



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

# QUARTERLY STATEMENT

AS OF JUNE 30, 2020

OF THE CONDITION AND AFFAIRS OF THE

## Healthcare Underwriters Group, Inc.

NAIC Group Code 1154 1154 NAIC Company Code 12233 Employer's ID Number 74-3129288  
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States

Incorporated/Organized 11/30/2004 Commenced Business 12/14/2004

Statutory Home Office 155 East Broad Street, Suite 300, Columbus, OH, US 43215-3608  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office One Financial Center, 13th Floor  
(Street and Number)  
Boston, MA, US 02111-2621, 617-330-1755  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records One Financial Center, 13th Floor  
(Street and Number)  
Boston, MA, US 02111-2621, 617-330-1755  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.hugroupinc.com

Statutory Statement Contact Michael Richard Gabree, 617-428-9888  
(Name) (Area Code) (Telephone Number)  
mgabree@coverys.com, 617-526-0384  
(E-mail Address) (FAX Number)

### OFFICERS

Chief Executive Officer & President, Chair Gregg Lee Hanson Treasurer Todd Colin Mills  
Vice Chair Joseph Gerard Murphy General Counsel & Secretary Erin Brennan Bagley

### OTHER

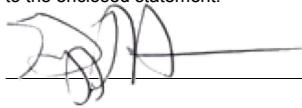
Jose Raul Zorola, Chief Underwriting Officer William Carl Ludwig, Vice President, Claims

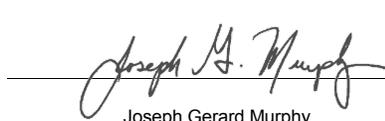
### DIRECTORS OR TRUSTEES

Gregg Lee Hanson Joseph Gerard Murphy Erin Brennan Bagley  
Todd Colin Mills Jose Raul Zorola

State of Massachusetts SS:  
County of Suffolk

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 \_\_\_\_\_ August, 2020

- 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.....

## STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	13,252,743		13,252,743	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 (\$ .....774,639 ), cash equivalents (\$ .....1,133,182 ) and short-term investments (\$ ..... ) .....	1,907,822		1,907,822	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) .....	15,160,565		15,160,565	24,866,249
13. Title plants less \$ ..... charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	90,087		90,087	112,876
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	920,260	47,723	872,537	434,100
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....	1,290,262		1,290,262	1,722,794
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,759,801		1,759,801	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 .....				49,820
18.2 Net deferred tax asset .....				
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	6,866	1,850	5,017	7,772
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	23,703	23,703		
22. Net adjustment in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....	6,977		6,977	
24. Health care (\$ ..... ) and other amounts receivable .....				
25. Aggregate write-ins for other than invested assets .....	4,000	1,000	3,000	1,000
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	19,262,522	74,275	19,188,246	30,043,101
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27)	19,262,522	74,275	19,188,246	30,043,101
<b>DETAILS OF WRITE-INS</b>				
1101. - .....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)				
2501. Other Prepaid Expense .....				
2502. Amounts Receivable-Deductibles .....	4,000	1,000	3,000	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)	4,000	1,000	3,000	1,000

## STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... )		
2. Reinsurance payable on paid losses and loss adjustment expenses		
3. Loss adjustment expenses		
4. Commissions payable, contingent commissions and other similar charges	159,229	170,893
5. Other expenses (excluding taxes, licenses and fees)	4,616	251,707
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	(109,203)	45,140
7.1 Current federal and foreign income taxes (including \$ ..... 65,424 on realized capital gains (losses))	88,340	
7.2 Net deferred tax liability	114,787	83,941
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ ..... 6,316,823 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	11,415	338,969
11. Dividends declared and unpaid:		
11.1 Stockholders		
11.2 Policyholders		
12. Ceded reinsurance premiums payable (net of ceding commissions)	2,781,715	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	1,092,803	419,760
20. Derivatives		
21. Payable for securities		
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	411,926	87,042
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	4,555,627	5,815,010
27. Protected cell liabilities		
28. Total liabilities (Lines 26 and 27)	4,555,627	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	6,042,044	15,454,672
35. Unassigned funds (surplus)	404,527	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)	14,632,619	24,228,091
38. Totals (Page 2, Line 28, Col. 3)	19,188,246	30,043,101
<b>DETAILS OF WRITE-INS</b>		
2501. Miscellaneous Liabilities	384,742	10,665
2502. Amounts Payable Assessment	27,184	76,377
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	411,926	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
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ 4,636,920 )	6,501,723	6,959,966	11,947,948
1.2 Assumed (written \$ 0 )		2,499,292	(8,628,430)
1.3 Ceded (written \$ 4,636,920 )	6,501,723	9,459,258	3,319,518
1.4 Net (written \$ )			
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	2,816,300	1,618,982	5,409,382
2.2 Assumed		960,455	(5,448,975)
2.3 Ceded	2,816,300	2,579,437	(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)			
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	219,585	271,654	537,625
10. Net realized capital gains (losses) less capital gains tax of \$ (67,387)	255,138	(6,088)	192,201
11. Net investment gain (loss) (Lines 9 + 10)	474,723	265,566	729,826
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ 0 amount charged off \$ 0 )		1,436	
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	2,294	6,383	12,665
15. Total other income (Lines 12 through 14)	2,294	7,819	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)	477,017	273,385	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)	477,017	273,385	742,491
19. Federal and foreign income taxes incurred	1,711	60,041	152,876
20. Net income (Line 18 minus Line 19)(to Line 22)	475,306	213,344	589,615
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	24,228,091	22,562,964	22,562,966
22. Net income (from Line 20)	475,306	213,344	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	(30,846)	31,574	88,812
27. Change in nonadmitted assets	(39,932)	(11,096)	(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	(9,412,628)		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	(587,372)		
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)	(9,595,472)	233,822	1,665,125
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	14,632,619	22,796,786	24,228,091
<b>DETAILS OF WRITE-INS</b>			
0501. -			
0502. -			
0503. -			
0598. Summary of remaining write-ins for Line 5 from overflow page			
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)			
1401. Miscellaneous Income	2,294	6,383	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)	2,294	6,383	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)			

## STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	(1,893,284)	(1,451,294)	(1,530,524)
2. Net investment income .....	265,374	293,889	584,604
3. Miscellaneous income .....	2,294	7,819	12,665
4. Total (Lines 1 to 3) .....	(1,625,617)	(1,149,586)	(933,255)
5. Benefit and loss related payments .....	(1,088,690)	(4,408,214)	(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 .....	323,966	384,352	329,947
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....1,963 tax on capital gains (losses) .....	(69,062)	(97,801)	77,334
10. Total (Lines 5 through 9) .....	(833,786)	(4,121,663)	(3,615,451)
11. Net cash from operations (Line 4 minus Line 10) .....	(791,830)	2,972,077	2,682,196
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	6,062,538	4,403,844	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 .....		653	
12.7 Miscellaneous proceeds .....			
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	6,062,538	4,404,497	8,781,020
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	550,040	2,120,516	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	2,120,516	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) .....	5,512,498	2,283,981	1,397,474
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....			
16.2 Capital and paid in surplus, less treasury stock .....	(9,412,628)		1,008,986
16.3 Borrowed funds .....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5 Dividends to stockholders .....	587,372		
16.6 Other cash provided (applied) .....	783,841	502,000	(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) .....	(9,216,159)	502,000	627,995
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(4,495,492)	5,758,058	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) .....	1,907,822	7,453,706	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 #	06/30/2020	12/31/2019
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 475,306	\$ 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>\$ 475,306</u>	<u>\$ 589,615</u>
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 14,632,619	\$ 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>\$ 14,632,619</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

**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 .....	\$ .....	14
2. 12 months or longer .....		

b. The aggregate related fair value of securities with unrealized losses:

1. Less than 12 months .....	\$ .....	24,306
2. 12 months or longer .....		

(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

**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						(7)	(8)	Current Year		
	(1)	(2)	(3)	(4)	(5)	(6)			(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	1,101,556				1,101,556	1,102,130	(574)		1,101,556	5.719	5.741
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											
<b>o. Total restricted assets</b>	<b>\$ 1,101,556</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$ 1,101,556</b>	<b>\$ 1,102,130</b>	<b>\$ (574)</b>	<b>\$</b>	<b>\$ 1,101,556</b>	<b>5.719%</b>	<b>5.741%</b>

(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 cession 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 \$42,794 through the second 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

#### A. Lessee Operating Lease

##### (1) Leasing arrangements

As a result of the merger with GIMC, the Company became a leaseholder of office space in Louisville, Kentucky and Plantation, Florida under noncancelable operating lease agreements that expire in June 2020 and June 2021, respectively. Rent expense for 2019 was \$208,858.

## Notes to the Financial Statements

### 15. Leases (Continued)

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

(a) Minimum aggregate rental commitments at period end

	Year Ending December 31	Operating Leases
1. 2021		\$
2. 2022		
3. 2023		
4. 2024		
5. 2025		
6. Total		\$

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

(3) For sale-leaseback transactions - Not Applicable

B. Lessor Leases - Not Applicable

**16. Information About Financial Instruments With Off-Balance-Sheet Risk And Financial Instruments With Concentrations of Credit Risk - Not Applicable**

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not Applicable**

**18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans - Not Applicable**

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators - Not Applicable**

### 20. Fair Value Measurements

A. Fair Value Measurement

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

**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 - Not Applicable

(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	\$ 14,222,202	\$ 13,252,743		\$ 14,222,202			
Cash, cash equivalents and Cash, cash equivalents and short-term investments	1,907,822	1,907,822	1,907,822				

D. Not Practicable to Estimate Fair Value - Not Applicable

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

### 21. Other Items

A. Unusual or Infrequent Items

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.

## Notes to the Financial Statements

### 21. Other Items (Continued)

Starting in the second quarter of 2020, the Company 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.

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.

#### C. Other Disclosures

Special Disability Trust Fund Disclosure, Florida Statute 625.091

1. The Company took no credit in loss reserves for anticipated recoveries from the Special Disability Trust Fund through June 30, 2020, or the year ending December 31, 2019.
2. The Company received no payments from the Special Disability Trust Fund through June 30, 2020, or the year ending December 31, 2019.
3. The Company had no assessments by the Special Disability Trust Fund through June 30, 2020, or the year ending December 31, 2019.

Agents' Balances Certification, Florida Statute 625.012(5)

The Company had no premiums due or collected from a controlled or controlling person.

D. Business Interruption Insurance Recoveries - Not Applicable

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

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

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

H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - Not Applicable

### 22. Events Subsequent

Other than the impacts of COVID-19, described in Note 21. A., 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 August 13, 2020 for the statutory statement issued on August 13, 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

**Notes to the Financial Statements**

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	\$	\$	\$ 3,000	\$ 3,000
<b>Total</b>		<b>\$</b>	<b>\$</b>	<b>\$ 3,000</b>	<b>\$ 3,000</b>

(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)	\$ 3,000
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)	3,000
e.	Percentage unsecured	100.000%

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

(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	1,000
Counterparty 3	1,000
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

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES

### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes  No
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes  No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes  No
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes  No   
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes  No
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.  
Effective March 12, 2020, CMAL LLC was sold. Effective May 15, 2020, ProMutual Group Inc. acquired a 32% interest in Logical Images, Inc. dba VisualDX.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes  No
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes  No   
If yes, complete and file the merger history data file with the NAIC.
- 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 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes  No  N/A   
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2018
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 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
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes  No  N/A
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes  No
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes  No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes  No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

## GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes  No   
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.
- 9.11 If the response to 9.1 is No, please explain:
- 9.2 Has the code of ethics for senior managers been amended? ..... Yes  No
- 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? ..... Yes  No
- 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

### FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes  No   
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ ..... 6,977

### INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes  No   
 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....  
 13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No   
 14.2 If yes, please complete the following:
- |   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>Current Quarter<br>Book/Adjusted<br>Carrying Value |
|---|--|---|
| 14.21 Bonds .....   | \$ .....   | \$ .....  |
| 14.22 Preferred Stock .....   | \$ .....   | \$ .....  |
| 14.23 Common Stock .....  | \$ .....   | \$ .....  |
| 14.24 Short-Term Investments .....  | \$ .....   | \$ .....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....   | \$ .....  |
| 14.26 All Other .....   | \$ .....   | \$ .....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....   | \$ .....  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....   | \$ .....  |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No   
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes  No  N/A   
 If no, attach a description with this statement.
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. .... \$ .....  
 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 ..... \$ .....  
 16.3 Total payable for securities lending reported on the liability page. .... \$ .....

**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 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
151829 .....	PNC Capital Advisors, LLC .....	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:
- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - Issuer or obligor is current on all contracted interest and principal payments.
  - The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- The security was purchased prior to January 1, 2018.
  - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
  - The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? ..... Yes [ ] No [ X ]

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:
- The shares were purchased prior to January 1, 2019.
  - The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - 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.
  - The fund only or predominantly holds bonds in its portfolio.
  - 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.
  - 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? ..... Yes [ ] No [ ] N/A [ X ]  
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? ..... Yes [ ] No [ X ]  
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? ..... Yes [ ] No [ X ]

3.2 If yes, give full and complete information thereto.

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

4.2 If yes, complete the following schedule:

1 Line of Business	2 Maximum Interest	3 Discount Rate	TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
			4 Unpaid Losses	5 Unpaid LAE	6 IBNR	7 TOTAL	8 Unpaid Losses	9 Unpaid LAE	10 IBNR	11 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 NAIC Company Code	2 ID Number	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Type of Reinsurer	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating
<b>NONE</b>						

STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama	AL	N					
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	2,306,691	3,012,235	772,500	536,627	8,786,582
11. Georgia	GA	N					
12. Hawaii	HI	N					
13. Idaho	ID	N					
14. Illinois	IL	N					
15. Indiana	IN	L		9,456			103,868
16. Iowa	IA	N					
17. Kansas	KS	N					
18. Kentucky	KY	L	1,222,219	1,076,999	50,000	496,500	5,893,867
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	1,108,010	1,588,833	124,000	1,240,000	3,430,479
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		127,402			43,953
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		4,636,920	5,814,925	946,500	2,273,127	18,258,749
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 | R - Registered - Non-domiciled RRGs.....                                |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI)..... |   | Q - Qualified - Qualified or accredited reinsurer.....                  |
| D - Domestic Surplus Lines Insurer (DSLII) - Reporting entities authorized to write surplus lines in the state of domicile.....                 |   | N - None of the above - Not allowed to write business in the state..... |
|   |   | 52  |



STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
..1154	Coverys .....	..10206	04-2595783				Medical Professional Mutual Insurance Company	..MA	..UIP			..0.000	Medical Professional Mutual Insurance Company	..Y	
..1154	Coverys .....	..36234	47-0580977				Preferred Professional Insurance Company	..NE	..IA	ProMutual Group, Inc.	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
..1154	Coverys .....	..10638	04-1012400				ProSelect Insurance Company	..NE	..IA	ProMutual Group, Inc.	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
..1154	Coverys .....	..15686	47-2600307				Coverys Specialty Insurance Company	..NJ	..IA	ProMutual Group, Inc.	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
..1154	Coverys .....	..12233	74-3129288				Healthcare Underwriters Group, Inc.	..OH	..RE	ProMutual Group, Inc.	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
..1154	Coverys .....	..14160	45-3967296				Coverys PRG, Inc.	..DC	..DTH	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	
	Coverys .....		04-3294777				ProMutual Group, Inc.	..MA	..NIA	Medical Professional Mutual Insurance Company	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
	Coverys .....		47-0756412				Physicians Consultants, Inc.	..NE	..NIA	Preferred Professional Insurance Company	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
	Coverys .....		AA-3770262				Capital Risk Solutions	..CYM	..DTH	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	
	Coverys .....		38-3293347				Coverys Insurance Services, Inc.	..MI	..NIA	ProMutual Group, Inc.	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
	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	
	Coverys .....		47-4351735				Archway Health Holdings, LLC	..MA	..NIA	ProMutual Group, Inc.	Ownership	..79.700	Medical Professional Mutual Insurance Company	..N	
	Coverys .....		04-3199991				Strategic Risk Solutions, Inc.	..FL	..NIA	ProMutual Group, Inc.	Ownership	..25.000	Medical Professional Mutual Insurance Company	..N	
	Coverys .....		20-4793831				Med-IQ, Inc.	..MI	..NIA	ProMutual Group, Inc.	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	
	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 .....						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	
	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
	Coverys .....						Coverys MGA (UK) Limited	..GBR	..NIA	Coverys European Holdings Limited	Ownership	..100.000	Medical Professional Mutual Insurance Company	..N	..2

STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	Coverys						Coverys Europe MGA Limited AEC Underwriting Agency Insurance and Reinsurance S.p.A.	IRL	NIA	Coverys European Holdings Limited	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys						Adjusting and Claims Services Srl AEC Master Broker Societa di Consulenza Finanziaria Srl	ITA	NIA	Coverys European Holdings Limited AEC Underwriting Agency Insurance and Reinsurance S.p.A.	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys		16-1447213				Logical Images Inc. d/b/a VisualDX	NY	NIA	ProMutual Group, Inc.	Ownership	35.200	Medical Professional Mutual Insurance Company	N	2

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

STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

**PART 1 - LOSS EXPERIENCE**

Line of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire				
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	729,953	316,216	43.3	22.3
11.2 Medical professional liability - claims-made	5,771,195	2,500,085	43.3	23.3
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	575		0.0	
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	6,501,723	2,816,300	43.3	23.3
<b>DETAILS OF WRITE-INS</b>				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page				
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)				

**PART 2 - DIRECT PREMIUMS WRITTEN**

Line of Business	1	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	646,332	716,257	315,947
11.2 Medical professional liability - claims-made	1,210,331	3,919,269	5,498,978
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	1,394	1,394	
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	1,858,057	4,636,920	5,814,925
<b>DETAILS OF WRITE-INS</b>			
3401.			
3402.			
3403.			
3498. Summary of remaining write-ins for Line 34 from overflow page			
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)			

STATEMENT AS OF JUNE 30, 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		
											4.		

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

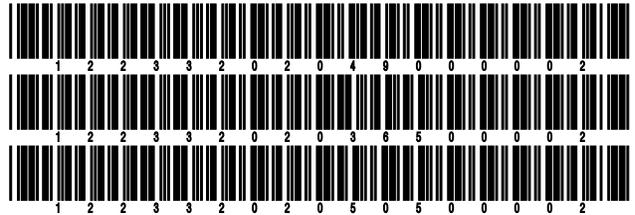
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	YES
3. Will the Medicare Part D Coverage Supplement be filed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

Explanations:

- 1.
- 3.
- 4.

Bar Codes:

1. Trusteed Surplus Statement [Document Identifier 490]
3. Medicare Part D Coverage Supplement [Document Identifier 365]
4. Director and Officer Supplement [Document Identifier 505]



**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		

STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

	1 Year to Date	2 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 interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 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)		

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	18,462,936	19,666,173
2. Cost of bonds and stocks acquired	550,040	7,383,546
3. Accrual of discount	7,267	19,590
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals	322,525	231,589
6. Deduct consideration for bonds and stocks disposed of	6,062,538	8,781,622
7. Deduct amortization of premium	27,487	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)	13,252,743	18,462,936
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	13,252,743	18,462,936

STATEMENT AS OF JUNE 30, 2020 OF THE Healthcare Underwriters Group Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	17,557,895		5,408,605	351,884	17,557,895	12,501,174		17,885,635
2. NAIC 2 (a) .....	1,160,744		50,000	(359,174)	1,160,744	751,570		577,301
3. NAIC 3 (a) .....								
4. NAIC 4 (a) .....								
5. NAIC 5 (a) .....								
6. NAIC 6 (a) .....								
7. Total Bonds	18,718,639		5,458,605	(7,291)	18,718,639	13,252,744		18,462,936
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....								
9. NAIC 2 .....								
10. NAIC 3 .....								
11. NAIC 4 .....								
12. NAIC 5 .....								
13. NAIC 6 .....								
14. Total Preferred Stock .....								
15. Total Bonds and Preferred Stock	18,718,639		5,458,605	(7,291)	18,718,639	13,252,744		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 .....	6,245,654	3,116,902
3. Accrual of discount .....		
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....	5,745,284	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) .....	1,133,182	632,812
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11)	1,133,182	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**



STATEMENT AS OF JUNE 30, 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 Identification	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 Recogn- ized	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
912828-J2-7	UNITED STATES TREASURY		04/17/2020	HSBC SECURITIES		269,472	250,000	247,534	248,128		107		107		248,235		21,237	21,237	3,393	02/15/2025	1
912828-PC-8	UNITED STATES TREASURY		04/17/2020	Nomura International Trust Co		507,225	500,000	512,942	504,370		(1,508)		(1,508)		502,862		4,363	4,363	5,661	11/15/2020	1
912828-R3-6	UNITED STATES TREASURY		04/17/2020	Nomura International Trust Co		267,294	250,000	243,827	245,073		222		222		245,295		21,999	21,999	1,752	05/15/2026	1
912828-VB-3	UNITED STATES TREASURY		04/17/2020	HSBC SECURITIES		522,674	500,000	486,206	490,729		806		806		491,535		31,139	31,139	3,774	05/15/2023	1
912828-WZ-9	UNITED STATES TREASURY		04/17/2020	Nomura International Trust Co		515,526	500,000	492,994	495,921		522		522		496,443		19,083	19,083	4,135	04/30/2022	1
912828-X8-8	UNITED STATES TREASURY		04/17/2020	Nomura International Trust Co		564,314	500,000	505,104	504,206		(154)		(154)		504,051		60,263	60,263	5,122	05/15/2027	1
0599999	Subtotal - Bonds - U.S. Governments					2,646,505	2,500,000	2,488,608	2,488,426		(5)		(5)		2,488,421		158,084	158,084	23,837	XXX	XXX
655867-YG-8	NORFOLK VA		04/17/2020	DONALDSON LUFKIN & JENRETTE		329,435	250,000	288,920	285,740		(1,105)		(1,105)		284,634		44,801	44,801	9,028	08/01/2041	1FE
815853-SU-1	SEGUIN TEX INDPY SCH DIST		04/17/2020	DONALDSON LUFKIN & JENRETTE		283,008	250,000	274,980	273,955		(138)		(138)		273,816		9,191	9,191	6,861	02/15/2049	1FE
2499999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					612,443	500,000	563,900	559,694		(1,244)		(1,244)		558,450		53,992	53,992	15,889	XXX	XXX
3128MJ-AW-0	FH 608020 - RMBS		06/01/2020	Paydown		116	116	131	130		(14)		(14)		116				2	11/01/2034	1
3128PT-GQ-2	FH J13807 - RMBS		06/01/2020	Paydown		481	481	506	502		(20)		(20)		481				7	12/01/2025	1
312933-WQ-3	FH A86955 - RMBS		06/01/2020	Paydown		975	975	1,088	1,082		(108)		(108)		975				18	06/01/2039	1
312936-NA-1	FH A89385 - RMBS		06/01/2020	Paydown		497	497	550	549		(52)		(52)		497				9	10/01/2039	1
3131WR-FX-8	FH ZJ1082 - RMBS		06/01/2020	Paydown		1,263	1,263	1,353	1,353		(90)		(90)		1,263				21	01/01/2041	1
3131X6-MG-2	FH ZK3059 - RMBS		06/01/2020	Paydown		1,292	1,292	1,341	1,341		(50)		(50)		1,292				19	03/01/2026	1
3131X6-Z3-7	FH ZK3462 - RMBS		06/01/2020	Paydown		597	597	624	623		(27)		(27)		597				9	08/01/2026	1
3131XR-7L-2	FH ZL9899 - RMBS		06/01/2020	Paydown		8,553	8,553	8,707	8,708		(155)		(155)		8,553				127	07/01/2045	1
3131Y2-6B-9	FH ZM8066 - RMBS		04/17/2020	Various		424,108	399,724	403,536	403,660		(381)		(381)		403,279		20,829	20,829	6,184	09/01/2048	1
3132JF-FJ-1	FH ZA1069 - RMBS		06/01/2020	Paydown		347	347	372	372		(26)		(26)		347				6	10/01/2040	1
31329Q-N6-4	FH ZA6713 - RMBS		04/17/2020	Various		880,499	835,962	866,135	865,499		(2,925)		(2,925)		862,575		17,924	17,924	11,305	04/01/2049	1
3132A4-RV-2	FH ZS4100 - RMBS		06/01/2020	Paydown		2,017	2,017	2,098	2,099		(81)		(81)		2,017				31	03/01/2045	1
3132A5-A0-8	FH ZS4515 - RMBS		06/01/2020	Paydown		3,358	3,358	3,483	3,483		(125)		(125)		3,358				43	04/01/2043	1
3132A5-B2-0	FH ZS4557 - RMBS		06/01/2020	Paydown		3,097	3,097	3,351	3,353		(257)		(257)		3,097				53	03/01/2044	1
3132A5-BA-2	FH ZS4533 - RMBS		06/01/2020	Paydown		811	811	875	875		(65)		(65)		811				14	10/01/2043	1
3132A5-EP-6	FH ZS4642 - RMBS		06/01/2020	Paydown		9,154	9,154	9,542	9,547		(392)		(392)		9,154				136	12/01/2045	1
3132A5-EY-7	FH ZS4651 - RMBS		06/01/2020	Paydown		5,873	5,873	6,203	6,207		(334)		(334)		5,873				88	03/01/2046	1
3132A7-NE-7	FH ZS6689 - RMBS		06/01/2020	Paydown		2,652	2,652	2,730	2,730		(78)		(78)		2,652				28	04/01/2028	1
3132A9-NB-9	FH ZS8486 - RMBS		06/01/2020	Paydown		619	619	631	631		(11)		(11)		619				6	05/01/2028	1
3132A9-NH-6	FH ZS8492 - RMBS		06/01/2020	Paydown		1,941	1,941	1,995	1,995		(53)		(53)		1,941				21	07/01/2028	1
3132A9-O2-6	FH ZS8573 - RMBS		06/01/2020	Paydown		547	547	553	553		(7)		(7)		547				6	07/01/2030	1
3132A9-PP-4	FH ZS8594 - RMBS		06/01/2020	Paydown		1,722	1,722	1,792	1,793		(71)		(71)		1,722				22	01/01/2031	1
3132AA-QH-7	FH ZS9469 - RMBS		06/01/2020	Paydown		503	503	555	556		(53)		(53)		503				10	05/01/2042	1
3132AA-YV-0	FH ZS9724 - RMBS		06/01/2020	Paydown		7,197	7,197	7,418	7,418		(221)		(221)		7,197				107	05/01/2046	1
31364F-KW-0	FEDERAL NATIONAL MORTGAGE ASSOCIATION		04/17/2020	Morgan Stanley		20,000	25,960	25,000	25,000		(170)		(170)		24,834		2,444	2,444	421	12/20/2027	1
3138A5-AP-7	FN AH3613 - RMBS		06/01/2020	Paydown		1,310	1,310	1,372	1,360		(50)		(50)		1,310				19	01/01/2026	1
3138A7-GY-8	FN AH5614 - RMBS		06/01/2020	Paydown		490	490	514	510		(20)		(20)		490				7	02/01/2026	1
3138AB-BY-4	FN AH9054 - RMBS		06/01/2020	Paydown		692	692	767	765		(73)		(73)		692				13	04/01/2041	1
3138EO-RA-9	FN AJ7680 - RMBS		06/01/2020	Paydown		2,729	2,729	2,890	2,885		(155)		(155)		2,729				41	12/01/2041	1
3138EG-AB-0	FN AL0001 - RMBS		06/01/2020	Paydown		10,674	10,674	11,088	11,015		(341)		(341)		10,674				155	02/01/2026	1
3138EH-BB-7	FN AL0933 - RMBS		06/01/2020	Paydown		402	402	460	459		(57)		(57)		402				8	10/01/2041	1
3138EQ-CS-9	FN AL7280 - RMBS		06/01/2020	Paydown		9,524	9,524	9,844	9,821		(297)		(297)		9,524				119	09/01/2030	1
3138M5-LN-7	FN AP2132 - RMBS		06/01/2020	Paydown		2,290	2,290	2,379	2,375		(85)		(85)		2,290				34	08/01/2042	1
3138W9-BG-4	FN AS0038 - RMBS		06/01/2020	Paydown		1,835	1,835	1,884	1,883		(47)		(47)		1,835				23	07/01/2043	1
3138W9-BN-9	FN AS0044 - RMBS		06/01/2020	Paydown		1,337	1,337	1,395	1,392		(55)		(55)		1,337				17	07/01/2043	1
3138WJ-DM-7	FN AS8207 - RMBS		06/01/2020	Paydown		4,319	4,319	4,289	4,291		28		28		4,319				47	10/01/2031	1
3138WP-J6-0	FN AT2062 - RMBS		06/01/2020	Paydown		230	230	234	233		(4)		(4)		230				2	04/01/2028	1
3138X3-EH-1	FN AU3735 - RMBS		06/01/2020	Paydown		530	530	534	534		(4)		(4)		530				7	08/01/2043	1
3138X3-EJ-7	FN AU3736 - RMBS		06/01/2020	Paydown		2,271	2,271	2,292	2,291		(20)		(20)		2,271				29	08/01/2043	1
31402Q-YH-8	FN 735212 - RMBS		06/01/2020	Paydown		608	608	679	672		(65)		(65)		608				13	12/01/2034	1
31402R-DD-8	FN 735500 - RMBS		06/01/2020	Paydown		170	170	195	193		(22)		(22)		170				4	05/01/2035	1

E05

STATEMENT AS OF JUNE 30, 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 Identification	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 Recogn- ized	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	
3140HA-C9-9	FN BJ8195 - RMBS		06/01/2020	Paydown		1,053	1,053	1,065	1,062		(10)		(10)		1,053				15	01/01/2048	1	
31416M-3A-0	FN A44392 - RMBS		06/01/2020	Paydown		1,559	1,559	1,691	1,689		(130)		(130)		1,559				27	04/01/2039	1	
31416W-6R-8	FN AB1779 - RMBS		06/01/2020	Paydown		2,703	2,703	2,841	2,815		(112)		(112)		2,703				40	11/01/2025	1	
31417A-RG-6	FN AB4086 - RMBS		06/01/2020	Paydown		299	299	310	309		(10)		(10)		299				4	12/01/2026	1	
31417C-VM-4	FN AB6019 - RMBS		06/01/2020	Paydown		716	716	748	747		(31)		(31)		716				10	08/01/2042	1	
31417D-GB-3	FN AB6493 - RMBS		06/01/2020	Paydown		2,379	2,379	2,458	2,455		(75)		(75)		2,379				32	10/01/2042	1	
31417G-3T-1	FN AB9809 - RMBS		06/01/2020	Paydown		4,772	4,772	4,959	4,949		(177)		(177)		4,772				62	07/01/2043	1	
31417V-N6-6	FN AC8512 - RMBS		06/01/2020	Paydown		1,286	1,286	1,424	1,421		(135)		(135)		1,286				24	12/01/2039	1	
31418C-BF-0	FN MA2737 - RMBS		04/17/2020	Various		419,345	397,001	385,277	385,648		398		398		386,047		33,299	33,299	4,618	09/01/2046	1	
31419A-G2-7	FN AE0216 - RMBS		06/01/2020	Paydown		1,836	1,836	1,964	1,958		(122)		(122)		1,836				31	08/01/2040	1	
3199999	Subtotal - Bonds - U.S. Special Revenues					1,860,857	1,762,313	1,795,082	1,793,797		(7,436)		(7,436)		1,786,361		74,496	74,496	24,093	XXX	XXX	
09062X-AC-7	BIOGEN INC		05/28/2020	Call @ 100.78		50,391	50,000	50,922	50,271		(155)		(155)		50,115		275	275	1,019	09/15/2020	1FE	
110122-AW-8	BRISTOL-MYERS SQUIBB CO		04/20/2020	SALOMON BROTHERS INC		214,598	200,000	199,116	199,347		55		55		199,402		15,196	15,196	3,088	11/01/2023	1FE	
14040H-BP-9	CAPITAL ONE FINANCIAL CORP		05/12/2020	Maturity @ 100.00		50,000	50,000	50,018	50,003		(3)		(3)		50,000				625	05/12/2020	2FE	
22160K-AJ-4	COSTCO WHOLESALE CORP		05/28/2020	Call @ 101.67		76,251	75,000	74,897	74,954		14		14		74,968		1,283	1,283	851	05/18/2021	1FE	
25245B-AB-3	DIAGEO INVESTMENT CORP		04/20/2020	GOLDMAN		259,453	250,000	249,183	249,533		63		63		249,596		9,856	9,856	3,214	05/11/2022	1FE	
86212V-AD-6	STR 2018-1 A1 - ABS		06/20/2020	Paydown		1,291	1,291	1,291	1,291						1,291				21	10/20/2048	1FE	
8399999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					651,984	626,291	625,427	625,398		(26)		(26)		625,373		26,611	26,611	8,818	XXX	XXX	
8399997	Total - Bonds - Part 4					5,771,788	5,388,604	5,473,016	5,467,316		(8,711)		(8,711)		5,458,605		313,183	313,183	72,637	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					5,771,788	5,388,604	5,473,016	5,467,316		(8,711)		(8,711)		5,458,605		313,183	313,183	72,637	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	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	XXX
9799999	Total - Common Stocks						XXX													XXX	XXX	
9899999	Total - Preferred and Common Stocks						XXX													XXX	XXX	
9999999	Totals					5,771,788	XXX	5,473,016	5,467,316		(8,711)		(8,711)		5,458,605		313,183	313,183	72,637	XXX	XXX	

E05.1

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**







SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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	2,305,297	3,278,596	772,500	5	1,420,288	8,070,000	69	715,761
11. Georgia ..... GA								
12. Hawaii ..... HI								
13. Idaho ..... ID								
14. Illinois ..... IL								
15. Indiana ..... IN						75,000	1	28,868
16. Iowa ..... IA								
17. Kansas ..... KS								
18. Kentucky ..... KY	1,222,219	1,506,368	50,000	1	652,561	5,466,000	51	427,489
19. Louisiana ..... LA								
20. Maine ..... ME								
21. Maryland ..... MD								
22. Massachusetts ..... MA								
23. Michigan ..... MI								
24. Minnesota ..... MN								
25. Mississippi ..... MS								
26. Missouri ..... MO								
27. Montana ..... MT								
28. Nebraska ..... NE								
29. Nevada ..... NV								
30. New Hampshire ..... NH								
31. New Jersey ..... NJ								
32. New Mexico ..... NM								
33. New York ..... NY								
34. North Carolina ..... NC								
35. North Dakota ..... ND								
36. Ohio ..... OH	1,108,010	1,614,780	124,000	2	699,523	2,031,000	27	1,399,074
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		101,404			43,928	25,000	1	18,928
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	4,635,526	6,501,148	946,500	8	2,816,300	15,667,000	149	2,590,120
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 JUNE 30, 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**

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								
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)								



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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**

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								
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)								



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 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**

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	
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59. Totals								
DETAILS OF WRITE-INS								
58001. ....								
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58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								