



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 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

DIRECTORS OR TRUSTEES

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

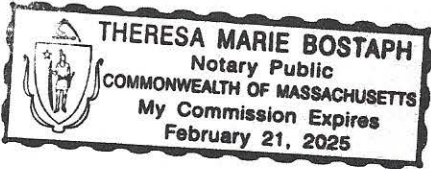
State of Massachusetts SS:  
County of Suffolk

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 Joseph Gerard Murphy Todd Colin Mills  
Chief Executive Officer & President, Chair Vice Chair Treasurer

Subscribed and sworn to before me this 1st day of March, 2021  
Theresa Marie Bostaph

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.....





ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1154

BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2020

NAIC Company Code 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....	2,211,925	5,500,991	0	1,764,651	2,167,500	1,780,191	7,750,664	1,812,415	3,828,035	8,760,500	201,419	42,924
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....	1,394	1,276		118	0	7,918	8,709	0	7,150	8,618	139	24
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	2,213,319	5,502,267	0	1,764,769	2,167,500	1,788,109	7,759,372	1,812,415	3,835,185	8,769,119	201,558	42,948
DETAILS OF WRITE-INS												
3401. ....												0
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1154 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2020 NAIC Company Code 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....	(548,750)	(366,828)	0	0	0	(103,868)	0	22,273	(244,662)		0	1,372
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....	0	0		0	0	20	0	0	38	0	0	0
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	(548,750)	(366,828)	0	0	0	(103,847)	0	22,273	(244,624)	0	0	1,372
DETAILS OF WRITE-INS												
3401. ....												0
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1154 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2020 NAIC Company Code 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....	(9,658,902)	(8,480,444)	0		120,000	(5,170,928)		651,774	(3,151,725)	0	23,281	6,023
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....	(749)	(749)		0	0	(305)		0	(565)		0	0
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	(9,659,650)	(8,481,193)	0	0	120,000	(5,171,233)	0	651,774	(3,152,291)	0	23,281	6,023
DETAILS OF WRITE-INS												
3401. ....												0
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1154 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2020 NAIC Company Code 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....	(4,666,767)	(3,024,534)	0		199,000	(2,655,552)		665,484	(678,990)		33,467	(23,008)
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....	(1,301)	(1,301)	0	0	0	(526)	0	0	(977)		0	(6)
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	(4,668,068)	(3,025,835)	0	0	199,000	(2,656,078)	0	665,484	(679,967)	0	33,467	(23,014)
DETAILS OF WRITE-INS												
3401. ....												0
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....  
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1154

BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2020

NAIC Company Code 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....												
2.1 Allied lines .....												
2.2 Multiple peril crop .....												
2.3 Federal flood .....												
2.4 Private crop .....												
2.5 Private flood .....												
3. Farmowners multiple peril .....												
4. Homeowners multiple peril .....												
5.1 Commercial multiple peril (non-liability portion) .....												
5.2 Commercial multiple peril (liability portion) .....												
6. Mortgage guaranty .....												
8. Ocean marine .....												
9. Inland marine .....												
10. Financial guaranty .....												
11. Medical professional liability .....	(79,319)	45,978	0		0	0		19,510	19,510		(239)	98
12. Earthquake .....												
13. Group accident and health (b) .....												
14. Credit accident and health (group and individual) .....												
15.1 Collectively renewable accident and health (b) .....												
15.2 Non-cancelable accident and health(b) .....												
15.3 Guaranteed renewable accident and health(b) .....												
15.4 Non-renewable for stated reasons only (b) .....												
15.5 Other accident only .....												
15.6 Medicare Title XVIII exempt from state taxes or fees .....												
15.7 All other accident and health (b) .....												
15.8 Federal employees health benefits plan premium (b) .....												
16. Workers' compensation .....												
17.1 Other Liability - occurrence .....												
17.2 Other Liability - claims made .....	(68)	(68)		0	0	(28)	0	0	(52)		0	0
17.3 Excess workers' compensation .....												
18. Products liability .....												
19.1 Private passenger auto no-fault (personal injury protection) .....												
19.2 Other private passenger auto liability .....												
19.3 Commercial auto no-fault (personal injury protection) .....												
19.4 Other commercial auto liability .....												
21.1 Private passenger auto physical damage .....												
21.2 Commercial auto physical damage .....												
22. Aircraft (all perils) .....												
23. Fidelity .....												
24. Surety .....												
26. Burglary and theft .....												
27. Boiler and machinery .....												
28. Credit .....												
29. International .....												
30. Warranty .....												
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0	0	0	0	0	0	0
35. TOTALS (a) .....	(79,387)	45,910	0	0	0	(28)	0	19,510	19,458	0	(239)	99
DETAILS OF WRITE-INS												
3401. ....												0
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ .....

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products .....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 1154

BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2020

NAIC Company Code 12233

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.1 Allied lines .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.2 Multiple peril crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Federal flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.4 Private crop .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.5 Private flood .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3. Farmowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Homeowners multiple peril .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.1 Commercial multiple peril (non-liability portion) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5.2 Commercial multiple peril (liability portion) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Mortgage guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Ocean marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9. Inland marine .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Financial guaranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
11. Medical professional liability .....	(12,741,812)	(6,324,837)	.0	1,764,651	2,486,500	(6,150,156)	7,750,664	3,171,456	(227,833)	8,760,500	257,928	27,410
12. Earthquake .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Group accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Credit accident and health (group and individual) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.1 Collectively renewable accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.2 Non-cancelable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.3 Guaranteed renewable accident and health(b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.4 Non-renewable for stated reasons only (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.5 Other accident only .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.6 Medicare Title XVIII exempt from state taxes or fees .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.7 All other accident and health (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15.8 Federal employees health benefits plan premium (b) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
16. Workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.1 Other Liability - occurrence .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17.2 Other Liability - claims made .....	(724)	(842)	.0	118	.0	7,080	8,709	.0	5,593	8,618	139	18
17.3 Excess workers' compensation .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18. Products liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.1 Private passenger auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.2 Other private passenger auto liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.3 Commercial auto no-fault (personal injury protection) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19.4 Other commercial auto liability .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.1 Private passenger auto physical damage .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
21.2 Commercial auto physical damage .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
22. Aircraft (all perils) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
23. Fidelity .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
24. Surety .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
26. Burglary and theft .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
27. Boiler and machinery .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
28. Credit .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
29. International .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
30. Warranty .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
34. Aggregate write-ins for other lines of business .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
35. TOTALS (a) .....	(12,742,536)	(6,325,679)	0	1,764,769	2,486,500	(6,143,077)	7,759,372	3,171,456	(222,239)	8,769,119	258,068	27,428
DETAILS OF WRITE-INS												
3401. ....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3402. ....												
3403. ....												
3498. Summary of remaining write-ins for Line 34 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

(a) Finance and service charges not included in Lines 1 to 35 \$ 0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

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## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

## SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

[illegible]



## SCHEDULE F - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Com- pany Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Columns 7 through 14 Totals	Amount in Dispute included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	Funds Held by Company Under Reinsurance Treaties
04-2595783	10206	Medical Professional Mutual Ins. Co.	MA		(28,189)									0		0		0	
04-1012400	10638	ProSelect Insurance Co.	NE		17,697		(160)	8,050		(291)	9,362	1,782		18,743		5		18,739	
04-1012400	10638	ProSelect Insurance Co.	NE		(2,176)									0		0		0	
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other					(12,668)	0	(160)	8,050	0	(291)	9,362	1,782	0	18,743	0	5	0	18,739	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool					(12,668)	0	(160)	8,050	0	(291)	9,362	1,782	0	18,743	0	5	0	18,739	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0899999. Total Authorized - Affiliates					(12,668)	0	(160)	8,050	0	(291)	9,362	1,782	0	18,743	0	5	0	18,739	0
AA-1128623		Lloyds Syndicate Number 2623	GBR		26	0	0	0	0	0	0	(14)	0	(14)		1		(15)	
AA-1126623		Lloyds Syndicate Number 623	GBR		6	0	0	0	0	0	0	(3)	0	(3)		0		(3)	
1299999. Total Authorized - Other Non-U.S. Insurers					32	0	0	0	0	0	0	(17)	0	(17)	0	1	0	(18)	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					(12,636)	0	(160)	8,050	0	(291)	9,362	1,765	0	18,726	0	6	0	18,721	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2299999. Total Unauthorized - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					(12,636)	0	(160)	8,050	0	(291)	9,362	1,765	0	18,726	0	6	0	18,721	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)					0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9999999 Totals					(12,636)	0	(160)	8,050	0	(291)	9,362	1,765	0	18,726	0	6	0	18,721	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
04-2595783 ...	Medical Professional Mutual Ins. Co. ....					0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04-1012400 ...	ProSelect Insurance Co. ....					5	18,739	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04-1012400 ...	ProSelect Insurance Co. ....					0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	0	XXX	0	5	18,739	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	5	18,739	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
0899999. Total Authorized - Affiliates		0	0	XXX	0	5	18,739	0	0	0	0	0	0	0	XXX	0	0
AA-1128623 ...	Lloyds Syndicate Number 2623 .....					(14)	0	0	0	0	0	0	0	0	3	0	0
AA-1126623 ...	Lloyds Syndicate Number 623 .....					(3)	0	0	0	0	0	0	0	0	3	0	0
1299999. Total Authorized - Other Non-U.S. Insurers		0	0	XXX	0	(17)	0	0	0	0	0	0	0	0	XXX	0	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	0	XXX	0	(12)	18,739	0	0	0	0	0	0	0	XXX	0	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2299999. Total Unauthorized - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
3699999. Total Certified - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non- U.S.)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	XXX	0	0	0	0	0	0	0	0	0	0	XXX	0	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	XXX	0	(12)	18,739	0	0	0	0	0	0	0	XXX	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	XXX	0	0	0	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999 Totals		0	0	XXX	0	(12)	18,739	0	0	0	0	0	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44  Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46  Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47  Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48  Amounts Received Prior 90 Days	49  Percentage Overdue Col. 42/Col. 43	50  Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/(Cols. 46+48))	51  Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52  Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53  Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37  Current	Overdue				43  Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38  1 - 29 Days	39  30 - 90 Days	40  91 - 120 Days	41  Over 120 Days												42  Total Overdue Cols. 38+39 +40+41
04-2595783 ...	Medical Professional Mutual Ins. Co. ....					.0	.0			.0	.0		.0	.0	.0	.0	YES	.0
04-1012400 ...	ProSelect Insurance Co. ....	(160)				.0	(160)			(160)	.0		.0	.0	.0	.0	YES	.0
04-1012400 ...	ProSelect Insurance Co. ....					.0	.0			.0	.0		.0	.0	.0	.0	YES	.0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		(160)	0	0	0	0	(160)	0	0	(160)	0	0	0.0	0.0	0.0	0.0	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		(160)	0	0	0	0	(160)	0	0	(160)	0	0	0.0	0.0	0.0	0.0	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
0899999. Total Authorized - Affiliates		(160)	0	0	0	0	(160)	0	0	(160)	0	0	0.0	0.0	0.0	0.0	XXX	0
AA-1128623 ...	Lloyds Syndicate Number 2623 .....	.0	.0	.0	.0	.0	.0	.0		.0	.0		.0	.0	.0	.0	YES	.0
AA-1126623 ...	Lloyds Syndicate Number 623 .....	.0	.0	.0	.0	.0	.0	.0		.0	.0		.0	.0	.0	.0	YES	.0
1299999. Total Authorized - Other Non-U.S. Insurers		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		(160)	0	0	0	0	(160)	0	0	(160)	0	0	0.0	0.0	0.0	0.0	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
3699999. Total Certified - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		(160)	0	0	0	0	(160)	0	0	(160)	0	0	0.0	0.0	0.0	0.0	XXX	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0	0.0	XXX	0
9999999 Totals		(160)	0	0	0	0	(160)	0	0	(160)	0	0	0.0	0.0	0.0	0.0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66  Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67  Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68  20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
04-2595783 ...	Medical Professional Mutual Ins. Co. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04-1012400 ...	ProSelect Insurance Co. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
04-1012400 ...	ProSelect Insurance Co. ....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623 ...	Lloyds Syndicate Number 2623 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623 ...	Lloyds Syndicate Number 623 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
3699999. Total Certified - Affiliates				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0
9999999 Totals				XXX	0	0	0	XXX	XXX	0	0	0	0	0	0	0	0

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70  20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0	75	76	77	78
			Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
04-2595783 ...	Medical Professional Mutual Ins. Co. ....	0	XXX	XXX	0	0	0	XXX	XXX	0
04-1012400 ...	ProSelect Insurance Co. ....	0	XXX	XXX	0	0	0	XXX	XXX	0
04-1012400 ...	ProSelect Insurance Co. ....	0	XXX	XXX	0	0	0	XXX	XXX	0
0399999. Total Authorized - Affiliates - U.S. Non-Pool - Other		0	XXX	XXX	0	0	0	XXX	XXX	0
0499999. Total Authorized - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
0799999. Total Authorized - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
0899999. Total Authorized - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128623 ...	Lloyds Syndicate Number 2623 .....	0	XXX	XXX	0	0	0	XXX	XXX	0
AA-1128623 ...	Lloyds Syndicate Number 623 .....	0	XXX	XXX	0	0	0	XXX	XXX	0
1299999. Total Authorized - Other Non-U.S. Insurers		0	XXX	XXX	0	0	0	XXX	XXX	0
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		0	XXX	XXX	0	0	0	XXX	XXX	0
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool		0	0	0	XXX	XXX	XXX	0	XXX	0
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)		0	0	0	XXX	XXX	XXX	0	XXX	0
2299999. Total Unauthorized - Affiliates		0	0	0	XXX	XXX	XXX	0	XXX	0
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)		0	0	0	XXX	XXX	XXX	0	XXX	0
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool		0	XXX	XXX	0	0	0	XXX	XXX	0
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)		0	XXX	XXX	0	0	0	XXX	XXX	0
5099999. Total Reciprocal Jurisdiction - Affiliates		0	XXX	XXX	0	0	0	XXX	XXX	0
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)		0	XXX	XXX	0	0	0	XXX	XXX	0
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		0	0	0	0	0	0	0	0	0
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)		0	0	0	0	0	0	0	0	0
9999999 Totals		0	0	0	0	0	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

## SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
			NONE	
Total				

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.	NA		
2.	NA		
3.	NA		
4.	NA		
5.	NA		

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3,Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	ProSelect Insurance Co.	18,743,395	15,521,088	Yes [ X ] No [ ]
7.	Lloyds Syndicate Number 2623	(13,976)	26,269	Yes [ ] No [ X ]
8.	Lloyds Syndicate Number 623	(2,848)	5,766	Yes [ ] No [ X ]
9.	Medical Professional Mutual Insurance Co		(28,188,745)	Yes [ X ] No [ ]
10.				Yes [ ] No [ ]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.



SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	14,410,352		14,410,352
2. Premiums and considerations (Line 15) .....	29,450		29,450
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....	(159,572)	159,572	0
4. Funds held by or deposited with reinsured companies (Line 16.2) .....	0		0
5. Other assets .....	674,879		674,879
6. Net amount recoverable from reinsurers .....		18,720,662	18,720,662
7. Protected cell assets (Line 27) .....	0		0
8. Totals (Line 28) .....	14,955,109	18,880,234	33,835,343
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	0	17,121,231	17,121,231
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	(6,618)		(6,618)
11. Unearned premiums (Line 9) .....	0	1,764,769	1,764,769
12. Advance premiums (Line 10) .....			0
13. Dividends declared and unpaid (Line 11.1 and 11.2) .....	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12) .....	5,766	(5,766)	0
15. Funds held by company under reinsurance treaties (Line 13) .....	0	0	0
16. Amounts withheld or retained by company for account of others (Line 14) .....			0
17. Provision for reinsurance (Line 16) .....	0		0
18. Other liabilities .....	19,513		19,513
19. Total liabilities excluding protected cell business (Line 26) .....	18,661	18,880,234	18,898,895
20. Protected cell liabilities (Line 27) .....			0
21. Surplus as regards policyholders (Line 37)	14,936,448	XXX	14,936,448
22. Totals (Line 38)	14,955,109	18,880,234	33,835,343

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? .....

Yes [ X ] No [ ]

If yes, give full explanation: The Company reinsures 100% of its business to a affiliated insurer through a Novation and Loss Portfolio Agreement. ....

Schedule H - Part 1 - Analysis of Underwriting Operations

**N O N E**

Schedule H - Part 2 - Reserves and Liabilities

**N O N E**

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

**N O N E**

Schedule H - Part 4 - Reinsurance

**N O N E**

Schedule H - Part 5 - Health Claims

**N O N E**

Schedule P - Part 1A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 1B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 1E - Commercial Multiple Peril

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE P - PART 1F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	278	277	0	0	0	1	XXX
2. 2011.....	1,913	210	1,703	830	570	584	249	147	0	0	742	11
3. 2012.....	1,054	124	930	853	853	498	482	45	0	0	61	9
4. 2013.....	2,616	361	2,255	0	(1,034)	639	(138)	136	0	0	1,947	2
5. 2014.....	655	71	584	250	237	330	262	35	0	0	116	2
6. 2015.....	885	75	810	400	336	318	159	28	(6)	0	257	21
7. 2016.....	1,488	146	1,342	600	487	206	88	40	(13)	0	284	1
8. 2017.....	463	33	430	0	(368)	146	(60)	12	(26)	0	612	1
9. 2018.....	818	609	209	0	(56)	71	(8)	13	4	0	144	0
10. 2019.....	(2,025)	(2,025)	0	0	0	51	51	(5)	(5)	0	0	0
11. 2020.....	(410)	(410)	0	0	0	0	0	1	1	0	0	0
12. Totals	XXX	XXX	XXX	2,933	1,025	3,121	1,362	452	(45)	0	4,164	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	1	1	0	0			
2. 2011.....	0	0	9	9	0	0	2	2	0	0	0	0	0
3. 2012.....	0	0	14	14	0	0	8	8	1	1	0	0	0
4. 2013.....	0	0	0	0	0	0	17	17	1	1	0	0	0
5. 2014.....	0	0	0	0	0	0	22	22	1	1	0	0	0
6. 2015.....	125	125	52	52	0	0	21	21	7	7	0	0	1
7. 2016.....	0	0	0	0	0	0	77	77	3	3	0	0	0
8. 2017.....	0	0	0	0	0	0	57	57	2	2	0	0	0
9. 2018.....	0	0	0	0	0	0	108	108	4	4	0	0	0
10. 2019.....	0	0	0	0	0	0	238	238	9	9	0	0	0
11. 2020.....	0	0	91	91	0	0	101	101	7	7	0	0	0
12. Totals	125	125	166	166	0	0	652	652	35	35	0	0	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2011.....	1,572	830	742	82.2	395.2	43.6	0	0	0.0	0	0
3. 2012.....	1,419	1,358	61	134.6	1,095.2	6.6	0	0	0.0	0	0
4. 2013.....	793	(1,154)	1,947	30.3	(319.7)	86.3	0	0	0.0	0	0
5. 2014.....	638	522	116	97.4	735.2	19.9	0	0	0.0	0	0
6. 2015.....	951	694	257	107.5	925.3	31.7	0	0	0.0	0	0
7. 2016.....	926	642	284	62.2	439.7	21.2	0	0	0.0	0	0
8. 2017.....	217	(395)	612	46.9	(1,197.0)	142.3	0	0	0.0	0	0
9. 2018.....	196	52	144	24.0	8.5	68.9	0	0	0.0	0	0
10. 2019.....	293	293	0	(14.5)	(14.5)	0.0	0	0	0.0	0	0
11. 2020.....	200	200	0	(48.8)	(48.8)	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

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

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	0	0	7	7	0	0	0	0	XXX
2. 2011.....	18,818	1,171	17,647	3,729	672	5,772	175	1,175	44	0	9,785	87
3. 2012.....	16,730	2,125	14,605	2,553	234	5,336	476	801	24	0	7,956	88
4. 2013.....	14,507	1,262	13,245	5,344	1,192	7,910	994	822	35	0	11,855	71
5. 2014.....	14,180	3,223	10,957	3,233	401	4,313	(251)	586	6	0	7,976	62
6. 2015.....	17,005	2,397	14,608	3,313	(792)	5,765	208	467	(72)	0	10,201	49
7. 2016.....	16,338	1,164	15,174	3,206	(1,383)	5,020	(25)	419	(145)	0	10,198	63
8. 2017.....	16,913	1,400	15,513	4,153	(1,387)	4,240	(377)	302	(268)	0	10,727	44
9. 2018.....	17,965	14,067	3,898	1,775	557	3,052	1,610	209	78	0	2,791	60
10. 2019.....	5,344	5,344	0	722	722	1,306	1,306	142	142	0	0	58
11. 2020.....	(5,808)	(5,808)	0	0	0	100	100	33	33	0	0	21
12. Totals	XXX	XXX	XXX	28,028	216	42,821	4,223	4,956	(123)	0	71,489	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	233	233	0	0	17	17	9	9	0	0	0
2. 2011.....	0	0	0	0	0	0	18	18	1	1	0	0	0
3. 2012.....	0	0	0	0	0	0	27	27	1	1	0	0	0
4. 2013.....	75	75	(88)	(88)	0	0	71	71	2	2	0	0	1
5. 2014.....	0	0	0	0	0	0	95	95	3	3	0	0	0
6. 2015.....	275	275	(248)	(248)	0	0	185	185	8	8	0	0	3
7. 2016.....	1,150	1,150	(1,081)	(1,081)	0	0	401	401	17	17	0	0	4
8. 2017.....	825	825	(89)	(89)	0	0	854	854	57	57	0	0	4
9. 2018.....	1,275	1,275	(482)	(482)	0	0	1,521	1,521	83	83	0	0	9
10. 2019.....	3,505	3,505	944	944	0	0	2,788	2,788	260	260	0	0	29
11. 2020.....	820	820	346	346	0	0	2,131	2,131	118	118	0	0	21
12. Totals	7,925	7,925	(465)	(465)	0	0	8,108	8,108	559	559	0	0	71

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2011.....	10,695	910	9,785	56.8	77.7	55.4	0	0	0.0	0	0
3. 2012.....	8,718	762	7,956	52.1	35.9	54.5	0	0	0.0	0	0
4. 2013.....	14,136	2,281	11,855	97.4	180.7	89.5	0	0	0.0	0	0
5. 2014.....	8,230	254	7,976	58.0	7.9	72.8	0	0	0.0	0	0
6. 2015.....	9,765	(436)	10,201	57.4	(18.2)	69.8	0	0	0.0	0	0
7. 2016.....	9,132	(1,066)	10,198	55.9	(91.6)	67.2	0	0	0.0	0	0
8. 2017.....	10,342	(385)	10,727	61.1	(27.5)	69.1	0	0	0.0	0	0
9. 2018.....	7,433	4,642	2,791	41.4	33.0	71.6	0	0	0.0	0	0
10. 2019.....	9,667	9,667	0	180.9	180.9	0.0	0	0	0.0	0	0
11. 2020.....	3,548	3,548	0	(61.1)	(61.1)	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2011.....												XXX
3. 2012.....												XXX
4. 2013.....												XXX
5. 2014.....												XXX
6. 2015.....												XXX
7. 2016.....												XXX
8. 2017.....												XXX
9. 2018.....												XXX
10. 2019.....												XXX
11. 2020.....												XXX
12. Totals.....	XXX	XXX	XXX									XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2011													
3. 2012													
4. 2013													
5. 2014													
6. 2015													
7. 2016													
8. 2017													
9. 2018													
10. 2019													
11. 2020													
12. Totals													

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter-Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011											
3. 2012											
4. 2013											
5. 2014											
6. 2015											
7. 2016											
8. 2017											
9. 2018											
10. 2019											
11. 2020											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX
2. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0
11. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019.....	0	0	0	0	0	0	0	0	0	0	0	0	0
11. 2020.....	0	0	0	0	0	0	0	0	0	0	0	0	0
12. Totals	0	0	0	0	0	0	0	0	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33	Inter- Company Pooling Participation Percentage	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2017.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2018.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2019.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2020.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1  Direct and Assumed	2  Ceded	3  Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10  Salvage and Subrogation Received	11  Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	Number of Claims Reported Direct and Assumed
				4  Direct and Assumed	5  Ceded	6  Direct and Assumed	7  Ceded	8  Direct and Assumed	9  Ceded			
1. Prior.....	XXX	XXX	XXX	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	XXX
2. 2011.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. 2012.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. 2013.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
5. 2014.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
6. 2015.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
7. 2016.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
8. 2017.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
9. 2018.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
10. 2019.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
11. 2020.....	(1)	(1)	0	0	0	0	0	0	0	0	0	0
12. Totals	XXX	XXX	XXX	0	0	0	0	0	0	0	0	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2011.....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. 2012.....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2013.....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. 2014.....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2015.....	0	0	0	0	0	0	0	0	0	0	0	0	0
7. 2016.....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. 2017.....	0	0	0	0	0	0	0	0	0	0	0	0	0
9. 2018.....	0	0	0	0	0	0	0	0	0	0	0	0	0
10. 2019.....	0	0	4	4	0	0	5	5	0	0	0	0	0
11. 2020.....	0	0	5	5	0	0	4	4	0	0	0	0	0
12. Totals	0	0	9	9	0	0	9	9	0	0	0	0	0

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0
2. 2011.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
3. 2012.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
4. 2013.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
5. 2014.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
6. 2015.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
7. 2016.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
8. 2017.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
9. 2018.....	0	0	0	0.0	0.0	0.0	0	0	0.0	0	0
10. 2019.....	9	9	0	0.0	0.0	0.0	0	0	0.0	0	0
11. 2020.....	9	9	0	(900.0)	(900.0)	0.0	0	0	0.0	0	0
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	0	0



Schedule P - Part 1I - Special Property (Fire, Allied Lines...)

**N O N E**

Schedule P - Part 1J - Auto Physical Damage

**N O N E**

Schedule P - Part 1K - Fidelity/Surety

**N O N E**

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 1M - International

**N O N E**

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 1T - Warranty

**N O N E**

Schedule P - Part 2A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 2B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 2E - Commercial Multiple Peril

**N O N E**

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....	553	679	582	547	360	251	251	251	250	251	1	0
2. 2011.....	1,438	818	348	576	575	515	595	595	595	595	0	0
3. 2012.....	XXX	939	496	294	112	91	17	17	17	16	(1)	(1)
4. 2013.....	XXX	XXX	1,790	1,776	1,680	1,666	1,813	1,812	1,812	1,811	(1)	(1)
5. 2014.....	XXX	XXX	XXX	638	213	195	82	82	82	81	(1)	(1)
6. 2015.....	XXX	XXX	XXX	XXX	510	451	223	223	223	223	0	0
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,014	231	231	231	231	0	0
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	573	574	574	574	0	0
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136	136	135	(1)	(1)
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											(3)	(4)

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

1. Prior.....	24,808	20,849	21,036	21,194	20,042	19,654	20,055	20,053	20,052	20,052	0	(1)
2. 2011.....	11,563	10,750	8,220	9,074	8,979	8,954	8,653	8,654	8,653	8,654	1	0
3. 2012.....	XXX	11,086	9,050	8,198	7,523	7,292	7,182	7,182	7,179	7,179	0	(3)
4. 2013.....	XXX	XXX	13,035	12,213	11,542	11,279	11,070	11,070	11,067	11,068	1	(2)
5. 2014.....	XXX	XXX	XXX	7,817	6,704	6,902	7,396	7,398	7,397	7,396	(1)	(2)
6. 2015.....	XXX	XXX	XXX	XXX	10,352	8,922	9,660	9,662	9,662	9,662	0	0
7. 2016.....	XXX	XXX	XXX	XXX	XXX	10,606	9,635	9,634	9,634	9,634	0	0
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	10,158	10,157	10,158	10,157	(1)	0
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,660	2,660	2,660	0	0
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	XXX	XXX
12. Totals											0	(8)

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),  
BOILER AND MACHINERY)

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
12. Totals												

Schedule P - Part 2I - Special Property

**N O N E**

Schedule P - Part 2J - Auto Physical Damage

**N O N E**

Schedule P - Part 2K - Fidelity/Surety

**N O N E**

Schedule P - Part 2L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 2M - International

**N O N E**

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 2T - Warranty

**N O N E**

Schedule P - Part 3A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 3B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 3E - Commercial Multiple Peril

**N O N E**

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1	2	3	4	5	6	7	8	9	10		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	.000	230	249	251	251	251	251	251	250	251	.0	.0
2. 2011.....	0	30	67	174	217	229	292	595	595	595	.4	.7
3. 2012.....	XXX	13	23	17	17	17	17	17	17	16	.4	.5
4. 2013.....	XXX	XXX	77	743	1,187	1,513	1,596	1,812	1,812	1,811	.0	.2
5. 2014.....	XXX	XXX	XXX	0	0	7	27	82	82	81	.1	.1
6. 2015.....	XXX	XXX	XXX	XXX	0	55	99	223	223	223	.4	.16
7. 2016.....	XXX	XXX	XXX	XXX	XXX	0	0	231	231	231	.1	.0
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	76	574	574	574	.0	.1
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136	136	135	.0	.0
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	.0	.0
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	.000	6,824	11,283	15,560	17,186	18,901	19,260	20,053	20,052	20,052	.0	.0
2. 2011.....	592	2,823	4,076	5,814	6,452	7,671	8,346	8,654	8,653	8,654	.24	.63
3. 2012.....	XXX	658	2,266	4,013	5,213	6,144	6,801	7,182	7,179	7,179	.19	.69
4. 2013.....	XXX	XXX	813	3,944	6,220	8,912	9,695	11,070	11,067	11,068	.25	.45
5. 2014.....	XXX	XXX	XXX	621	2,186	4,075	5,285	7,398	7,397	7,396	.17	.45
6. 2015.....	XXX	XXX	XXX	XXX	673	3,128	5,533	9,662	9,662	9,662	.14	.32
7. 2016.....	XXX	XXX	XXX	XXX	XXX	872	3,041	9,634	9,634	9,634	.17	.42
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	594	10,157	10,158	10,157	.19	.21
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2,660	2,660	2,660	.7	.44
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	.8	.21
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.000										XXX	XXX
2. 2011.....											XXX	XXX
3. 2012.....	XXX										XXX	XXX
4. 2013.....	XXX	XXX									XXX	XXX
5. 2014.....	XXX	XXX	XXX								XXX	XXX
6. 2015.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2016.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	.000	0	0	0	0	0	0	0	0	0	0	0
2. 2011.....										0	0	0
3. 2012.....	XXX									0	0	0
4. 2013.....	XXX	XXX								0	0	0
5. 2014.....	XXX	XXX	XXX							0	0	0
6. 2015.....	XXX	XXX	XXX	XXX						0	0	0
7. 2016.....	XXX	XXX	XXX	XXX	XXX					0	0	0
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				0	0	0
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	.000	0	0	0	0	0	0	0	0	0	0	0
2. 2011.....										0	0	0
3. 2012.....	XXX									0	0	0
4. 2013.....	XXX	XXX								0	0	0
5. 2014.....	XXX	XXX	XXX							0	0	0
6. 2015.....	XXX	XXX	XXX	XXX						0	0	0
7. 2016.....	XXX	XXX	XXX	XXX	XXX					0	0	0
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				0	0	0
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	0	0
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	0	0
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0		

Schedule P - Part 3I - Special Property

**N O N E**

Schedule P - Part 3J - Auto Physical Damage

**N O N E**

Schedule P - Part 3K - Fidelity/Surety

**N O N E**

Schedule P - Part 3L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 3M - International

**N O N E**

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

**N O N E**

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

**N O N E**

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 3T - Warranty

**N O N E**

Schedule P - Part 4A - Homeowners/Farmowners

**N O N E**

Schedule P - Part 4B - Private Passenger Auto Liability/Medical

**N O N E**

Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

**N O N E**

Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

**N O N E**

Schedule P - Part 4E - Commercial Multiple Peril

**N O N E**



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	746	387	333	296	109	0	0	0	0	0
2. 2011.....	1,438	723	221	102	65	0	0	0	0	0
3. 2012.....	XXX	820	472	275	95	74	0	0	0	0
4. 2013.....	XXX	XXX	982	724	94	57	148	0	0	0
5. 2014.....	XXX	XXX	XXX	638	115	137	24	0	0	0
6. 2015.....	XXX	XXX	XXX	XXX	508	344	75	0	0	0
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1,014	231	0	0	0
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	132	0	0	0
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	12,021	5,880	2,853	1,228	298	49	1	0	0	0
2. 2011.....	7,142	5,792	2,163	1,420	682	43	5	0	0	0
3. 2012.....	XXX	5,974	3,237	1,945	792	63	6	0	0	0
4. 2013.....	XXX	XXX	6,639	4,199	2,112	344	352	0	0	0
5. 2014.....	XXX	XXX	XXX	3,862	2,529	1,401	522	0	0	0
6. 2015.....	XXX	XXX	XXX	XXX	4,787	2,153	1,359	0	0	0
7. 2016.....	XXX	XXX	XXX	XXX	XXX	3,679	2,333	0	0	0
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	3,178	0	0	0
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 4I - Special Property

**N O N E**

Schedule P - Part 4J - Auto Physical Damage

**N O N E**

Schedule P - Part 4K - Fidelity/Surety

**N O N E**

Schedule P - Part 4L - Other (Including Credit, Accident and Health)

**N O N E**

Schedule P - Part 4M - International

**N O N E**

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

**N O N E**

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

**N O N E**

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

**N O N E**

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

**N O N E**

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

**N O N E**

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

**N O N E**

Schedule P - Part 4T - Warranty

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 1

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 2

**N O N E**

Schedule P - Part 5A - Homeowners/Farmowners - Section 3

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5B - Private Passenger Auto Liability/Medical - Section 3

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

**N O N E**

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	2	1	0	0	0	0	0	0	0	
2. 2011	0	0	0	0	0	0	0	0	0	4
3. 2012	XXX	0	0	0	0	3	4	4	4	4
4. 2013	XXX	XXX	0	0	2	0	2	2	2	0
5. 2014	XXX	XXX	XXX	0	0	0	0	0	0	1
6. 2015	XXX	XXX	XXX	XXX	0	0	0	0	0	4
7. 2016	XXX	XXX	XXX	XXX	XXX	0	0	0	0	1
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	0	1	1	0
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	2	1	0	0	0	0	0	0	0	
2. 2011	2	1	2	2	1	1	0	1	1	
3. 2012	XXX	2	1	1	0	0	0	0	0	
4. 2013	XXX	XXX	11	8	5	3	2	0	0	
5. 2014	XXX	XXX	XXX	0	1	1	1	1	1	
6. 2015	XXX	XXX	XXX	XXX	1	3	1	0	0	1
7. 2016	XXX	XXX	XXX	XXX	XXX	0	1	1	0	
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	4	0	0	
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1	
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3A**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2011	2	2	2	2	2	2	2	2	2	11
3. 2012	XXX	3	3	3	3	3	3	10	10	9
4. 2013	XXX	XXX	12	12	12	12	12	5	5	2
5. 2014	XXX	XXX	XXX	0	0	1	1	1	1	2
6. 2015	XXX	XXX	XXX	XXX	2	5	5	4	4	21
7. 2016	XXX	XXX	XXX	XXX	XXX	0	1	1	1	1
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	3	2	2	1
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4	4	0
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	2	0
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

**SCHEDULE P - PART 5F - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	46	34	30	32	28	43	70	2	0	
2. 2011	0	5	7	14	16	17	21	23	23	24
3. 2012	XXX	1	4	10	12	14	14	15	15	19
4. 2013	XXX	XXX	0	6	14	20	25	26	28	25
5. 2014	XXX	XXX	XXX	1	5	10	11	15	16	17
6. 2015	XXX	XXX	XXX	XXX	0	6	16	22	28	14
7. 2016	XXX	XXX	XXX	XXX	XXX	7	9	18	22	17
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	1	11	19	19
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	5	7
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	8
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2B**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	165	109	72	47	33	12	7	2	2	
2. 2011	80	50	34	26	16	13	6	1	1	
3. 2012	XXX	78	49	30	18	10	6	4	4	
4. 2013	XXX	XXX	76	53	33	18	6	4	2	1
5. 2014	XXX	XXX	XXX	58	32	20	14	9	5	
6. 2015	XXX	XXX	XXX	XXX	167	101	41	29	16	3
7. 2016	XXX	XXX	XXX	XXX	XXX	244	92	45	39	4
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	176	83	56	4
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	241	160	9
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	173	29
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21

**SECTION 3B**

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	0	0	0	0	0	0	0	0	0	0
2. 2011	93	93	93	93	93	93	93	93	93	87
3. 2012	XXX	97	98	98	98	98	98	91	91	88
4. 2013	XXX	XXX	83	83	83	83	83	90	90	71
5. 2014	XXX	XXX	XXX	70	70	72	72	72	72	62
6. 2015	XXX	XXX	XXX	XXX	190	204	204	209	209	49
7. 2016	XXX	XXX	XXX	XXX	XXX	288	295	295	295	63
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX	212	213	214	44
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX	282	285	60
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	196	58
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	21

Schedule P - Part 5H - Other Liability - Occurrence - Section 1A  
**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 2A  
**N O N E**

Schedule P - Part 5H - Other Liability - Occurrence - Section 3A  
**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B  
**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B  
**N O N E**

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B  
**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A  
**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A  
**N O N E**

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A  
**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B  
**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B  
**N O N E**

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B  
**N O N E**

Schedule P - Part 5T - Warranty - Section 1  
**N O N E**

Schedule P - Part 5T - Warranty - Section 2  
**N O N E**

Schedule P - Part 5T - Warranty - Section 3

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

**N O N E**

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

**N O N E**

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

**N O N E**

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL  
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX									
11. 2020.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX									
11. 2020.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE  
SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2011.....										0	
3. 2012.....	XXX									0	
4. 2013.....	XXX	XXX								0	
5. 2014.....	XXX	XXX	XXX							0	
6. 2015.....	XXX	XXX	XXX	XXX						0	
7. 2016.....	XXX	XXX	XXX	XXX	XXX					0	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				0	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)										0	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2011.....										0	
3. 2012.....	XXX									0	
4. 2013.....	XXX	XXX								0	
5. 2014.....	XXX	XXX	XXX							0	
6. 2015.....	XXX	XXX	XXX	XXX						0	
7. 2016.....	XXX	XXX	XXX	XXX	XXX					0	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				0	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)										0	XXX



SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE  
SECTION 1B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2011.....										0	
3. 2012.....	XXX									0	
4. 2013.....	XXX	XXX								0	
5. 2014.....	XXX	XXX	XXX							0	
6. 2015.....	XXX	XXX	XXX	XXX						0	
7. 2016.....	XXX	XXX	XXX	XXX	XXX					0	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				0	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)										(1)	XXX

SECTION 2B

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....	0	0	0	0	0	0	0	0	0	0	
2. 2011.....										0	
3. 2012.....	XXX									0	
4. 2013.....	XXX	XXX								0	
5. 2014.....	XXX	XXX	XXX							0	
6. 2015.....	XXX	XXX	XXX	XXX						0	
7. 2016.....	XXX	XXX	XXX	XXX	XXX					0	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				0	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			0	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		0	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	(1)	
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
13. Earned Premiums (Sch P-Pt. 1)										(1)	XXX

SCHEDULE P - PART 6M - INTERNATIONAL  
SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX	XXX								
6. 2015.....	XXX	XXX	XXX	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX						
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX	XXX								
6. 2015.....	XXX	XXX	XXX	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX						
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums (Sch P-Pt. 1)											XXX

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

**N O N E**

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

**N O N E**

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

**N O N E**

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

**N O N E**

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....			0.0	.0		0.0
2. Private Passenger Auto Liability/ Medical .....			0.0	.0		0.0
3. Commercial Auto/Truck Liability/ Medical .....			0.0	.0		0.0
4. Workers' Compensation .....			0.0	.0		0.0
5. Commercial Multiple Peril .....			0.0	.0		0.0
6. Medical Professional Liability - Occurrence .....	0		0.0	.0		0.0
7. Medical Professional Liability - Claims - Made .....	0		0.0	.0		0.0
8. Special Liability .....			0.0	.0		0.0
9. Other Liability - Occurrence .....	0		0.0	.0		0.0
10. Other Liability - Claims-Made .....	0		0.0	.0		0.0
11. Special Property .....			0.0	.0		0.0
12. Auto Physical Damage .....			0.0	.0		0.0
13. Fidelity/Surety .....			0.0	.0		0.0
14. Other .....			0.0	.0		0.0
15. International .....			0.0	.0		0.0
16. Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence .....			0.0	.0		0.0
20. Products Liability - Claims-Made .....			0.0	.0		0.0
21. Financial Guaranty/Mortgage Guaranty .....			0.0	.0		0.0
22. Warranty .....			0.0	.0		0.0
23. Totals	0	0	0.0	0	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

**N O N E**

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

**N O N E**

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....			0.0	.0		0.0
2. Private Passenger Auto Liability/Medical .....			0.0	.0		0.0
3. Commercial Auto/Truck Liability/Medical .....			0.0	.0		0.0
4. Workers' Compensation .....			0.0	.0		0.0
5. Commercial Multiple Peril .....			0.0	.0		0.0
6. Medical Professional Liability - Occurrence .....	0		0.0	.0		0.0
7. Medical Professional Liability - Claims - Made .....	0		0.0	.0		0.0
8. Special Liability .....			0.0	.0		0.0
9. Other Liability - Occurrence .....	0		0.0	.0		0.0
10. Other Liability - Claims-Made .....	0		0.0	.0		0.0
11. Special Property .....			0.0	.0		0.0
12. Auto Physical Damage .....			0.0	.0		0.0
13. Fidelity/Surety .....			0.0	.0		0.0
14. Other .....			0.0	.0		0.0
15. International .....			0.0	.0		0.0
16. Reinsurance - Nonproportional Assumed Property .....			0.0	.0		0.0
17. Reinsurance - Nonproportional Assumed Liability .....			0.0	.0		0.0
18. Reinsurance - Nonproportional Assumed Financial Lines .....			0.0	.0		0.0
19. Products Liability - Occurrence .....			0.0	.0		0.0
20. Products Liability - Claims-Made .....			0.0	.0		0.0
21. Financial Guaranty/Mortgage Guaranty .....			0.0	.0		0.0
22. Warranty .....			0.0	.0		0.0
23. Totals	0	0	0.0	0	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts  
**N O N E**

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts  
**N O N E**

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? ..... Yes [ X ] No [ ]  
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)? .....\$ .....
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? ..... Yes [ X ] No [ ]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? ..... Yes [ ] No [ X ]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? ..... Yes [ X ] No [ ] N/A [ ]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior .....		
1.602 2011 .....		
1.603 2012 .....		
1.604 2013 .....		
1.605 2014 .....		
1.606 2015 .....		
1.607 2016 .....		
1.608 2017 .....		
1.609 2018 .....		
1.610 2019 .....		
1.611 2020 .....		
1.612 Totals	0	0

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other” ) reported in compliance with these definitions in this statement? ..... Yes [ X ] No [ ]
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? ..... Yes [ X ] No [ ]
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? ..... Yes [ ] No [ X ]  
  
If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.  
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:  
(in thousands of dollars)  

5.1 Fidelity .....  
5.2 Surety .....
6. Claim count information is reported per claim or per claimant (Indicate which). .....per claim.....  
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? ..... Yes [ ] No [ X ]
- 7.2 (An extended statement may be attached.)  
.....

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
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 Alien .....	OT				
59.	Total					

NONE



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

1	2	3	4	5	6	7	8	9	10	11	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re- quired? (Y/N)	16 *
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi- ciliary Loca- tion	Rela- tion- ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)					
1154	Coverys	10206	04-2595783				Medical Professional Mutual Insurance Company	MA	OTH			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	IA	ProMutual Group, Inc.	Ownership	100.000	Medical Professional Mutual Insurance Company	N	
1154	Coverys	14160	45-3967296				Coverys PRG, Inc.	DC	RE	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	OTH	ProMutual Group, Inc.	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys		04-3311841				ProMutual Insurance Agency, Inc.	MA	NIA	ProMutual Group, Inc.	Ownership	100.000	Medical Professional Mutual Insurance Company	N	
	Coverys		38-3239347				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 Capital No. 4 Limited	GBR	NIA	ProMutual Group, Inc.	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2
	Coverys						Coverys European Holdings Limited	GBR	NIA	Coverys UK Holding Co. Limited	Ownership	100.000	Medical Professional Mutual Insurance Company	N	2

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

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
10206	04-2595783	Medical Professional Mutual Insurance Co.		(105,000,000)	(32,200,000)		9,152,607	(92,994,385)			(221,041,778)	(1,468,941,454)
36234	47-0580977	Preferred Professional Insurance Company					9,697,850				9,697,850	
10638	04-1012400	ProSelect Insurance Company	(1,039,879)	(8,960,121)			(59,491,899)	31,987,062			(37,504,837)	956,089,954
15686	47-2600307	Coverys Specialty Insurance Company					28,744,046	61,219,224			89,963,270	292,166,491
14160	45-3967296	Coverys RRG, Inc.					11,330,287	(1,050,994)			10,279,293	201,941,614
00000	04-3294777	ProMutual Group, Inc.	1,793,807	123,372,749	32,200,000						157,366,556	
12722	20-5744578	PMSIC	(166,556)								(166,556)	
00000	20-4793831	Med-IQ, Inc.									0	
12233	74-3129288	Healthcare Underwriters Group, Inc.	(587,372)	(9,412,628)			567,109	1,548,840			(7,884,051)	18,743,395
00000	04-3311841	ProMutual Insurance Agency, Inc.									0	
00000	38-3239347	Coverys Insurance Services, Inc.									0	
00000	AA-3770262	Capital Risk Solutions									0	
00000	46-3884645	Coverys Community Health Foundation									0	
00000	46-3623608	Coverys Research and Development Corp.									0	
00000	47-4351735	Archway Health Holdings, LLC									0	
00000	04-3199991	Strategic Risk Solutions, Inc.									0	
00000	46-4018650	Pack Health, LLC									0	
00000		Coverys UK Holding Co. Limited									0	
00000		Coverys Capital Limited (UK)									0	
00000		Coverys Managing Agency Limited									0	
00000		Coverys 1975 UW						(709,747)			(709,747)	
00000		Coverys MA Services									0	
00000		Coverys European Holdings Limited									0	
		-									0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE   Healthcare Underwriters Group Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

















		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1? .....	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? .....	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1? .....	YES
6.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1? .....	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1? .....	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1? .....	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a “NONE” report and a bar code will be printed below.** 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.

MARCH FILING	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? .....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? .....
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? .....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? .....
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? .....
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? .....
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? .....
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? .....
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? .....
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....
APRIL FILING	
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? .....
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? .....
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? .....
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? .....
37.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? .....
AUGUST FILING	
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....
Explanations:	
12.	
13.	
14.	
16.	
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25.	
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37.	
38.	
Bar Codes:	
12.	SIS Stockholder Information Supplement [Document Identifier 420]
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
16.	Trusteed Surplus Statement [Document Identifier 490]
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]
19.	Medicare Part D Coverage Supplement [Document Identifier 365]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 2 2 3 3 2 0 2 0 4 0 0 0 0 0 0
23. Bail Bond Supplement [Document Identifier 500]	 1 2 2 3 3 2 0 2 0 5 0 0 0 0 0 0
24. Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 2 2 3 3 2 0 2 0 5 0 5 0 0 0 0
25. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 2 2 3 3 2 0 2 0 2 2 4 0 0 0 0
26. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 2 2 3 3 2 0 2 0 2 2 5 0 0 0 0
27. Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 2 2 3 3 2 0 2 0 2 2 6 0 0 0 0
28. Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 2 2 3 3 2 0 2 0 5 5 5 0 0 0 0
29. Credit Insurance Experience Exhibit [Document Identifier 230]	 1 2 2 3 3 2 0 2 0 2 3 0 0 0 0 0
30. Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 2 2 3 3 2 0 2 0 3 0 6 0 0 0 0
31. Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 2 2 3 3 2 0 2 0 2 1 0 0 0 0 0
32. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 2 2 3 3 2 0 2 0 2 1 6 0 0 0 0
33. Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 2 2 3 3 2 0 2 0 2 1 7 0 0 0 0
35. Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 1 2 2 3 3 2 0 2 0 2 6 0 0 0 0 0
36. Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 1 2 2 3 3 2 0 2 0 3 0 0 0 0 0 0
37. Private Flood Insurance Supplement [Document Identifier 560]	 1 2 2 3 3 2 0 2 0 5 6 0 0 0 0 0
38. Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 2 2 3 3 2 0 2 0 2 2 3 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE Healthcare Underwriters Group Inc.

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

				Prior Year
Current Year				4
				Net Admitted Assets
				Assets
1	2	3		
Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)		
2504.		0		0
2505.		0		0
2506.		0		0
2507.		0		0
2508.		0		0
2509.		0		0
2510.		0		0
2511.		0		0
2512.		0		
2513.		0		
2514.		0		
2515.		0		
2516.		0		
2517.		0		
2518.		0		
2519.		0		
2520.		0		
2521.		0		
2522.		0		
2523.		0		
2524.	-	0		
2597.	Summary of remaining write-ins for Line 25 from overflow page	0	0	0

Additional Write-ins for Liabilities Line 25

		1	2
		Current Year	Prior Year
2504.			0
2505.			
2506.			
2507.			
2508.	-		
2597.	Summary of remaining write-ins for Line 25 from overflow page	0	0



SUPPLEMENT FOR THE YEAR 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 Number of Claims		6 Amount Reported	7 Number of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL	2,211,925	5,500,991	2,167,500	10	1,780,191	8,050,000	71	(299,336)
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN	(548,750)	(366,828)	0		(103,868)	0		0
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY	(9,658,902)	(8,480,444)	120,000	2	(5,170,928)	0		
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	(4,666,767)	(3,024,534)	199,000	4	(2,655,552)	0		
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	(79,319)	45,978	0		0	0		
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate other alien.....OT	0	0	0	0	0	0	0	0
59. Total	(12,741,812)	(6,324,837)	2,486,500	16	(6,150,156)	8,050,000	71	(299,336)
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)	0	0	0	0	0	0	0	0



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

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate other alien.....OT								
59. Total								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								

NONE





Designate the type of health care providers reported on this page:  
Other health care professionals, including dentists, chiropractors, and podiatrists

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate other alien.....OT								
59. Total								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								

NONE



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

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	Number of Claims	Direct Losses Incurred	Amount Reported	Number of Claims	Direct Losses Incurred But Not Reported
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate other alien.....OT								
59. Total								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page.....								
58999. Totals (Lines 58001 thru 58003 plus 58998)(Line 58 above)								

NONE