999. Total - Bonds						550,040	550,000	3,292	XXX
8999997. Total - Preferred Stocks - Part 3							XXX		XXX
8999998. Total - Preferred Stocks - Part 5						XXX	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	XXX
9799999. Total - Common Stocks							XXX		XXX
9899999. Total - Preferred and Common Stocks							XXX		XXX
9999999 - Totals						550,040	XXX	3,292	XXX

STATEMENT AS OF MARCH 31, 2020 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	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation and Admini- strative Symbol	
.3131XR-7L-2	FHLMC MBS 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		4,301	4,301	4,378	4,378			(78)	(78)		4,301				25	07/01/2045	1	
.3128PT-GQ-2	FHLMC PC GOLD 15 YR		03/16/2020	PRINCIPAL RECEIPT		530		557	552			(22)			530				3	12/01/2025	1	
.3128MJ-AW-0	FHLMC PC GOLD COMB 30		03/16/2020	PRINCIPAL RECEIPT		96	96	108	107			(12)	(12)		96				1	11/01/2034	1	
.312933-WQ-3	FHLMC PC GOLD COMB 30		03/16/2020	PRINCIPAL RECEIPT		888	888	991	986			(98)			888				7	06/01/2039	1	
.312936-NA-1	FHLMC PC GOLD COMB 30		03/16/2020	PRINCIPAL RECEIPT		440	440	487	486			(46)	(46)		440				3	10/01/2039	1	
.3132A7-NE-7	FHLMC SUPER 15Y FIXED		03/25/2020	PRINCIPAL RECEIPT		2,719	2,719	2,799	2,799			(80)			2,719				11	04/01/2028	1	
.3132A9-NB-9	FHLMC SUPER 15Y FIXED		03/25/2020	PRINCIPAL RECEIPT		591	591	602	602			(11)	(11)		591				2	05/01/2028	1	
.3132A9-NH-6	FHLMC SUPER 15Y FIXED		03/25/2020	PRINCIPAL RECEIPT		2,007	2,007	2,062	2,062			(55)	(55)		2,007				8	07/01/2028	1	
.3132A9-O2-6	FHLMC SUPER 15Y FIXED		03/25/2020	PRINCIPAL RECEIPT		478	478	484	484			(6)	(6)		478				2	07/01/2030	1	
.3132A9-PP-4	FHLMC SUPER 15Y FIXED		03/25/2020	PRINCIPAL RECEIPT		1,441	1,441	1,500	1,500			(59)	(59)		1,441				7	01/01/2031	1	
.3132A4-RV-2	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		1,144	1,144	1,190	1,191			(46)	(46)		1,144				6	03/01/2045	1	
.3132A5-AQ-8	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		1,921	1,921	1,992	1,992			(71)	(71)		1,921				9	04/01/2043	1	
.3132A5-B2-0	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		1,917	1,917	2,074	2,076			(159)	(159)		1,917				13	03/01/2044	1	
.3132A5-BA-2	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		547	547	591	591			(44)	(44)		547				3	10/01/2043	1	
.3132A5-EP-6	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		5,106	5,106	5,322	5,325			(219)	(219)		5,106				29	12/01/2045	1	
.3132A5-EY-7	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		3,111		3,286	3,288			(177)	(177)		3,111				18	03/01/2046	1	
.3132AA-QW-7	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		347	347	383	384			(37)	(37)		347				2	05/01/2042	1	
.3132AA-YY-0	FHLMC SUPER 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		4,635	4,635	4,778	4,778			(143)	(143)		4,635				29	05/01/2046	1	
.313290-N6-4	FHLMC UMBS 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		55,258	55,258	57,253	57,210			(1,952)	(1,952)		55,258				354	04/01/2049	1	
.3131X6-MG-2	FHLMC UMBS 15Y FIXED		03/25/2020	PRINCIPAL RECEIPT		1,321	1,321	1,371	1,371			(51)	(51)		1,321				8	03/01/2026	1	
.3131X6-Z3-7	FHLMC UMBS 15Y FIXED		03/25/2020	PRINCIPAL RECEIPT		390	390	408	408			(17)	(17)		390				2	08/01/2026	1	
.3131WR-FX-8	FHLMC UMBS 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		1,025	1,025	1,098	1,099			(73)	(73)		1,025				6	01/01/2041	1	
.3131Y2-6B-9	FHLMC UMBS 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		24,209	24,209	24,440	24,448			(238)	(238)		24,209				164	09/01/2048	1	
.31329J-FJ-1	FHLMC UMBS 30Y FIXED		03/25/2020	PRINCIPAL RECEIPT		154	154	165	165			(11)	(11)		154				1	10/01/2040	1	
.3138X3-EH-1	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		363	363	366	366			(3)	(3)		363				2	08/01/2043	1	
.31402R-DD-8	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		135	135	154	153			(18)	(18)		135				1	05/01/2035	1	
.3140HA-C9-9	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		30,625	30,625	30,979	30,910			(284)	(284)		30,625				236	01/01/2048	1	
.3138A5-AP-7	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,190	1,190	1,246	1,236			(46)	(46)		1,190				7	01/01/2026	1	
.3138A7-GY-8	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		480	480	504	500			(19)	(19)		480				3	02/01/2026	1	
.3138EG-AB-0	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		12,626	12,626	13,116	13,030			(403)	(403)		12,626				73	02/01/2026	1	
.3138EG-CS-9	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		8,461	8,461	8,746	8,725			(264)	(264)		8,461				43	09/01/2030	1	
.3138IJ-DM-7	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		3,985	3,985	3,957	3,959			26	26		3,985				17	10/01/2031	1	
.3138WP-JG-0	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		226	226	231	230			(4)	(4)		226				1	04/01/2028	1	
.31416W-6R-8	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		2,294	2,294	2,411	2,389			(95)	(95)		2,294				12	11/01/2025	1	
.31417A-RG-6	FNMA PASS-THRU INT 15 YEAR		03/25/2020	PRINCIPAL RECEIPT		241	241	250	249			(8)	(8)		241				1	12/01/2026	1	
.3138AB-BY-4	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		326	326	361	360			(34)	(34)		326				2	04/01/2041	1	
.3138EO-RA-9	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,692	1,692	1,792	1,788			(96)	(96)		1,692				9	12/01/2041	1	
.3138EH-BB-7	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		318	318	365	364			(45)	(45)		318				3	10/01/2041	1	
.3138MS-LN-7	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		888	888	922	921			(33)	(33)		888				5	08/01/2042	1	
.3138W9-BG-4	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,171	1,171	1,202	1,201			(30)	(30)		1,171				6	07/01/2043	1	
.3138W9-BN-9	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		778	778	810	810			(32)	(32)		778				4	07/01/2043	1	
.3138X3-EJ-7	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,706	1,706	1,721	1,721			(15)	(15)		1,706				8	08/01/2043	1	
.31402Q-YH-8	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,016	1,016	1,135	1,124			(108)	(108)		1,016				7	12/01/2034	1	
.31416M-3A-0	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,304	1,304	1,414	1,413			(109)	(109)		1,304				8	04/01/2039	1	
.31417C-VM-4	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		539	539	563	563			(24)	(24)		539				3	08/01/2042	1	
.31417D-GB-3	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,736	1,736	1,793	1,791			(55)	(55)		1,736				8	10/01/2042	1	
.31417G-3T-1	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		2,241	2,241	2,329	2,324			(83)	(83)		2,241				10	07/01/2043	1	
.31417V-N6-6	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		922	922	1,021	1,019			(97)	(97)		922				7	12/01/2039	1	
.31418C-BF-0	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		13,994	13,994	13,581	13,594			400	400		13,994				69	09/01/2046	1	
.31419A-G2-7	FNMA PASS-THRU LNG 30 YEAR		03/25/2020	PRINCIPAL RECEIPT		1,478	1,478	1,581	1,576			(99)	(99)		1,478				10	08/01/2040	1	
3199999. Subtotal - Bonds - U.S. Special Revenues						205,313	205,313	210,873	210,596			(5,283)	(5,283)		205,313				1,270	XXX	XXX	
.126408-HJ-5	CSX CORP		03/03/2020	SMITH BARNEY INC		84,145	75,000	74,760	74,796			4	4		74,800		9,345		9,345	1,457	03/01/2028	2FE
.86212V-AD-6	STORE MSTR FDG I-VII 2018-1 144A		03/20/2020	PRINCIPAL RECEIPT		1,291	1,291	1,291	1,291						1,291				9	10/20/2048	1FE	
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						85,436	76,291	76,051	76,087			4	4		76,091			9,345	9,345	1,465	XXX	XXX
8399997. Total - Bonds - Part 4						290,750	281,605	286,923	286,683			(5,279)	(5,279)		281,404			9,345	9,345	2,735	XXX	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

E05

STATEMENT AS OF MARCH 31, 2020 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	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation and Admini- strative Symbol
8399999. Total - Bonds						290,750	281,605	286,923	286,683		(5,279)		(5,279)		281,404		9,345	9,345	2,735	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	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	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks							XXX													XXX	XXX
9899999. Total - Preferred and Common Stocks							XXX													XXX	XXX
9999999 - Totals						290,750	XXX	286,923	286,683		(5,279)		(5,279)		281,404		9,345	9,345	2,735	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open

N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

N O N E

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING MARCH 31, 2020 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 Direct Premiums Written	2 Direct Premiums Earned	Direct Losses Paid		5 Direct Losses Incurred	Direct Losses Unpaid		8 Direct Losses Incurred But Not Reported
			3 Amount	4 No. of Claims		6 Amount Reported	7 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	1,761,463	1,716,189	250,000	1	743,453	7,365,000	68	1,266,426
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN						50,000	2	53,868
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY	488,715	498,857	50,000	1	216,105	4,915,000	49	542,033
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	528,685	810,730	124,000	2	351,208	1,841,000	27	1,240,760
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		58,319			25,264		1	25,264
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	2,778,863	3,084,094	424,000	4	1,336,030	14,171,000	147	3,128,350
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 MARCH 31, 2020 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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
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 MARCH 31, 2020 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

			1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			Direct Premiums Written	Direct Premiums Earned	3	4	Direct Losses Incurred	6	7	Direct Losses Incurred But Not Reported
States, etc.					Amount	No. of Claims		Amount Reported	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.	Nothern 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 MARCH 31, 2020 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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
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