

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

## QUARTERLY STATEMENT

AS OF JUNE 30, 2021  
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 Joseph Gerard Murphy # General Counsel & Secretary Erin Brennan Bagley

Chief Financial Officer & Treasurer Todd Colin Mills # Vice President Margaret Claire Bronneck #

#### OTHER

Michael Wesley Miller #, Vice President

#### DIRECTORS OR TRUSTEES

Joseph Gerard Murphy Todd Colin Mills Erin Brennan Bagley  
Margaret Claire Bronneck # Michael Wesley Miller #

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.

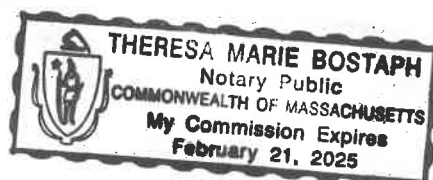
Joseph M. Murphy  
Joseph Gerard Murphy  
Chief Executive Officer & President, Chair

T Mills  
Todd Colin Mills  
Chief Financial Officer & Treasurer

Erin B. Bagley  
Erin Brennan Bagley  
General Counsel & Secretary

Subscribed and sworn to before me this  
13th day of August, 2021  
Theresa Marie Bostaph  
Theresa Marie Bostaph  
Notary Public  
February 21, 2025

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



ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	9,088,765	0	9,088,765	9,214,490
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ encumbrances) .....			0	0
5. Cash (\$ .....4,727,318 ), cash equivalents (\$ .....447,131 ) and short-term investments (\$ ..... ) .....	5,174,449		5,174,449	5,195,862
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets .....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	14,263,214	0	14,263,214	14,410,352
13. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
14. Investment income due and accrued .....	72,584	0	72,584	73,087
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,688	2,416	1,272	29,450
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	706,936	0	706,936	(159,572)
16.2 Funds held by or deposited with reinsured companies .....			0	0
16.3 Other amounts receivable under reinsurance contracts .....			0	0
17. Amounts receivable relating to uninsured plans .....			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....			0	16,085
18.2 Net deferred tax asset .....			0	0
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software .....			0	0
21. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	134,892	0	134,892	584,959
24. Health care (\$ ..... ) and other amounts receivable .....			0	0
25. Aggregate write-ins for other than invested assets .....	1,000	1,000	0	748
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	15,182,314	3,416	15,178,898	14,955,109
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
28. Total (Lines 26 and 27)	15,182,314	3,416	15,178,898	14,955,109
DETAILS OF WRITE-INS				
1101. - .....			0	
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Amounts Receivable-Deductibles .....	1,000	1,000	0	0
2502. Miscellaneous Assets .....	0		0	748
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,000	1,000	0	748

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31, Prior Year
1. Losses (current accident year \$ ..... ) .....		
2. Reinsurance payable on paid losses and loss adjustment expenses .....		0
3. Loss adjustment expenses .....		
4. Commissions payable, contingent commissions and other similar charges .....	305	108
5. Other expenses (excluding taxes, licenses and fees) .....		
6. Taxes, licenses and fees (excluding federal and foreign income taxes) .....	(4,201)	(121,505)
7.1 Current federal and foreign income taxes (including \$ ..... 0 on realized capital gains (losses)) .....	17,979	
7.2 Net deferred tax liability .....	110,177	114,779
8. Borrowed money \$ ..... and interest thereon \$ .....		
9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$ .....1,385,581 and including warranty reserves of \$ ..... and accrued accident and health experience rating refunds including \$ .....0 for medical loss ratio rebate per the Public Health Service Act) .....		0
10. Advance premium .....		
11. Dividends declared and unpaid:		
11.1 Stockholders .....		
11.2 Policyholders .....		
12. Ceded reinsurance premiums payable (net of ceding commissions) .....	(17,062)	5,766
13. Funds held by company under reinsurance treaties .....		0
14. Amounts withheld or retained by company for account of others .....		
15. Remittances and items not allocated .....		
16. Provision for reinsurance (including \$ ..... certified) .....		0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....		
18. Drafts outstanding .....		
19. Payable to parent, subsidiaries and affiliates .....	641	3,731
20. Derivatives .....	0	0
21. Payable for securities .....		
22. Payable for securities lending .....		
23. Liability for amounts held under uninsured plans .....		
24. Capital notes \$ ..... and interest thereon \$ .....		
25. Aggregate write-ins for liabilities .....	531	15,782
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25) .....	108,370	18,661
27. Protected cell liabilities .....		
28. Total liabilities (Lines 26 and 27) .....	108,370	18,661
29. Aggregate write-ins for special surplus funds .....	0	0
30. Common capital stock .....	8,186,047	8,186,047
31. Preferred capital stock .....		
32. Aggregate write-ins for other than special surplus funds .....	0	0
33. Surplus notes .....		
34. Gross paid in and contributed surplus .....	6,042,044	6,042,044
35. Unassigned funds (surplus) .....	842,437	708,357
36. Less treasury stock, at cost:		
36.1 ..... shares common (value included in Line 30 \$ ..... ) .....		
36.2 ..... shares preferred (value included in Line 31 \$ ..... ) .....		
37. Surplus as regards policyholders (Lines 29 to 35, less 36) .....	15,070,528	14,936,448
38. Totals (Page 2, Line 28, Col. 3)	15,178,898	14,955,109
<b>DETAILS OF WRITE-INS</b>		
2501. Miscellaneous Liabilities .....	531	15,564
2502. Amounts Payable Assessment .....		218
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	531	15,782
2901. - .....		
2902. ....		
2903. ....		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201. - .....		
3202. ....		
3203. ....		
3298. Summary of remaining write-ins for Line 32 from overflow page .....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>UNDERWRITING INCOME</b>			
1. Premiums earned:			
1.1 Direct (written \$ .....(3, 173) )	376,015	6,501,723	(6,325,679)
1.2 Assumed (written \$ .....0 )			106,915
1.3 Ceded (written \$ .....(3, 173) )	376,015	6,501,723	(6,218,764)
1.4 Net (written \$ .....0 )	0	0	0
<b>DEDUCTIONS:</b>			
2. Losses incurred (current accident year \$ ..... ):			
2.1 Direct	170,233	2,816,300	(6,143,077)
2.2 Assumed			0
2.3 Ceded	170,233	2,816,300	(6,143,077)
2.4 Net	0	0	0
3. Loss adjustment expenses incurred			
4. Other underwriting expenses incurred			
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
<b>INVESTMENT INCOME</b>			
9. Net investment income earned	144,936	219,585	395,757
10. Net realized capital gains (losses) less capital gains tax of \$ .....52	(218)	255,138	369,718
11. Net investment gain (loss) (Lines 9 + 10)	144,719	474,723	765,475
<b>OTHER INCOME</b>			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ .....0 amount charged off \$ ..... )	0	0	(32,008)
13. Finance and service charges not included in premiums			
14. Aggregate write-ins for miscellaneous income	0	10,209	(31,142)
15. Total other income (Lines 12 through 14)	0	10,209	(63,151)
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	144,719	484,933	702,324
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	144,719	484,933	702,324
19. Federal and foreign income taxes incurred	34,845	1,711	(25,549)
20. Net income (Line 18 minus Line 19)(to Line 22)	109,874	483,222	727,873
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
21. Surplus as regards policyholders, December 31 prior year	14,936,448	24,228,091	24,228,091
22. Net income (from Line 20)	109,874	483,222	727,873
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$			
25. Change in net unrealized foreign exchange capital gain (loss)			
26. Change in net deferred income tax	4,602	(30,846)	(30,838)
27. Change in nonadmitted assets	19,605	(39,932)	11,323
28. Change in provision for reinsurance			0
29. Change in surplus notes			
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	0	(9,412,628)	(9,412,628)
33.2 Transferred to capital (Stock Dividend)		0	
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders		(587,372)	(587,372)
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	134,080	(9,587,556)	(9,291,643)
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	15,070,528	14,640,534	14,936,448
<b>DETAILS OF WRITE-INS</b>			
0501. -			
0502. ....			
0503. ....			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Miscellaneous (Expenses) Income	0	10,209	(31,142)
1402. -			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	10,209	(31,142)
3701. -			
3702. ....			
3703. ....			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	9,389	(1,893,284)	(2,637,458)
2. Net investment income .....	154,936	265,374	466,948
3. Miscellaneous income .....	0	2,294	(63,150)
4. Total (Lines 1 to 3) .....	164,325	(1,625,617)	(2,233,661)
5. Benefit and loss related payments .....	866,508	(1,088,690)	(3,008,063)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	(117,501)	323,966	533,164
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... (52) tax on capital gains (losses) .....	729	(69,062)	42,825
10. Total (Lines 5 through 9) .....	749,735	(833,786)	(2,432,074)
11. Net cash from operations (Line 4 minus Line 10) .....	(585,410)	(791,830)	198,413
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	117,021	6,062,538	10,236,425
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	117,021	6,062,538	10,236,425
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	550,040	550,040
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	550,040	550,040
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	117,021	5,512,498	9,686,385
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	(9,412,628)	(9,412,628)
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	587,372	587,372
16.6 Other cash provided (applied) .....	446,976	783,841	(1,092,249)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	446,976	(9,216,159)	(11,092,249)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	(21,413)	(4,495,492)	(1,207,451)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	5,195,862	6,403,313	6,403,313
19.2 End of period (Line 18 plus Line 19.1) .....	5,174,449	1,907,822	5,195,862

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

20.0001. ....			0
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Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	06/30/2021	12/31/2020
Net Income					
(1) State basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 109,874	\$ 727,873
(2) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(3) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 109,874	\$ 727,873
Surplus					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 15,070,528	\$ 14,936,448
(6) State prescribed practices that are an increase / (decrease) from NAIC SAP:					
(7) State permitted practices that are an increase / (decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 15,070,528	\$ 14,936,448

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

C. Accounting Policy

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

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

The spread of COVID-19, which was declared by the World Health Organization to be a pandemic on March 11, 2020, and actions taken globally in response to it have disrupted business activities throughout the world. Since the beginning of the pandemic, the Company has closely monitored the impact of COVID-19 on all aspects of its business and operations. The Company has taken measures to continue operations to support and service our policyholders and agents with little to no disruption during this unprecedented period. To date, the underwriting results of our principal line of business, medical professional liability insurance, has been relatively unaffected by COVID-19. However, there remains a risk that labor shortages within the medical community affecting the quality of medical care, shortages of medical equipment, negligent transmission, failure to diagnose, and missed diagnoses may result in increased claims volume. Offsetting this potential risk, is that fact that many elective procedures were postponed or even cancelled, reducing the potential professional negligence claims during this period. Throughout 2020 and through the second quarter of 2021, the Company has been able to take premium rate increases where needed, while also adding new business. Some states have granted medical practitioners immunity from civil liability for injuries and/or deaths allegedly resulting from acts or omissions of the provider in the course of providing medical services in response to the COVID-19 outbreak, except in the case of gross negligence. The Company continues to monitor for adoption of similar measures by other states or at the federal level.

Additionally, since the start of the pandemic, through June 30, 2021, the Company has provided \$108,741 of premium reductions on 16 policies as a result of reduced exposure associated with COVID-19 (e.g. office closures, cancelled elective procedures).

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

In addition, the Company uses the following accounting policies:

- (1) Short-term investments - No Significant Changes
- (2) Bonds, mandatory convertible securities, and SVO-identified investments per SSAP No. 26R  
Bonds not backed by other loans are stated at amortized cost using the straight-line method.
- (3) Common stocks - Not Applicable
- (4) Preferred stocks - Not Applicable
- (5) Mortgage loans - Not Applicable
- (6) Loan-backed securities

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

Notes to the Financial Statements

1. Summary of Significant Accounting Policies and Going Concern (Continued)

- (7) Investments in subsidiaries, controlled and affiliated entities - Not Applicable
- (8) Investments in joint ventures, partnerships and limited liability companies - Not Applicable
- (9) Derivatives - Not Applicable
- (10) Investment income as a factor in the premium deficiency calculation - No Significant Changes
- (11) Liabilities for losses and loss/claim adjustment expenses - No Significant Changes
- (12) Changes in capitalization policy - No Significant Changes
- (13) Pharmaceutical rebate receivables - Not Applicable

D. Going Concern

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

2. Accounting Changes and Corrections of Errors - Not Applicable

3. Business Combinations and Goodwill - No Significant Changes

4. Discontinued Operations - Not Applicable

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans - Not Applicable
- B. Debt Restructuring - Not Applicable
- C. Reverse Mortgages - Not Applicable
- D. Loan-Backed Securities

(1) Prepayment assumptions

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

- (2) Loan-backed and structured securities with a recognized other-than-temporary impairment (OTTI) - Not Applicable
- (3) Securities held that were other-than-temporarily impaired due to the present value of cash flows expected to be collected was less than the amortized cost of securities - Not Applicable
- (4) All impaired securities for which an OTTI has not been recognized in earnings as a realized loss

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

- a. The aggregate amount of unrealized losses:
  - 1. Less than 12 months..... \$..... 1,258
  - 2. 12 months or longer.....
- b. The aggregate related fair value of securities with unrealized losses:
  - 1. Less than 12 months..... \$..... 82,591
  - 2. 12 months or longer.....

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

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

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions - Not Applicable
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing - Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale - Not Applicable
- J. Real Estate - Not Applicable
- K. Low-Income Housing Tax Credits (LIHTC) - Not Applicable

Notes to the Financial Statements

5. Investments (Continued)

L. Restricted Assets

(1) Restricted assets (including pledged)

Gross (Admitted & Nonadmitted) Restricted											
Current Year							Current Year				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 + 3)	Total From Prior Year	Increase / (Decrease) (5 - 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5-8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets, %	Admitted to Total Admitted Assets, %
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$	\$	\$	%	%
b. Collateral held under security lending agreements											
c. Subject to repurchase agreements											
d. Subject to reverse repurchase agreements											
e. Subject to dollar repurchase agreements											
f. Subject to dollar reverse repurchase agreements											
g. Placed under option contracts											
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock											
i. FHLB capital stock											
j. On deposit with states	1,100,373				1,100,373	1,100,965	(592)		1,100,373	7.248	7.249
k. On deposit with other regulatory bodies											
l. Pledged as collateral to FHLB (including assets backing funding agreements)											
m. Pledged as collateral not captured in other categories											
n. Other restricted assets											
o. Total restricted assets	\$ 1,100,373	\$	\$	\$	\$ 1,100,373	\$ 1,100,965	\$ (592)	\$	\$ 1,100,373	7.248 %	7.249 %

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

(3) Detail of other restricted assets (contracts that share similar characteristics, such as reinsurance and derivatives, are reported in the aggregate) - Not Applicable

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

M. Working Capital Finance Investments - Not Applicable

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

O. 5GI Securities - Not Applicable

P. Short Sales - Not Applicable

Q. Prepayment Penalty and Acceleration Fees - Not Applicable

R. Reporting Entity's Share of Cash Pool by Asset type - Not Applicable

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

7. Investment Income - Not Applicable

8. Derivative Instruments - Not Applicable

9. Income Taxes - No Significant Changes



## Notes to the Financial Statements

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

- A. Nature of Relationships - No Significant Changes
- B. Detail of Related Party Transactions - No Significant Changes
- C. Transactions With Related Party Who Are Not Reported on Schedule Y - Not Applicable
- D. Amounts Due To or From Related Parties

The Company reported \$17,979 due to and \$16,085 due from Medical Professional Mutual Insurance Company at June 30, 2021 and December 31, 2020, respectively, related to the federal tax sharing agreement.

The Company reported \$134,892 and \$584,959 due from ProSelect Insurance Compadny at June 30, 2021 and December 31, 2020, respectively, related to the management services agreement.

The Company reported an additional \$641 and \$3,731 due to its ultimate parent, Medical Professional Mutual Insurance Company at June 30, 2021 and December 31, 2020, respectively.

- E. Management Service Contracts and Cost Sharing Arrangements - No Significant Changes
- F. Guarantees or Contingencies - Not Applicable
- G. Nature of Relationships that Could Affect Operations - No Significant Changes
- H. Amount Deducted for Investment in Upstream Company - Not Applicable
- I. Detail of Investments in Affiliates Greater Than 10% of Admitted Assets - Not Applicable
- J. Write-Down for Impairments of Investments in Subsidiary Controlled or Affiliated Companies - Not Applicable
- K. Foreign Subsidiary Value Using CARVM - Not Applicable
- L. Downstream Holding Company Value Using Look-Through Method - Not Applicable
- M. All SCA Investments - Not Applicable
- N. Investment in Insurance SCAs - Not Applicable
- O. SCA and SSAP No. 48 Entity Loss Tracking - Not Applicable

### 11. Debt - Not Applicable

### 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plan - Not Applicable
- B. Investment Policies and Strategies of Plan Assets - Not Applicable
- C. Fair Value of Each Class of Plan Assets - Not Applicable
- D. Expected Long-Term Rate of Return for the Plan Assets - Not Applicable
- E. Defined Contribution Plans

The Company participates in a 401k Employee Savings Plan (Coverys 401(k)) sponsored by Medical Professional Mutual Insurance Company (MPMIC), an affiliate. Substantially all Coverys Group employees are eligible to participate in the Coverys 401(k), under which MPMIC will make matching contributions of 100% of participant's contributions up to 6%, and may make discretionary contributions up to 4.5% of each participant's base compensation. The Company has no legal obligation for benefits under this plan but receives an allocation from MPMIC's subsidiary, ProSelect Insurance Company, in accordance with the management agreement that exists between the two affiliates. The Company's share of net expenses was \$3,164 through the second quarter of 2021, and \$21,178 through December 2020.

- F. Multiemployer Plans - Not Applicable
- G. Consolidated/Holding Company Plans - Not Applicable
- H. Postemployment Benefits and Compensated Absences

The Company has no employees and therefore has no direct obligations for employment benefits. The Company receives an allocation from ProSelect Insurance Company for its share of these costs in accordance with the management agreement that exists between the two affiliates

- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17) - Not Applicable

### 13. Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations - No Significant Changes

### 14. Liabilities, Contingencies and Assessments - Not Applicable

### 15. Leases - No Significant Changes

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

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

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

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

### 20. Fair Value Measurements

- A. Fair Value Measurement

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

Notes to the Financial Statements

20. Fair Value Measurements (Continued)

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

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

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

- (1) Fair value measurements at reporting date - Not Applicable
- (2) Fair value measurements in Level 3 of the fair value hierarchy - Not Applicable
- (3) Policy on transfers into and out of Level 3 - Not Applicable
- (4) Inputs and techniques used for Level 2 and Level 3 fair values - Not Applicable
- (5) Derivatives - Not Applicable

- B. Other Fair Value Disclosures - Not Applicable
- C. Fair Values for All Financial Instruments by Level 1, 2 and 3

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds .....	\$ ..... 9,807,824	\$ ..... 9,088,765	\$ .....	\$ ..... 9,807,824	\$ .....	\$ .....	\$ .....
Cash, cash equivalents and Cash, cash equivalents and short-term investments .....	5,174,449	5,174,449	5,174,449				

- D. Not Practicable to Estimate Fair Value - Not Applicable
- E. Nature and Risk of Investments Reported at NAV - Not Applicable

21. Other Items

- A. Unusual or Infrequent Items - Not Applicable
- C. Other Disclosures

Special Disability Trust Fund Disclosure, Florida Statute 625.091

- 1. The Company took no credit in loss reserves for anticipated recoveries from the Special Disability Trust Fund through June 30, 2021, or the year ending December 31, 2020.
- 2. The Company received no payments from the Special Disability Trust Fund through June 30, 2021, or the year ending December 31, 2020
- 3. The Company had no assessments by the Special Disability Trust Fund through June 30, 2021, or the year ending December 31, 2020.

Agents’ Balances Certification, Florida Statute 625.012(5)

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

- D. Business Interruption Insurance Recoveries - Not Applicable
- E. State Transferable and Non-Transferable Tax Credits - Not Applicable
- F. Subprime-Mortgage-Related Risk Exposure - Not Applicable
- G. Insurance-Linked Securities (ILS) Contracts - Not Applicable
- H. The Amount That Could Be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or Has Otherwise Obtained Rights to Control the Policy - Not Applicable

22. Events Subsequent

Subsequent events have been considered through August 13, 2021 for the statutory statement issued on August 13, 2021. The Company has not experienced any other significant Type I or Type II subsequent events requiring adjustment or disclosure.

23. Reinsurance - No Significant Changes

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

- A. Method Used to Estimate - Not Applicable
- B. Method Used to Record - Not Applicable
- C. Amount and Percent of Net Retrospective Premiums - Not Applicable
- D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act - Not Applicable
- E. Calculation of Nonadmitted Retrospective Premium - Not Applicable

Notes to the Financial Statements

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination (Continued)

- F. Risk-Sharing Provisions of the Affordable Care Act (ACA)
- (1) Accident and health insurance premium subject to the Affordable Care Act risk-sharing provisions
- Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?  
NO
- (2) Impact of Risk-Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year - Not Applicable
- (3) Roll-forward of prior year ACA risk-sharing provisions for the following asset (gross of any nonadmission) and liability balances, along with the reasons for adjustments to prior year balance - Not Applicable
- (4) Roll-forward of risk corridors asset and liability balances by program benefit year - Not Applicable
- (5) ACA risk corridors receivable as of reporting date - Not Applicable

25. Changes in Incurred Losses and Loss Adjustment Expenses

- A. Reasons for Changes in the Provision for Incurred Loss and Loss Adjustment Expenses Attributable to Insured Events of Prior Years
- There is no development on the net incurred loss and loss adjustment expenses due to the 100% quota share agreement with MPMIC.
- B. Significant Changes in Methodologies and Assumptions Used in Calculating the Liability for Unpaid Losses and Loss Adjustment Expenses - Not Applicable

26. Intercompany Pooling Arrangements - Not Applicable
27. Structured Settlements - Not Applicable
28. Health Care Receivables - Not Applicable
29. Participating Policies - Not Applicable
30. Premium Deficiency Reserves - Not Applicable
31. High Deductibles - Not Applicable
32. Discounting of Liabilities For Unpaid Losses or Unpaid Loss Adjustment Expenses - Not Applicable
33. Asbestos/Environmental Reserves - Not Applicable
34. Subscriber Savings Accounts - Not Applicable
35. Multiple Peril Crop Insurance - Not Applicable
36. Financial Guaranty Insurance - Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ] No [ X ]
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ] No [ ]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ] No [ X ]
- 2.2

If yes, date of change: .....
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....

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

Yes [ X ] No [ ]
- 3.2

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

Yes [ X ] No [ ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.  
Effective April 30, 2021, Gava SRL was merged into AEC Underwriting Agency Insurance and Reinsurance S.p.A.
- 3.4

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

Yes [ ] No [ X ]
- 3.5

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

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

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

Yes [ ] No [ X ]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- |                |                   |                   |
|----------------|-------------------|-------------------|
| 1              | 2                 | 3                 |
| Name of Entity | NAIC Company Code | State of Domicile |
| .....          | .....             | .....             |
5.

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

If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2018
- 6.2

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

12/31/2018
- 6.3

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

02/11/2020
- 6.4

By what department or departments?  
Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes [ ] No [ ] N/A [ X ]
- 6.6

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

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

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

Yes [ ] No [ X ]
- 7.2

If yes, give full information:
- 8.1

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

Yes [ ] No [ X ]
- 8.2

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

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

Yes [ ] No [ X ]
- 8.4

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

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

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ] No [ ]
- 9.11

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

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

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

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

Yes [ ] No [ X ]
- 9.31

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

FINANCIAL

- 10.1

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

Yes [ X ] No [ ]
- 10.2

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

\$ .....

INVESTMENT

- 11.1

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

Yes [ X ] No [ ]
- 11.2

If yes, give full and complete information relating thereto:  
State Deposit Requirements
12.

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

\$ .....
13.

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

\$ .....
- 14.1

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

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....0   | \$ .....   |
| 14.22 Preferred Stock .....   | \$ .....0   | \$ .....   |
| 14.23 Common Stock .....  | \$ .....0   | \$ .....   |
| 14.24 Short-Term Investments .....  | \$ .....0   | \$ .....   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....0   | \$ .....   |
| 14.26 All Other .....   | \$ .....0   | \$ .....   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....0   | \$ .....0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....  | \$ .....   |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]
- 15.2

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

Yes [ ] No [ ] N/A [ ]
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$ .....0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$ .....0
- 16.3

Total payable for securities lending reported on the liability page. ....

\$ .....0

STATEMENT AS OF JUNE 30, 2021 OF THE Healthcare Underwriters Group Inc.

GENERAL INTERROGATORIES

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

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

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

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

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

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

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

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

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

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

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

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

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
  - b. Issuer or obligor is current on all contracted interest and principal payments.
  - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? ..... Yes [ ] No [ X ]

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

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
  - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
  - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
  - d. The fund only or predominantly holds bonds in its portfolio.
  - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
  - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? ..... Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - PROPERTY & CASUALTY INTERROGATORIES

1.

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? .....  
If yes, attach an explanation.

Yes [ ] No [ ] N/A [ X ]
2.

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

Yes [ ] No [ X ]
- 3.1

Have any of the reporting entity's primary reinsurance contracts been canceled? .....

Yes [ ] No [ X ]
- 3.2

If yes, give full and complete information thereto.
- 4.1

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see Annual Statement Instructions pertaining to disclosure of discounting for definition of " tabular reserves" ) discounted at a rate of interest greater than zero? .....

Yes [ ] No [ X ]
- 4.2

If yes, complete the following schedule:

			TOTAL DISCOUNT				DISCOUNT TAKEN DURING PERIOD			
1	2	3	4	5	6	7	8	9	10	11
Line of Business	Maximum Interest	Discount Rate	Unpaid Losses	Unpaid LAE	IBNR	TOTAL	Unpaid Losses	Unpaid LAE	IBNR	TOTAL
						0				0
TOTAL			0	0	0	0	0	0	0	0

5.

Operating Percentages:
- 5.1

A&H loss percent .....

%
- 5.2

A&H cost containment percent .....

%
- 5.3

A&H expense percent excluding cost containment expenses .....

%
- 6.1

Do you act as a custodian for health savings accounts? .....

Yes [ ] No [ X ]
- 6.2

If yes, please provide the amount of custodial funds held as of the reporting date .....\$.....
- 6.3

Do you act as an administrator for health savings accounts? .....

Yes [ ] No [ X ]
- 6.4

If yes, please provide the balance of the funds administered as of the reporting date .....\$.....
7.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? .....

Yes [ X ] No [ ]
- 7.1

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

Yes [ ] No [ ]

STATEMENT AS OF JUNE 30, 2021 OF THE Healthcare Underwriters Group Inc.

## SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

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



SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year To Date	3 Prior Year To Date	4 Current Year To Date	5 Prior Year To Date	6 Current Year To Date	7 Prior Year To Date
1. Alabama.....AL	N						
2. Alaska.....AK	N						
3. Arizona.....AZ	N						
4. Arkansas.....AR	N						
5. California.....CA	N						
6. Colorado.....CO	N						
7. Connecticut.....CT	N						
8. Delaware.....DE	N						
9. District of Columbia.....DC	N						
10. Florida.....FL	L	(3,173)	2,306,691	895,000	772,500	7,034,605	8,786,582
11. Georgia.....GA	N						
12. Hawaii.....HI	N						
13. Idaho.....ID	N						
14. Illinois.....IL	N						
15. Indiana.....IN	L		0		0		103,868
16. Iowa.....IA	N						
17. Kansas.....KS	N						
18. Kentucky.....KY	L		1,222,219		50,000		5,893,867
19. Louisiana.....LA	N						
20. Maine.....ME	N						
21. Maryland.....MD	N						
22. Massachusetts.....MA	N						
23. Michigan.....MI	N						
24. Minnesota.....MN	N						
25. Mississippi.....MS	N						
26. Missouri.....MO	N						
27. Montana.....MT	N						
28. Nebraska.....NE	N						
29. Nevada.....NV	N						
30. New Hampshire.....NH	N						
31. New Jersey.....NJ	N						
32. New Mexico.....NM	N						
33. New York.....NY	N						
34. North Carolina.....NC	N						
35. North Dakota.....ND	N						
36. Ohio.....OH	L		1,108,010		124,000		3,430,479
37. Oklahoma.....OK	N						
38. Oregon.....OR	N						
39. Pennsylvania.....PA	N						
40. Rhode Island.....RI	N						
41. South Carolina.....SC	N						
42. South Dakota.....SD	N						
43. Tennessee.....TN	N						
44. Texas.....TX	L		0		0		43,953
45. Utah.....UT	N						
46. Vermont.....VT	N						
47. Virginia.....VA	N						
48. Washington.....WA	N						
49. West Virginia.....WV	N						
50. Wisconsin.....WI	N						
51. Wyoming.....WY	N						
52. American Samoa.....AS	N						
53. Guam.....GU	N						
54. Puerto Rico.....PR	N						
55. U.S. Virgin Islands.....VI	N						
56. Northern Mariana Islands.....MP	N						
57. Canada.....CAN	N						
58. Aggregate Other Alien OT	XXX	0	0	0	0	0	0
59. Totals	XXX	(3,173)	4,636,920	895,000	946,500	7,034,605	18,258,749
DETAILS OF WRITE-INS							
58001.	XXX						
58002.	XXX						
58003.	XXX						
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0

(a) Active Status Counts:

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

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - see DSLI).....0

D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....0

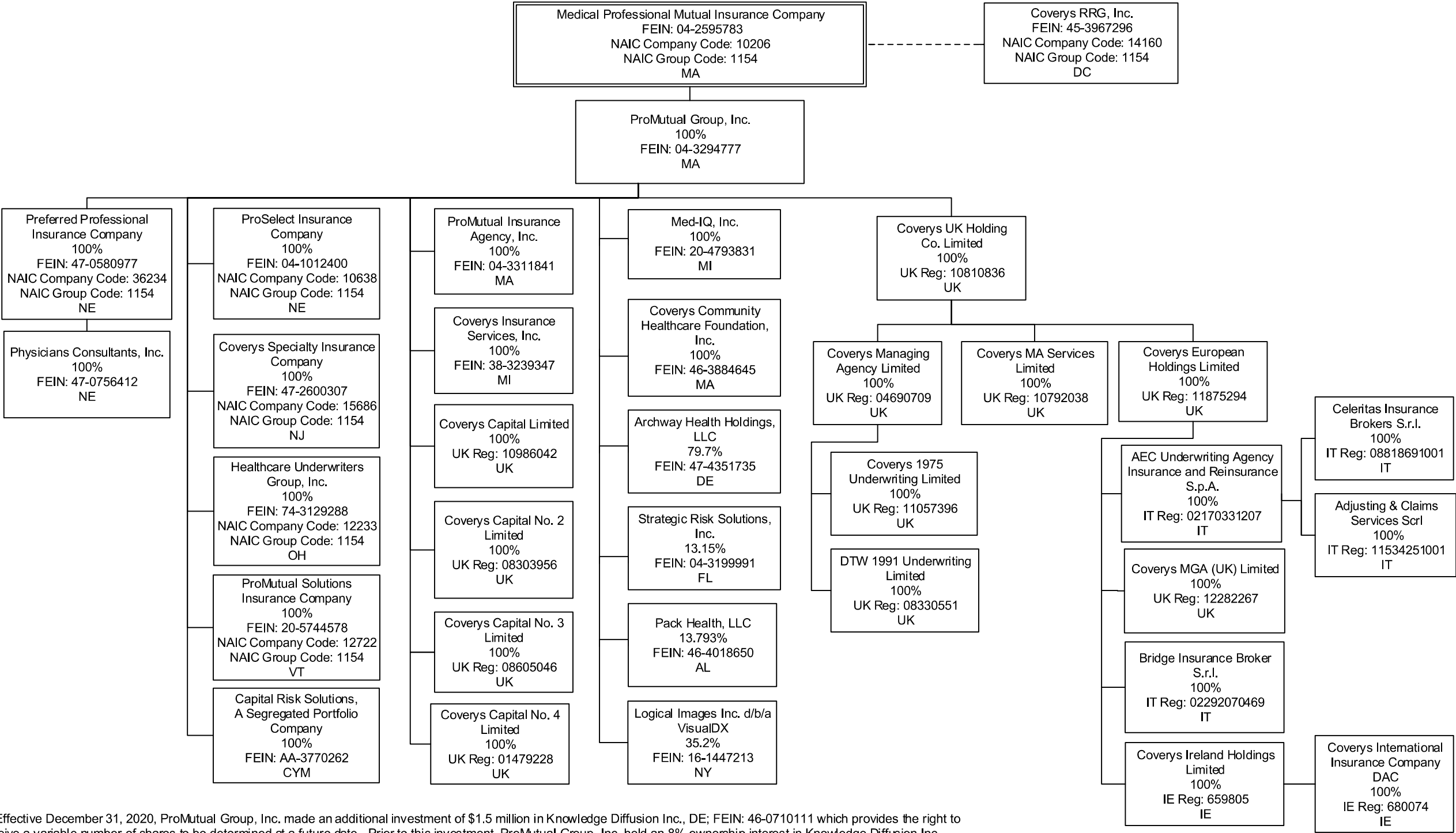
R - Registered - Non-domiciled RRGs.....0

Q - Qualified - Qualified or accredited reinsurer.....0

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

STATEMENT AS OF JUNE 30, 2021 OF THE Healthcare Underwriters Group Inc.  
Schedule Y – Part 1

11



1) Effective December 31, 2020, ProMutual Group, Inc. made an additional investment of \$1.5 million in Knowledge Diffusion Inc., DE; FEIN: 46-0710111 which provides the right to receive a variable number of shares to be determined at a future date. Prior to this investment, ProMutual Group, Inc. held an 8% ownership interest in Knowledge Diffusion Inc.

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	Relation- 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	13.150	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 UK Holding Co. 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						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

PART 1 - LOSS EXPERIENCE

Line of Business		Current Year to Date			4 Prior Year to Date Direct Loss Percentage
		1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1.	Fire .....			0.0	
2.	Allied Lines .....			0.0	
3.	Farmowners multiple peril .....			0.0	
4.	Homeowners multiple peril .....			0.0	
5.	Commercial multiple peril .....			0.0	
6.	Mortgage guaranty .....			0.0	
8.	Ocean marine .....			0.0	
9.	Inland marine .....			0.0	
10.	Financial guaranty .....			0.0	
11.1	Medical professional liability - occurrence .....	16,017	7,611	47.5	43.3
11.2	Medical professional liability - claims-made .....	359,880	171,015	47.5	43.3
12.	Earthquake .....			0.0	
13.	Group accident and health .....			0.0	
14.	Credit accident and health .....			0.0	
15.	Other accident and health .....			0.0	
16.	Workers' compensation .....			0.0	
17.1	Other liability - occurrence .....			0.0	
17.2	Other liability - claims-made .....	118	(8,393)	(7,112.7)	0.0
17.3	Excess workers' compensation .....			0.0	
18.1	Products liability - occurrence .....			0.0	
18.2	Products liability - claims-made .....			0.0	
19.1,19.2	Private passenger auto liability .....			0.0	
19.3,19.4	Commercial auto liability .....			0.0	
21.	Auto physical damage .....			0.0	
22.	Aircraft (all perils) .....			0.0	
23.	Fidelity .....			0.0	
24.	Surety .....			0.0	
26.	Burglary and theft .....			0.0	
27.	Boiler and machinery .....			0.0	
28.	Credit .....			0.0	
29.	International .....			0.0	
30.	Warranty .....			0.0	
31.	Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....	0	0	0.0	0.0
35.	Totals .....	376,015	170,233	45.3	43.3
DETAILS OF WRITE-INS					
3401.	.....				
3402.	.....				
3403.	.....				
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0.0	
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN

Line of Business		1	2	3
		Current Quarter	Current Year to Date	Prior Year Year to Date
1.	Fire .....	0		
2.	Allied Lines .....	0		
3.	Farmowners multiple peril .....	0		
4.	Homeowners multiple peril .....	0		
5.	Commercial multiple peril .....	0		
6.	Mortgage guaranty .....	0		
8.	Ocean marine .....	0		
9.	Inland marine .....	0		
10.	Financial guaranty .....	0		
11.1	Medical professional liability - occurrence .....	(19,748)	14,277	716,257
11.2	Medical professional liability - claims-made .....	(1,543)	(17,450)	3,919,269
12.	Earthquake .....	0		
13.	Group accident and health .....	0		
14.	Credit accident and health .....	0		
15.	Other accident and health .....	0		
16.	Workers' compensation .....	0		
17.1	Other liability - occurrence .....	0		
17.2	Other liability - claims-made .....	0		1,394
17.3	Excess workers' compensation .....	0		
18.1	Products liability - occurrence .....	0		
18.2	Products liability - claims-made .....	0		
19.1,19.2	Private passenger auto liability .....	0		
19.3,19.4	Commercial auto liability .....	0		
21.	Auto physical damage .....	0		
22.	Aircraft (all perils) .....	0		
23.	Fidelity .....	0		
24.	Surety .....	0		
26.	Burglary and theft .....	0		
27.	Boiler and machinery .....	0		
28.	Credit .....	0		
29.	International .....	0		
30.	Warranty .....	0		
31.	Reinsurance - Nonproportional Assumed Property .....	XXX	XXX	XXX
32.	Reinsurance - Nonproportional Assumed Liability .....	XXX	XXX	XXX
33.	Reinsurance - Nonproportional Assumed Financial Lines .....	XXX	XXX	XXX
34.	Aggregate write-ins for other lines of business .....	0	0	0
35.	Totals .....	(21,291)	(3,173)	4,636,920
DETAILS OF WRITE-INS				
3401.	.....			
3402.	.....			
3403.	.....			
3498.	Summary of remaining write-ins for Line 34 from overflow page .....	0	0	0
3499.	Totals (Lines 3401 through 3403 plus 3498)(Line 34 above) .....	0	0	0

STATEMENT AS OF JUNE 30, 2021 OF THE Healthcare Underwriters Group Inc.

PART 3 (000 omitted)

LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE

	1	2	3	4	5	6	7	8	9	10	11	12	13
Years in Which Losses Occurred	Prior Year-End Known Case Loss and LAE Reserves	Prior Year-End IBNR Loss and LAE Reserves	Total Prior Year-End Loss and LAE Reserves (Cols. 1+2)	2021 Loss and LAE Payments on Claims Reported as of Prior Year-End	2021 Loss and LAE Payments on Claims Unreported as of Prior Year-End	Total 2021 Loss and LAE Payments (Cols. 4+5)	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year End	Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year End	Q.S. Date IBNR Loss and LAE Reserves	Total Q.S. Loss and LAE Reserves (Cols.7+8+9)	Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols.4+7 minus Col. 1)	Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/ Deficiency (Cols. 5+8+9 minus Col. 2)	Prior Year-End Total Loss and LAE Reserve Developed (Savings)/ Deficiency (Cols. 11+12)
1. 2018 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
2. 2019 .....	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Subtotals 2019 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
4. 2020 .....	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Subtotals 2020 + Prior .....	0	0	0	0	0	0	0	0	0	0	0	0	0
6. 2021 .....	XXX	XXX	XXX	XXX	0	0	XXX	0	0	0	XXX	XXX	XXX
7. Totals .....	0	0	0	0	0	0	0	0	0	0	0	0	0
8. Prior Year-End Surplus As Regards Policyholders	14,936										Col. 11, Line 7 As % of Col. 1 Line 7	Col. 12, Line 7 As % of Col. 2 Line 7	Col. 13, Line 7 As % of Col. 3 Line 7
											1. 0.0	2. 0.0	3. 0.0
											Col. 13, Line 7 As a % of Col. 1 Line 8		
											4. 0.0		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

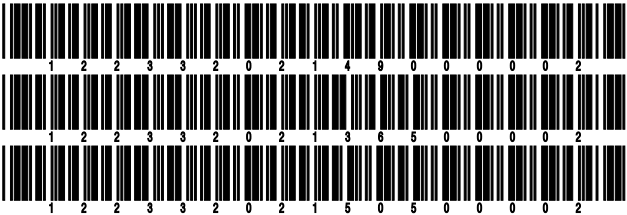
	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement? .....	NO
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement? .....	YES
3. Will the Medicare Part D Coverage Supplement be filed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

Explanations:

- 1.
- 3.
- 4.

Bar Codes:

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



**OVERFLOW PAGE FOR WRITE-INS**



SCHEDULE A - VERIFICATION

Real Estate

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

SCHEDULE B - VERIFICATION

Mortgage Loans

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

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	9,214,490	18,462,936
2. Cost of bonds and stocks acquired	0	550,040
3. Accrual of discount	2,590	11,744
4. Unrealized valuation increase (decrease)	0	
5. Total gain (loss) on disposals	(270)	471,826
6. Deduct consideration for bonds and stocks disposed of	117,021	10,236,425
7. Deduct amortization of premium	11,025	45,631
8. Total foreign exchange change in book/adjusted carrying value	0	
9. Deduct current year's other than temporary impairment recognized	0	
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees	0	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	9,088,765	9,214,490
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	9,088,765	9,214,490

SCHEDULE D - PART 1B

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	8,395,857		85,333	(3,940)	8,395,857	8,306,585		8,356,793
2. NAIC 2 (a) .....	782,433		0	(254)	782,433	782,179		857,697
3. NAIC 3 (a) .....	0		0	0	0	0		
4. NAIC 4 (a) .....	0		0	0	0	0		
5. NAIC 5 (a) .....	0		0	0	0	0		
6. NAIC 6 (a) .....	0		0	0	0	0		
7. Total Bonds	9,178,291	0	85,333	(4,194)	9,178,291	9,088,764	0	9,214,490
PREFERRED STOCK								
8. NAIC 1 .....	0				0	0		0
9. NAIC 2 .....	0				0	0		0
10. NAIC 3 .....	0				0	0		0
11. NAIC 4 .....	0				0	0		0
12. NAIC 5 .....	0				0	0		0
13. NAIC 6 .....	0				0	0		0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	9,178,291	0	85,333	(4,194)	9,178,291	9,088,764	0	9,214,490

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....

Schedule DA - Part 1 - Short-Term Investments

**N O N E**

Schedule DA - Verification - Short-Term Investments

**N O N E**

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

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

**N O N E**

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

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	171,208	632,812
2. Cost of cash equivalents acquired .....	277,017	10,016,376
3. Accrual of discount .....	0	
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	
6. Deduct consideration received on disposals .....	1,094	10,477,980
7. Deduct amortization of premium .....	0	
8. Total foreign exchange change in book/adjusted carrying value .....	0	
9. Deduct current year's other than temporary impairment recognized .....	0	
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	447,131	171,208
11. Deduct total nonadmitted amounts .....	0	
12. Statement value at end of current period (Line 10 minus Line 11)	447,131	171,208

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

**N O N E**

STATEMENT AS OF JUNE 30, 2021 OF THE Healthcare Underwriters Group Inc.

SCHEDULE D - PART 4

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
25476F-LH-9	DISTRICT COLUMBIA		06/01/2021	Maturity @ 100.00		50,000	50,000	55,149	50,695	0	(695)	0	(695)	0	50,000	0	0	0	1,368	06/01/2021	1.B FE
2499999	Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					50,000	50,000	55,149	50,695	0	(695)	0	(695)	0	50,000	0	0	0	1,368	XXX	XXX
3128MJ-AW-0	FH 608020 - RMBS		06/01/2021	Paydown		72	72	81	80	0	(8)	0	(8)	0	72	0	0	0	2	11/01/2034	1.A
312933-WQ-3	FH A86955 - RMBS		06/01/2021	Paydown		250	250	279	279	0	(29)	0	(29)	0	250	0	0	0	6	06/01/2039	1.A
312936-NA-1	FH A89385 - RMBS		06/01/2021	Paydown		202	202	224	224	0	(22)	0	(22)	0	202	0	0	0	5	10/01/2039	1.A
3131WR-FX-8	FH ZJ1082 - RMBS		06/01/2021	Paydown		339	339	363	365	0	(26)	0	(26)	0	339	0	0	0	7	01/01/2041	1.A
31329J-FJ-1	FH ZA1069 - RMBS		06/01/2021	Paydown		58	58	62	63	0	(5)	0	(5)	0	58	0	0	0	1	10/01/2040	1.A
3132A5-B2-0	FH ZS4557 - RMBS		06/01/2021	Paydown		656	656	710	717	0	(60)	0	(60)	0	656	0	0	0	13	03/01/2044	1.A
3132A5-BA-2	FH ZS4533 - RMBS		06/01/2021	Paydown		161	161	173	175	0	(14)	0	(14)	0	161	0	0	0	3	10/01/2043	1.A
3132AA-QW-7	FH ZS9469 - RMBS		06/01/2021	Paydown		122	122	135	136	0	(14)	0	(14)	0	122	0	0	0	3	05/01/2042	1.A
3138AB-BY-4	FN AH9054 - RMBS		06/01/2021	Paydown		86	86	95	96	0	(10)	0	(10)	0	86	0	0	0	2	04/01/2041	1.A
3138EH-BB-7	FN AL0933 - RMBS		06/01/2021	Paydown		162	162	186	186	0	(24)	0	(24)	0	162	0	0	0	4	10/01/2041	1.A
314020-YH-8	FN 735212 - RMBS		06/01/2021	Paydown		359	359	401	395	0	(36)	0	(36)	0	359	0	0	0	9	12/01/2034	1.A
31402R-DD-8	FN 735500 - RMBS		06/01/2021	Paydown		69	69	79	78	0	(9)	0	(9)	0	69	0	0	0	2	05/01/2035	1.A
3140HA-C9-9	FN BJ8195 - RMBS		06/01/2021	Paydown		7,887	7,887	7,978	8,003	0	(117)	0	(117)	0	7,887	0	0	0	138	01/01/2048	1.A
31416M-3A-0	FN AA4392 - RMBS		06/01/2021	Paydown		457	457	495	497	0	(41)	0	(41)	0	457	0	0	0	9	04/01/2039	1.A
31417V-W6-6	FN AC8512 - RMBS		06/01/2021	Paydown		369	369	409	410	0	(41)	0	(41)	0	369	0	0	0	8	12/01/2039	1.A
31419A-G2-7	FN AE0216 - RMBS		06/01/2021	Paydown		609	609	652	652	0	(43)	0	(43)	0	609	0	0	0	12	08/01/2040	1.A
3199999	Subtotal - Bonds - U.S. Special Revenues					11,859	11,859	12,323	12,357	0	(498)	0	(498)	0	11,859	0	0	0	224	XXX	XXX
86212V-AD-6	STR 2018-1 A1 - ABS		06/20/2021	Paydown		208	208	208	208	0	0	0	0	0	208	0	0	0	4	10/20/2048	1.A FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					208	208	208	208	0	0	0	0	0	208	0	0	0	4	XXX	XXX
8399997	Total - Bonds - Part 4					62,067	62,067	67,681	63,260	0	(1,193)	0	(1,193)	0	62,067	0	0	0	1,595	XXX	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					62,067	62,067	67,681	63,260	0	(1,193)	0	(1,193)	0	62,067	0	0	0	1,595	XXX	XXX
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					62,067	XXX	67,681	63,260	0	(1,193)	0	(1,193)	0	62,067	0	0	0	1,595	XXX	XXX

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees

**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**N O N E**

## SCHEDULE E - PART 1 - CASH

[illegible]



## SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]



SUPPLEMENT FOR THE QUARTER ENDING JUNE 30, 2021 OF THE Healthcare Underwriters Group Inc.

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

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

States, etc.	1  Direct Premiums Written	2  Direct Premiums Earned	Direct Losses Paid		5  Direct Losses Incurred	Direct Losses Unpaid		8  Direct Losses Incurred But Not Reported
			3  Amount	4  No. of Claims		6  Amount Reported	7  No. of Claims	
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL	(3,173)	375,897	895,000	7	178,626	7,680,000	51	(645,710)
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Aliens.....OT	0	0	0	0	0	0	0	0
59. Totals	(3,173)	375,897	895,000	7	178,626	7,680,000	51	(645,710)
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 through 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	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Aliens.....OT								
59. Totals								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								

NONE



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	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama . . . . .AL								
2. Alaska . . . . .AK								
3. Arizona . . . . .AZ								
4. Arkansas . . . . .AR								
5. California . . . . .CA								
6. Colorado . . . . .CO								
7. Connecticut . . . . .CT								
8. Delaware . . . . .DE								
9. District of Columbia . . . . .DC								
10. Florida . . . . .FL								
11. Georgia . . . . .GA								
12. Hawaii . . . . .HI								
13. Idaho . . . . .ID								
14. Illinois . . . . .IL								
15. Indiana . . . . .IN								
16. Iowa . . . . .IA								
17. Kansas . . . . .KS								
18. Kentucky . . . . .KY								
19. Louisiana . . . . .LA								
20. Maine . . . . .ME								
21. Maryland . . . . .MD								
22. Massachusetts . . . . .MA								
23. Michigan . . . . .MI								
24. Minnesota . . . . .MN								
25. Mississippi . . . . .MS								
26. Missouri . . . . .MO								
27. Montana . . . . .MT								
28. Nebraska . . . . .NE								
29. Nevada . . . . .NV								
30. New Hampshire . . . . .NH								
31. New Jersey . . . . .NJ								
32. New Mexico . . . . .NM								
33. New York . . . . .NY								
34. North Carolina . . . . .NC								
35. North Dakota . . . . .ND								
36. Ohio . . . . .OH								
37. Oklahoma . . . . .OK								
38. Oregon . . . . .OR								
39. Pennsylvania . . . . .PA								
40. Rhode Island . . . . .RI								
41. South Carolina . . . . .SC								
42. South Dakota . . . . .SD								
43. Tennessee . . . . .TN								
44. Texas . . . . .TX								
45. Utah . . . . .UT								
46. Vermont . . . . .VT								
47. Virginia . . . . .VA								
48. Washington . . . . .WA								
49. West Virginia . . . . .WV								
50. Wisconsin . . . . .WI								
51. Wyoming . . . . .WY								
52. American Samoa . . . . .AS								
53. Guam . . . . .GU								
54. Puerto Rico . . . . .PR								
55. U.S. Virgin Islands . . . . .VI								
56. Northern Mariana Islands . . . . .MP								
57. Canada . . . . .CAN								
58. Aggregate Other Aliens . . . . .OT								
59. Totals								
DETAILS OF WRITE-INS								
58001. . . . .								
58002. . . . .								
58003. . . . .								
58998. Summary of remaining write-ins for Line 58 from overflow page . . . . .								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								

NONE



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

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

	1	2	Direct Losses Paid		5	Direct Losses Unpaid		8
			3	4		6	7	
States, etc.	Direct Premiums Written	Direct Premiums Earned	Amount	No. of Claims	Direct Losses Incurred	Amount Reported	No. of Claims	Direct Losses Incurred But Not Reported
1. Alabama.....AL								
2. Alaska.....AK								
3. Arizona.....AZ								
4. Arkansas.....AR								
5. California.....CA								
6. Colorado.....CO								
7. Connecticut.....CT								
8. Delaware.....DE								
9. District of Columbia.....DC								
10. Florida.....FL								
11. Georgia.....GA								
12. Hawaii.....HI								
13. Idaho.....ID								
14. Illinois.....IL								
15. Indiana.....IN								
16. Iowa.....IA								
17. Kansas.....KS								
18. Kentucky.....KY								
19. Louisiana.....LA								
20. Maine.....ME								
21. Maryland.....MD								
22. Massachusetts.....MA								
23. Michigan.....MI								
24. Minnesota.....MN								
25. Mississippi.....MS								
26. Missouri.....MO								
27. Montana.....MT								
28. Nebraska.....NE								
29. Nevada.....NV								
30. New Hampshire.....NH								
31. New Jersey.....NJ								
32. New Mexico.....NM								
33. New York.....NY								
34. North Carolina.....NC								
35. North Dakota.....ND								
36. Ohio.....OH								
37. Oklahoma.....OK								
38. Oregon.....OR								
39. Pennsylvania.....PA								
40. Rhode Island.....RI								
41. South Carolina.....SC								
42. South Dakota.....SD								
43. Tennessee.....TN								
44. Texas.....TX								
45. Utah.....UT								
46. Vermont.....VT								
47. Virginia.....VA								
48. Washington.....WA								
49. West Virginia.....WV								
50. Wisconsin.....WI								
51. Wyoming.....WY								
52. American Samoa.....AS								
53. Guam.....GU								
54. Puerto Rico.....PR								
55. U.S. Virgin Islands.....VI								
56. Northern Mariana Islands.....MP								
57. Canada.....CAN								
58. Aggregate Other Aliens.....OT								
59. Totals								
DETAILS OF WRITE-INS								
58001. ....								
58002. ....								
58003. ....								
58998. Summary of remaining write-ins for Line 58 from overflow page								
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)								

NONE