



State of Connecticut Insurance Department

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Connecticut Medical Malpractice Annual Report

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Contents

Connecticut Medical Malpractice Annual Report – 2015 (Business of 2014)

- I. Introduction
- II. Background
- III. Data Collection
- IV. Description of Analysis
- V. Limitations of Analysis
- VI. Key Findings
- VII. Detailed Findings
- VIII. Rate Filings and Industry Calendar Year Data

Appendix 1 – Closed Claims Analyst Report

Appendix 2 – Calendar Year Premium and Losses

Appendix 3 – Insurance Industry Financial Data

Appendix 4 - Connecticut General Statute § 38a-395

Appendix 5 – Application Users Guide

Connecticut Medical Malpractice Closed Claim Annual Report – 2015

I. Introduction

Pursuant to Section 14 of Public Act 05-275, codified as C.G.S. section 38a-395, the Connecticut Insurance Department (the “Department”) hereby submits its 2015 annual report to the General Assembly. The report summarizes the Connecticut medical malpractice liability closed claim data received by the Department for the calendar years 2010 through 2014. In addition, it provides a summary of rate filing activity for 2014, premium information by medical provider specialty for 2014 and industry calendar year experience for the most recent ten years. Copies of prior year reports are available on the Department’s website at www.ct.gov/cid.

II. Background

The Connecticut legislature passed Public Act 05-275 (the “Act”) in 2005. This Act, among other things, required that after January 1, 2006 each insurer “that insures a physician, surgeon, hospital, advanced practice registered nurse or physician assistant against professional liability” provide the Insurance Commissioner with a closed claim report on a quarterly basis. For purposes of closed claim reporting, an “insurer” includes captives and self-insured entities or persons. In 2007, the legislature passed Public Act 07-25 which expanded the definition of medical specialties for which closed claim reporting was required. The expanded reporting, effective October 1, 2007, requires submission of closed claims for all “medical professionals and hospitals”. The definition of “medical professional” has the same meaning as provided in C.G.S. section 38a-976. The details of the requirements for the claim information to be reported are provided in C.G.S. section 38a-395(c) and a copy of 38a-395 as revised in 2007 is attached as Appendix 4.

The individual closed claim data collected by the Department, as required by C.G.S. 38a-395, is confidential. As a result, this report summarizes data in order to maintain the confidentiality of the individual claim information filed by each reporting entity.

III. Data Collection

During 2008, Department staff, in conjunction with the University of Connecticut’s Department of Computer Science and Engineering, developed a new data reporting application. This secured web-based application, which became operational in the fourth quarter of and year-end 2008 reporting. Since that time users have been able to submit closed claim information directly to the Department’s website. This new reporting tool will enhance the quality and timeliness of the data and has received positive feedback from reporting entities. Closed claim data prior to the fourth quarter of 2008 were submitted using the Department’s previous software application.

The required closed claim data elements are submitted to the Department on a quarterly basis. Closed claim reports are due by the 10th of the month following the last month of

each quarter. In addition to the closed claim data, the Department also captures annual calendar year premium and loss information as required in the statute. Information on rate filing activity was compiled from the Department's files.

Premium and loss data was collected from 139 entities including 66 carriers licensed in Connecticut, 24 risk retention groups (RRG's) and 49 excess and surplus lines companies. We received data on 2014 closed claims from 81 insuring entities, which included 46 admitted insurance companies, 26 hospitals or hospital groups that are either self-insured or insured with a captive and 9 non-hospital captives/self-insurers/risk retention groups. While there are still some delays in providing the closed claim information, compliance with the data submission requirements by insurers was generally good. As was the case last year, some of the risk retention groups continue to assert that the Federal Liability Risk Retention Act provides them an exemption from having to report claim data to Connecticut or any other state. Fortunately, most of the RRG's have relatively small market shares, with the exception of MCIC Vermont, Inc. (MCIC), which is the largest writer of medical malpractice liability insurance in the state. MCIC, although continuing to assert the exemption, agreed to supply summarized claim information to the Department again this year.

On May 7, 2010 the Department requested an opinion from the Attorney General as to the extent to which the Department can use its regulatory authority to compel RRG's to supply this data for our analysis. As of the date of this report the Department has not received a response to that request.

IV. Description of Analysis

A claim is a demand for compensation due to alleged malpractice of a health care provider or facility as defined in the Act. For the purposes of this report, and based on general practice, when an insurer opens a file and begins to investigate the circumstances of a demand for compensation, a claim has occurred, whether or not a lawsuit is ever filed. When the file is closed, even when the claimant receives no payment, the claim must be reported and counted as a closed claim.

In this report, two primary pieces of claim data are analyzed:

- **Paid Indemnity:** The amount of compensation paid to a claimant or plaintiff on behalf of each defendant.
- **Allocated Loss Adjustment Expenses (ALAE):** These are expenses associated with defending the case. They are comprised of payments to defense counsel for legal services, and other expenses incurred by the insuring entity to handle a specific claim, such as investigations or fees for expert witnesses.

In this analysis, as displayed on the reports in **Appendix 1**, we organized and summarized the data to reflect the types of medical malpractice claims, the age and size of these claims and the type of insurer. For purposes of this report, we define Commercial Insurer (Commercial Insurer) to include admitted insurers and surplus lines carriers. Also, experience for captives, RRG's and self-insurers (Captives/Self-Insurers) was combined.

This report contains the most recent five full years of closed claim data reported to us. Given that Connecticut is a relatively small state the overall statistical credibility of the data is somewhat limited and therefore, caution should be exercised in drawing any definitive conclusions at this time.

Appendix 2 also includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2010 through 2014. It should be noted that the losses displayed in Report 12 are not comparable to the closed claim data provided in the reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open and the incurred losses include reserve estimates on open cases. The Appendix 1 reports include only payments on claims that have reached final closure.

In **Appendix 3**, we have provided annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2013 and 2014, we have displayed premium, loss, expense and investment income data individually for the top 15 insurers writing medical malpractice insurance in Connecticut. In addition, we have provided similar data for all companies combined for calendar years 2005 – 2014. These exhibits do not include data for captives or self-insurers, but do include RRG's.

V. Limitations of Analysis

The loss analysis is based entirely on historical closed claim data. That is, claims are reported to us and included in this analysis based on the quarter and year in which they reach a final outcome and all payments had been made. Some arose from fairly recent medical incidents, but most arose from incidents that occurred a number of years ago.

The Department has relied on the accuracy of the data submitted by the various insuring entities. Other than checking the claim data for reasonability, the Department has not attempted to verify or audit the accuracy of the submitted information directly with the reporting entities. As such, the quality of the analysis is dependent on the accuracy of the data submitted by the insurers and self-insurers.

This report is not intended to be used to evaluate past or current medical malpractice liability insurance rates.

VI. Key Findings

While the data is limited in that it only includes claims closed in the five calendar years ending December 31, 2014, there are some observations that can be made from an analysis of the claim information. Greater detail is provided in Section VII which provides the narrative describing the reports and charts in Appendix 1.

- **Total Claims:** A total of 3,091 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,705. Captives/Self-Insurers reported 1,386 claims.

- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. A majority of medical malpractice claims resulted in no indemnity payments. A little over half (55%) of the claims had no indemnity payments, while the remaining 45% closed with an indemnity payment. The total amount paid to claimants was \$797 million, with an average of \$573,878 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages.
- **Defense Counsel Payments:** Over half of the claims closed with no payments to claimants, yet 68%, or 2,091, generated legal expenses to defend the claim. These expenses totaled \$152 million, an average of \$72,876 per claim. Of these almost half 49% (1,020) were for incidents that had no payments to claimants, averaging \$50,997 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$93,715.
- **Indemnity Payments and Size of Claims:** More than half of all claims that have an indemnity payment have a payment of less than \$200,000. But million dollar plus claims, with only 17% of all claim counts represent 67% of all indemnity payments, over \$535 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,389 claims that closed with an indemnity payment, 226 closed within one year of being reported and had an average paid indemnity of \$95,558. That average figure rose to \$946,087 for claims closing between 60 and 90 months from being reported. It exceeds \$2.3 million for claims that take longer than ten years to close.
- **Defense Counsel Payments and Age of Claim:** Average defense counsel payments also increased with the age of claim.
- **Claim Outcomes:** Of the 3,091 reported claims, 1,389 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 98% were settled, with 96% settled before trial began. The remaining 1,702 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 91% were settled, with 85% of those settled before trial began.

VII. Detailed Findings

This discussion corresponds to the reports and charts attached as Appendix 1. The reader is encouraged to review those exhibits for full details.

Claims by Insurer (Reports 1, 2 and 3)

Of the total of 3,091 claims, 1,389, or 45% had indemnity payments to a claimant at an average value of \$573,878. While Commercial Insurers reported a greater number of claims in total, Captives/Self-Insurers actually had more claims with indemnity payments (802 to 587). The average claim size for Commercial Insurers (\$463,361) is also lower than for Captives/Self-Insurers (\$654,768). Fewer claims closed in 2014 compared to 2013, in total and for both subgroups. The average values of indemnity payments for 2014 were higher than the 2013 averages.

Of the total 3,091 claims, 68% had payments to defense counsel. There was little difference between Commercial Insurers and Captives/Self-Insurers in the proportion of claims with legal defense costs. For the five years of data combined, Captives/Self Insurers average legal expenses were nearly double the legal expenses per claim than Commercial Insurers.

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$189 million represents the amount expended to defend and investigate claims. This represents 24% of the total indemnity. Commercial Insurers expended a higher percentage than Captives/Self-Insurers.

Claims by Size (Reports 4 and 5)

The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,389 claims, 232, or 17% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$536 million, or 67% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 212 claims (15%) with \$152 million of payments. Thus, the 444 claims greater than \$500,000, represents approximately 32% of the claims, but over 86% of the total paid indemnity.

On the other hand, 34% of legal defense costs are expended to defend claims where there are no indemnity payments. The distribution of the defense counsel payments by size of loss is shown on Report 5 and Chart 5-1. Legal defense costs for the \$1 million and above claims represent 27% of the total. And, the average amount of defense costs per claim generally increases as the claims get larger.

Age of Claim (Report 6)

These exhibits display claims by age at the time of closing from both report date and injury date and provide the average length of time to closure. A majority of claims with indemnity payments closed between two and five years of being reported. Overall, it took a little less than three and one half years from the report date to close claims with indemnity payments. The average time from the date of incident to report was about 18 months, which suggests claims are closed, on average, less than five years after injury. Average payments increased as the claim aged, with claims closing more than five years after the report date averaging slightly under \$1 million per claim. The average value

exceeds \$2.3 million for claims closing more than ten years after the report date. The distribution of claims and payments by age can be seen on Report 6, Parts 1 and 2 and Charts 6-1 & 6-2.

As expected, the older the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within six months, 21% had defense counsel payments. For claims closing after three years, the percentage approaches 90%. As with indemnity costs, the average legal cost associated with a claim increases as the claim aged. Claims closed in the first six months averaged legal costs of \$7,250, while those closing five or more years after being reported averaged over \$143,000. The distribution of defense counsel payments by age of claim are displayed on Report 6, Part 3 and Chart 6-3. Report 6, Part 4 displays data from injury date to report date and Report 6, Part 5 shows data from injury date to date of final closure. In Report 6, Part 5 we note that 41% of claims with an indemnity payment take at least 5 years from date of injury to finally close.

Severity of Injury (Report 7)

Of the 1,389 claims reported as closed with an indemnity payment, 361, or 26% were due to the death of the injured party, with average paid indemnity of \$818,971. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity over \$1.6 million, which was nearly three times the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 185 severe “permanent injury” claims, when combined with the death cases, comprise over 75% of the total indemnity payments. The average payments by injury type are shown on Report 7, Part 1 and Chart 7-1.

Likewise, the average legal costs associated with the 185 most serious non-death claims were significantly higher than the overall average. For those claims, 170 of which had defense counsel costs, the average was \$156,230 compared to \$93,715 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 60% had defense counsel payments that averaged \$50,997. However, for the most serious non-death permanent injury claims, 75% required legal defense at an average cost of \$70,050. Details of legal costs for these claims by injury type are displayed on Report 7, Part 3 and Chart 7-3.

Claims by Physician Specialty (Report 8)

These exhibits show the medical provider specialties for which claims were reported that had indemnity payments. Hospitals-General had the most claims followed by the Physicians-Other category. The majority (greater than 96%) of the Hospital claims were reported by the Captives/Self-Insurers, while Commercial Insurers reported the most in the Physicians-Other category.

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. For the Hospitals-General category, which had almost 45% of the claims, the average indemnity payment was \$705,338, about 23% above the overall average. The highest average was for Emergency Services/Call Center/Ambulance Services at \$1,110,850 with only 23 claims. The next highest average was Anesthesiology at \$1,076,770, followed by the Gynecology/OB-GYN specialty with an average claim size at \$1,202,814. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. We note that six of the specialty areas have less than 15 claims over the five year period.

In addition to claim information, Report 8, Part 2 also displays base premiums by medical provider specialty for Commercial Insurers. For purposes of this report, base premiums are defined as the manual premium before the application of increased limits factors or experience debits and credits. Base premiums were not available from the Captives/Self-Insurers.

Claims by Outcome (Report 9)

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 3,091 closed claims, 55% resulted in no payment to the plaintiff. Of these, 91% were settled and the majority of the cases were resolved either before litigation began or before trial. Claims closed before a lawsuit was filed tended to be less serious and closed within approximately three and one half years of the incident date on average. Of the claims that were not settled, the average time to final resolution was much longer than for settled cases.
- The remaining 45% of closed claims resulted in indemnity payments to the plaintiff. Of these, 96% were settled, with most of those being settled before trial. Only 35 of the 1,389 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 19% resulted in payments to the plaintiff. For cases that were settled, 47% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$555,551 with additional expenses for total ALAE of \$95,786 per claim. For cases that had court dispositions, the average payment was over \$1.2 million with \$257,285 of ALAE per claim.
- The “average severity of injury rating” column measures the seriousness of the claim by averaging the severity rating (e.g., a death claim is a 9, a grave permanent claim is an 8, and so on) for the claims in each category.

Claim Reserves (Report 10)

These exhibits display combined final indemnity and all ALAE payments with the initial and final reserves for those claims. The reserve amounts represent the insurer’s best estimate at two points in time of what they believe the ultimate payment will be when the claim finally closes. A comparison of the initial reserves to the final payments shows that the first estimates were significantly lower than the average final payment. There is little

difference between the Commercial Insurers and the Captives/Self-Insurers in this relationship.

The final reserve amounts were much closer to the final payments. While these values represent averages for all five years of data combined, these differences in the initial estimates versus the final payments highlight the difficulty all insurers have in accurately assessing what the ultimate payout will be for a particular claim. This is especially true in the early stages of claim development when details related to the incident are still incomplete.

Economic and Non-Economic Damages (Report 11)

Reporting entities were asked to split the final indemnity payment into economic and non-economic damages. Economic damages are usually defined as objectively verifiable monetary losses such as medical expenses, loss of earnings, burial costs, etc. Non-economic damages typically refer to subjective non-monetary losses such as pain, suffering, inconvenience, emotional distress, etc. For 48% of the 1,389 claims with an indemnity payment, that is 672, insurers failed to provide this split in the reported data as they indicated that such information was not available in the final settlement.

For the claims where the split was provided, approximately 67% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$523,279 or approximately 9% lower than the overall average for all claims with indemnity payments of \$573,878. Commercial Insurers provided the split on 64% of the claims reported with indemnity payments and 69% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 42% of claims reported with indemnity payments and 64% of those payments were for non-economic damages.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings

For the Professional Liability subline of Medical Malpractice, during the last seven years, 2008 to 2014, the Department received and approved one request for a medical malpractice rate change for physicians and surgeons of +4.5% submitted by ProSelect for its individual program. That activity occurred in 2013.

Calendar Year Premium and Losses (Appendix 2, Report 12)

Report 12 displays calendar year earned premium and losses for 2010 through 2014 separately for Commercial Insurers, captives (including RRG's) and self-insurers. This information is compiled from data submissions provided by insuring entities that responded to the data call. As such, it includes data from captives and self insurers that are not included in the industry data in Appendix 3. It should be noted that the paid losses included in this report are not directly comparable to the amounts shown in the closed claim reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open. It should also be noted that the incurred losses in Report 12 do not include reserves for incurred but not reported (IBNR) claims.

While only five years of data has limited value in determining long term trends, we do observe premium volume in total has declined over the past four years for all groups combined and most significantly for Captives and Self-Insurers, where earned premiums are down over 55% from 5 years ago. Commercial Insurers premium volume is down 17% since 2010, although the 2014 premium is up slightly over the 2013 premium.

Industry Data from the NAIC (Appendix 3)

In Appendix 3, we display industry data compiled from annual financial statements provided to the NAIC by all companies writing medical malpractice business in Connecticut. Data is included for licensed companies, surplus lines companies and risk retention groups, but excludes captives. It also includes data from companies that write business for medical provider specialties (e.g., chiropractors or psychiatrists) that were not included in the Connecticut-specific data call until the fourth quarter of 2007.

The first four exhibits provide historical industry premium, loss and expense experience for the ten years ending 2014. Exhibit 1 displays experience for all companies combined and also includes profitability ratios from the NAIC Report on Profitability by Line by State (Profitability Report). Ratios are shown separately for underwriting profit (premiums less losses and expenses as a percent of earned premium) and profit on the insurance transaction (underwriting profit plus investment earnings less federal income taxes as a percent of earned premium). These results show profitability on the insurance transaction through 2006; then a 3.4% loss in 2007; then profitability again through 2013. The NAIC profitability report is not yet available for 2014, but with the incurred loss and loss expense ratio up to 60% for 2014 up from 34% in 2013, we would expect that there will be an underwriting loss in 2014.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, excess/surplus lines companies, and risk retention groups. The reserve take downs observed in 2008 and 2009 by the surplus lines companies did not continue in subsequent years. The ten years of history generally shows volatile incurred loss experience for the surplus lines and risk retention groups. Licensed companies' experience has been more stable from 2005 through 2009. The 2010 year reflects substantial reserve takedowns, with experience for 2011-2014 also showing some volatility relative to the historical ratios.

Exhibits 5 and 6 provide premium, loss and expense experience for 2013 and 2014 separately for the top fifteen writers. The written premium decline that we observed in the last three years continues in 2014 for licensed companies and excess/surplus companies. The market remains concentrated with 87% of the premium written by the top 15 insurers. Connecticut Medical Insurance Company (CMIC), ProSelect Insurance Company and MCIC, VT, Inc., (an RRG covering several hospitals in Connecticut), continue as the top three writers with over 66% of total direct written premium for the state.

In addition, we have provided Exhibit 7 which displays investment income for 2013 and 2014 for the 15 leading insurers in the state. As noted above, these companies write 87% of the statewide premium. Meaningful comparisons are limited since investment earnings are not specific to medical malpractice insurance or to policies written just in Connecticut as they are derived from all assets held by the companies.

**Connecticut Medical Malpractice Annual Report – 2015
(Business of 2014)**

Appendix 1

Closed Claim Analysis Reports

Connecticut Department of Insurance

Indemnity Payments

All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2010	690	303	387	\$166,069,193	\$548,083
2011	698	310	388	\$139,107,322	\$448,733
2012	552	230	322	\$161,424,479	\$701,846
2013	624	303	321	\$162,515,755	\$536,356
2014	527	243	284	\$167,999,716	\$691,357
Total	3091	1389	1702	\$797,116,465	\$573,878

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2010	376	128	248	\$61,523,082	\$480,649
2011	373	125	248	\$50,425,451	\$403,404
2012	311	98	213	\$65,189,728	\$665,201
2013	333	120	213	\$37,576,760	\$313,140
2014	312	116	196	\$57,277,852	\$493,775
Total	1705	587	1118	\$271,992,873	\$463,361

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2010	314	175	139	\$104,546,111	\$597,406
2011	325	185	140	\$88,681,871	\$479,361
2012	241	132	109	\$96,234,751	\$729,051
2013	291	183	108	\$124,938,995	\$682,727
2014	215	127	88	\$110,721,864	\$871,826
Total	1386	802	584	\$525,123,592	\$654,768

(6)=(5)/(3)

Connecticut Department of Insurance
Defense Counsel Payments
All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2010	690	465	\$27,232,499	235	\$36,934	230	\$80,672
2011	698	460	\$29,786,234	220	\$50,978	240	\$77,380
2012	552	357	\$30,053,982	187	\$41,384	170	\$131,266
2013	624	433	\$32,116,249	206	\$68,473	227	\$79,343
2014	527	376	\$33,195,202	172	\$59,756	204	\$112,339
Total	3091	2091	\$152,384,166	1020	\$50,997	1071	\$93,715

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2010	376	257	\$11,546,472	151	\$38,097	106	\$54,659
2011	373	241	\$11,178,760	131	\$36,817	110	\$57,780
2012	311	206	\$12,256,450	122	\$34,672	84	\$95,552
2013	333	226	\$10,801,001	132	\$49,126	94	\$45,919
2014	312	214	\$11,348,623	108	\$38,480	106	\$67,856
Total	1705	1144	\$57,131,306	644	\$39,513	500	\$63,370

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2010	314	208	\$15,686,027	84	\$34,844	124	\$102,909
2011	325	219	\$18,607,474	89	\$71,821	130	\$93,965
2012	241	151	\$17,797,532	65	\$53,980	86	\$166,149
2013	291	207	\$21,315,248	74	\$102,983	133	\$102,966
2014	215	162	\$21,846,579	64	\$95,659	98	\$160,453
Total	1386	947	\$95,252,860	376	\$70,667	571	\$120,287

(3)=(5)+(7)

Connecticut Department of Insurance
Allocated Loss Adjustment Expenses (ALAE) as a
Percent of Indemnity Payments
All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2010	690	509	\$166,069,193	\$27,232,499	\$7,603,452	21.0%
2011	698	504	\$139,107,322	\$29,786,234	\$8,932,935	27.8%
2012	552	387	\$161,424,479	\$30,053,982	\$7,049,293	23.0%
2013	624	458	\$162,515,755	\$32,116,249	\$6,471,744	23.7%
2014	527	402	\$167,999,716	\$33,195,202	\$6,802,784	23.8%
Total	3091	2260	\$797,116,465	\$152,384,166	\$36,860,208	23.7%

$(7) = ((5) + (6)) / (4)$

Connecticut Department of Insurance
Allocated Loss Adjustment Expenses (ALAE) as a
Percent of Indemnity Payments
Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2010	376	286	\$61,523,082	\$11,546,472	\$4,132,403	25.5%
2011	373	271	\$50,425,451	\$11,178,760	\$2,403,715	26.9%
2012	311	223	\$65,189,728	\$12,256,450	\$4,303,844	25.4%
2013	333	246	\$37,576,760	\$10,801,001	\$3,419,200	37.8%
2014	312	230	\$57,277,852	\$11,348,623	\$3,778,899	26.4%
Total	1705	1256	\$271,992,873	\$57,131,306	\$18,038,061	27.6%

$(7)=((5)+(6))/(4)$

Connecticut Department of Insurance
Allocated Loss Adjustment Expenses (ALAE) as a
Percent of Indemnity Payments
Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2010	314	223	\$104,546,111	\$15,686,027	\$3,471,049	18.3%
2011	325	233	\$88,681,871	\$18,607,474	\$6,529,220	28.3%
2012	241	164	\$96,234,751	\$17,797,532	\$2,745,449	21.3%
2013	291	212	\$124,938,995	\$21,315,248	\$3,052,544	19.5%
2014	215	172	\$110,721,864	\$21,846,579	\$3,023,885	22.5%
Total	1386	1004	\$525,123,592	\$95,252,860	\$18,822,147	21.7%

$(7)=((5)+(6))/(4)$

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2010 - 2014 Aggregate

<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	578	41.6%	\$17,939,655	\$31,037	2.3%
\$100,000 - \$199,999	140	10.1%	\$19,166,791	\$136,906	2.4%
\$200,000 - \$299,999	88	6.3%	\$20,663,868	\$234,817	2.6%
\$300,000 - \$399,999	82	5.9%	\$26,925,959	\$328,365	3.4%
\$400,000 - \$499,999	57	4.1%	\$24,662,139	\$432,669	3.1%
\$500,000 - \$599,999	55	4.0%	\$28,588,670	\$519,794	3.6%
\$600,000 - \$699,999	44	3.2%	\$27,604,882	\$627,384	3.5%
\$700,000 - \$799,999	38	2.7%	\$27,964,439	\$735,906	3.5%
\$800,000 - \$899,999	32	2.3%	\$26,951,763	\$842,243	3.4%
\$900,000 - \$999,999	43	3.1%	\$40,754,287	\$947,774	5.1%
\$1,000,000 and Over	232	16.7%	\$535,894,012	\$2,309,888	67.2%
Total	1389	100.0%	\$797,116,465	\$573,878	100.0%

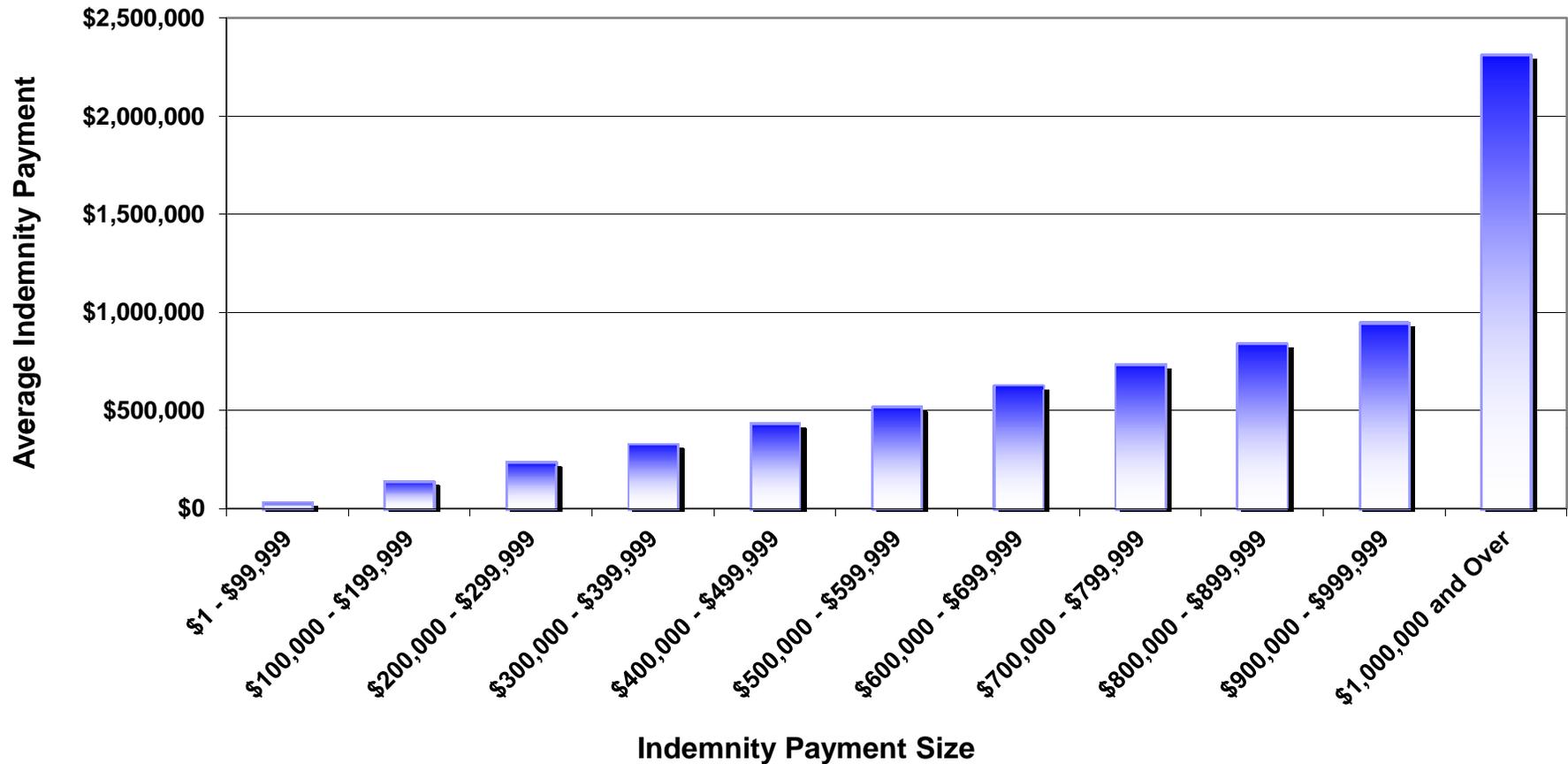
(3)=(2) for each range/(2) total

(5)=(4)/(2)

(6)=(4) for each range/(4) total

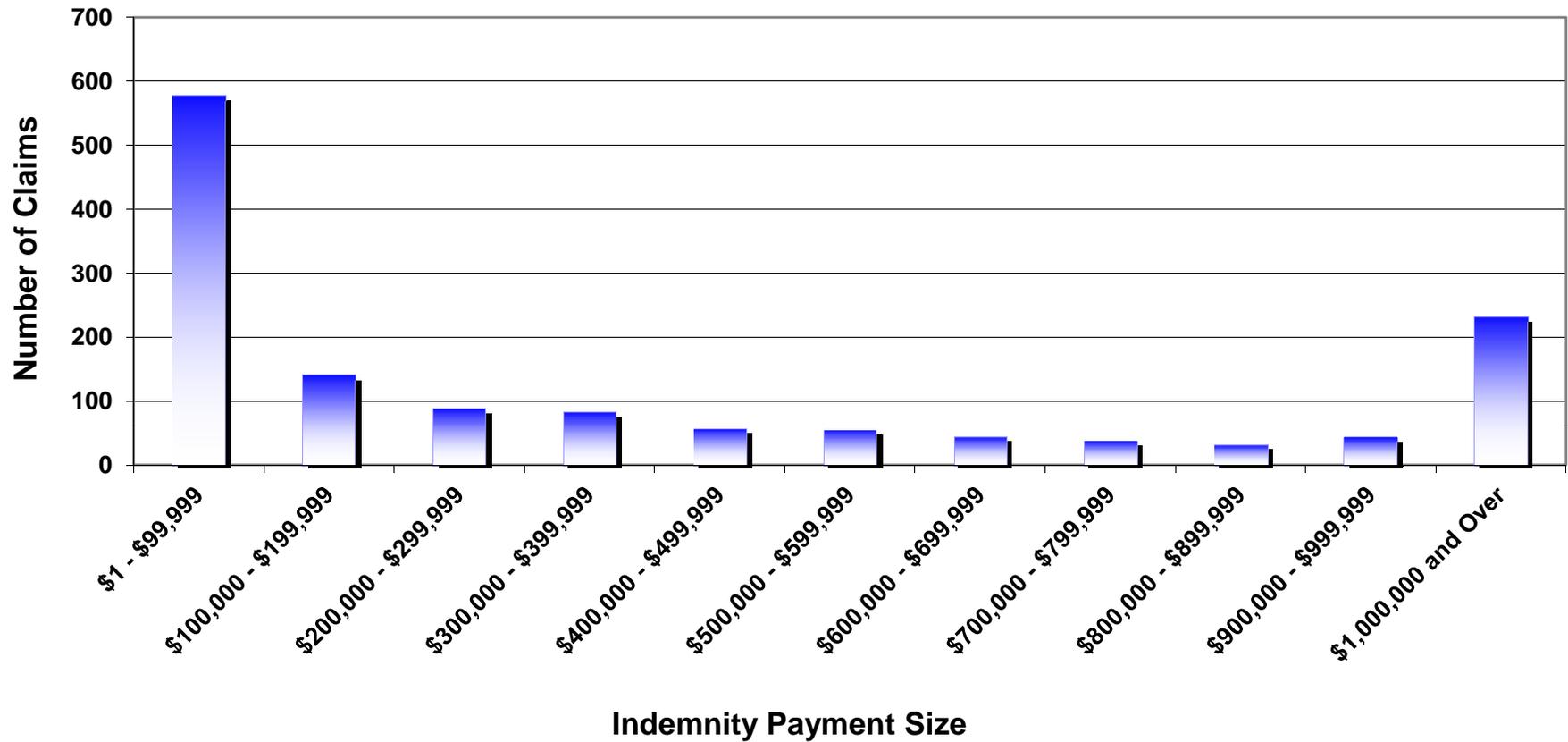
Connecticut Department of Insurance

Average Indemnity Payment by Indemnity Payment Size 2010 - 2014 Aggregate



Connecticut Department of Insurance

Number of Claims by Indemnity Payment Size 2010 - 2014 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

2010 - 2014 Aggregate

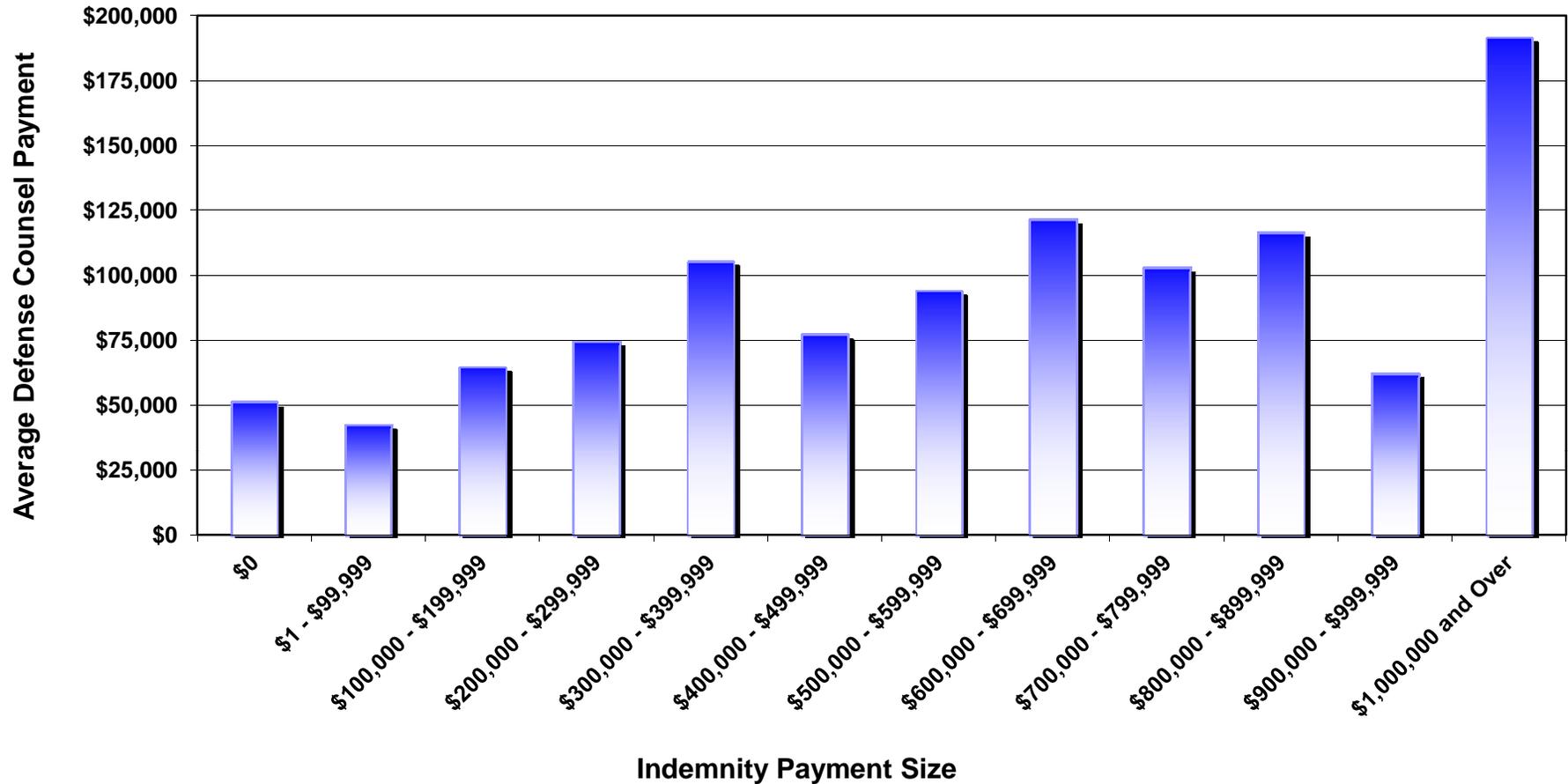
<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$0	1702	1020	\$52,016,718	\$50,997	34.1%
\$1 - \$99,999	578	339	\$14,349,162	\$42,328	9.4%
\$100,000 - \$199,999	140	110	\$7,111,555	\$64,651	4.7%
\$200,000 - \$299,999	88	79	\$5,880,963	\$74,443	3.9%
\$300,000 - \$399,999	82	74	\$7,790,723	\$105,280	5.1%
\$400,000 - \$499,999	57	53	\$4,079,584	\$76,973	2.7%
\$500,000 - \$599,999	55	53	\$4,973,502	\$93,840	3.3%
\$600,000 - \$699,999	44	40	\$4,862,366	\$121,559	3.2%
\$700,000 - \$799,999	38	36	\$3,698,742	\$102,743	2.4%
\$800,000 - \$899,999	32	30	\$3,486,002	\$116,200	2.3%
\$900,000 - \$999,999	43	39	\$2,422,622	\$62,119	1.6%
\$1,000,000 and Over	232	218	\$41,712,227	\$191,340	27.4%
Total	3091	2091	\$152,384,166	\$72,876	100.0%

(5)=(4)/(3)

(6)=(4) for each range/(4) total

Connecticut Department of Insurance

Average Payment to Defense Counsel by Indemnity Payment Size 2010 - 2014 Aggregate



Connecticut Department of Insurance
Length of Claims from Report Date to Closure Date
All Claims from All Insurers

2010 - 2014 Aggregate

<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	379	12.3%	115	8.3%	81	3.9%
6 - 12 Months	331	10.7%	111	8.0%	131	6.3%
12 - 18 Months	259	8.4%	93	6.7%	132	6.3%
18 - 24 Months	283	9.2%	112	8.1%	179	8.6%
24 - 36 Months	541	17.5%	239	17.2%	407	19.5%
36 - 60 Months	875	28.3%	494	35.6%	780	37.3%
60 - 90 Months	366	11.8%	199	14.3%	329	15.7%
90 - 120 Months	54	1.7%	24	1.7%	49	2.3%
120 Months and Over	3	0.1%	2	0.1%	3	0.1%
Total	3091	100.0%	1389	100.0%	2091	100.0%
Average Length of Claims	2.92 YEARS		3.30 YEARS		3.58 YEARS	

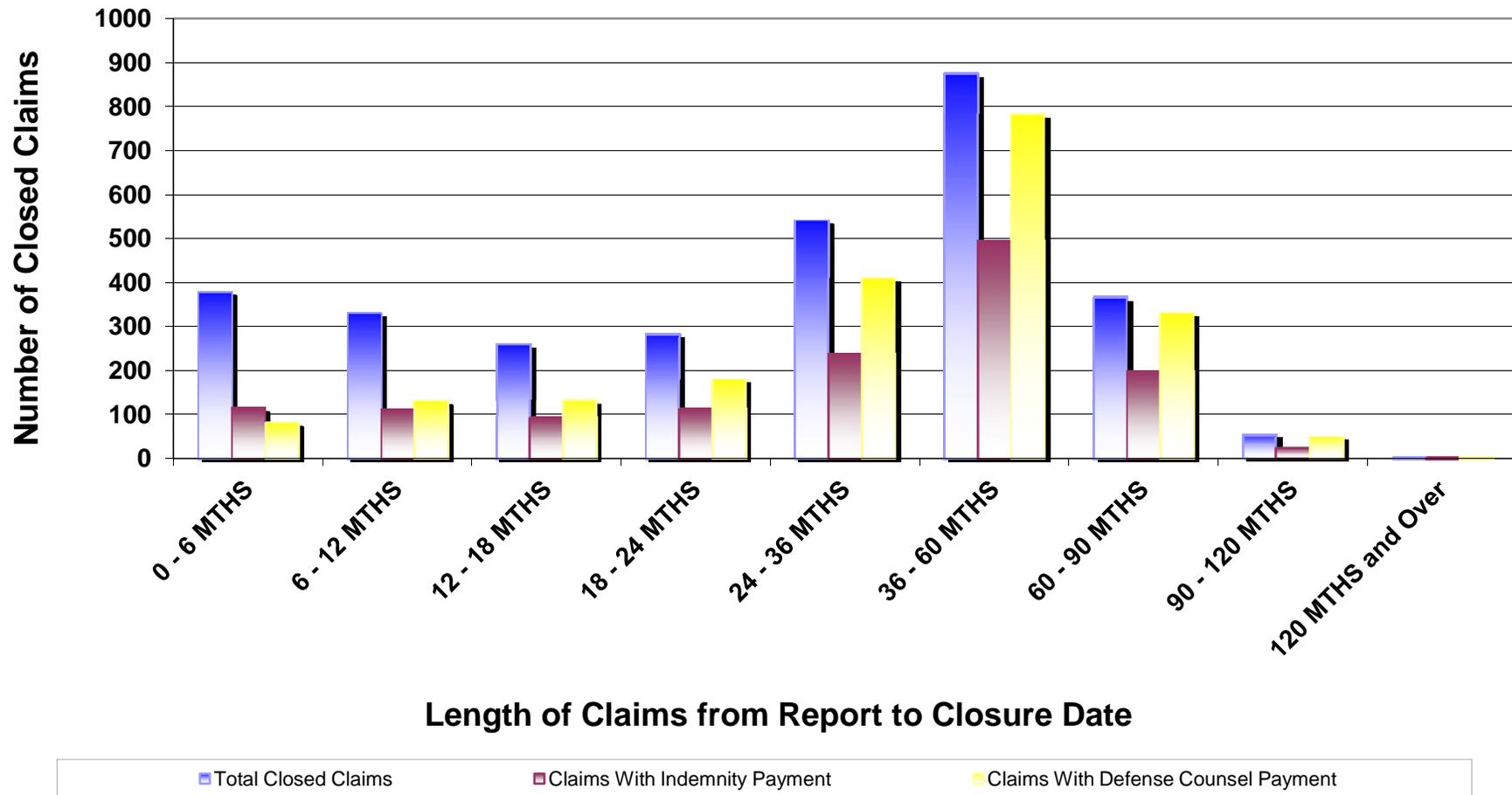
(3)=(2) for each range/(2) total

(5)=(4) for each range/(4) total

(7)=(6) for each range/(6) total

Connecticut Department of Insurance

Length of Claims From Report to Closure Date 2010 - 2014 Aggregate



Connecticut Department of Insurance
Length of Claims from Report Date to Closure Date
Claims with Indemnity Payments - From All Insurers

2010 - 2014 Aggregate

<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	379	115	30.3%	\$5,756,331	0.7%	\$50,055
6 - 12 Months	331	111	33.5%	\$15,839,724	2.0%	\$142,700
12 - 18 Months	259	93	35.9%	\$28,036,105	3.5%	\$301,463
18 - 24 Months	283	112	39.6%	\$60,670,435	7.6%	\$541,700
24 - 36 Months	541	239	44.2%	\$120,340,182	15.1%	\$503,515
36 - 60 Months	875	494	56.5%	\$347,305,536	43.6%	\$703,048
60 - 90 Months	366	199	54.4%	\$188,271,347	23.6%	\$946,087
90 - 120 Months	54	24	44.4%	\$26,254,235	3.3%	\$1,093,926
120 Months and Over	3	2	66.7%	\$4,642,570	0.6%	\$2,321,285
Total	3091	1389	44.9%	\$797,116,465	100.0%	\$573,878

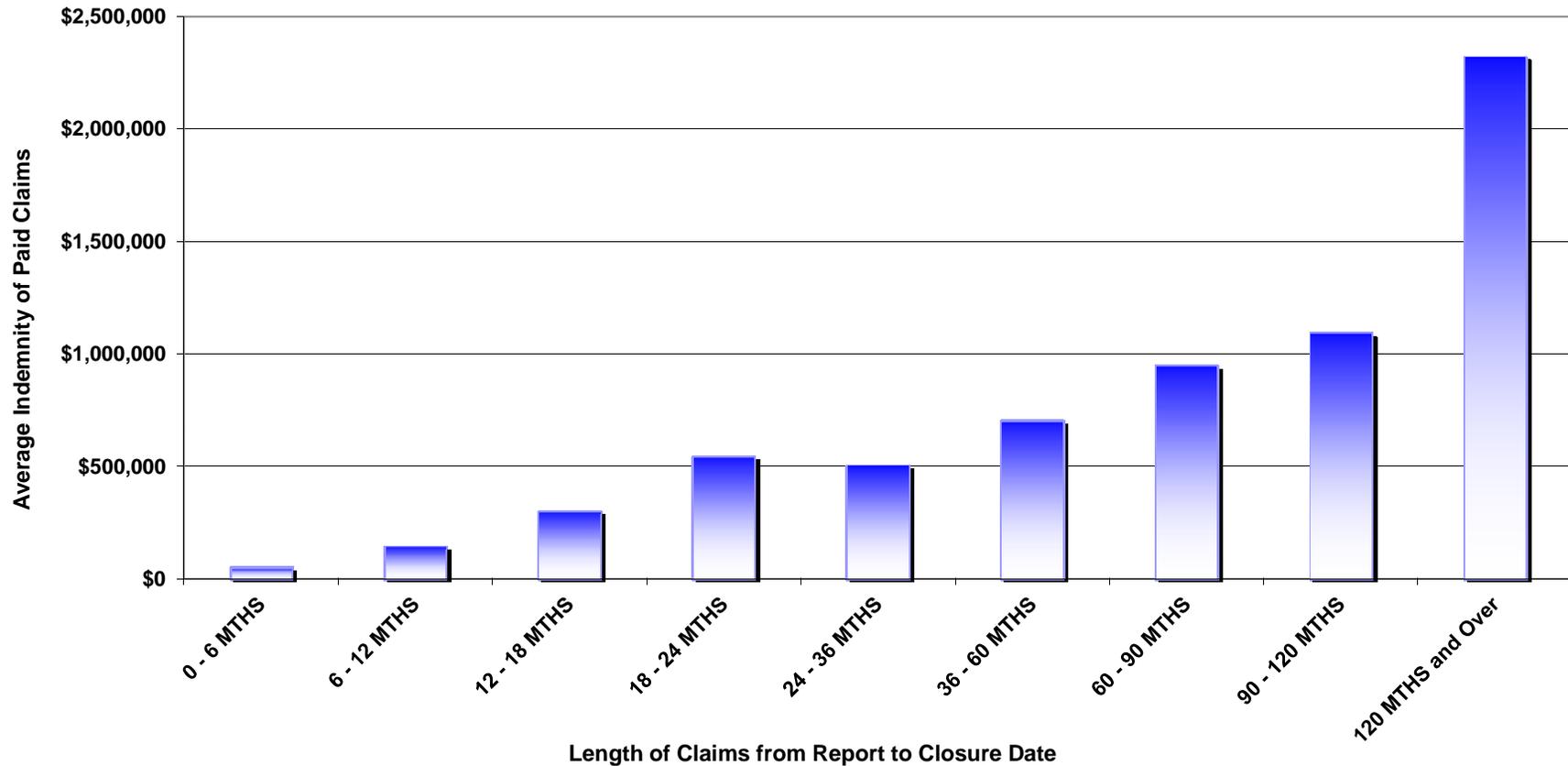
(4)=(3)/(2)

(6)=(5) for each range/(5) total

(7)=(5)/(3)

Connecticut Department of Insurance

Length of Claims From Report to Closure Date
Average Indemnity of Paid Claims
2010 - 2014 Aggregate



Connecticut Department of Insurance
Length of Claims from Report Date to Closure Date
Claims with Defense Counsel Payments - From All Insurers

2010 - 2014 Aggregate

<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	379	81	21.4%	\$587,248	0.4%	\$7,250
6 - 12 Months	331	131	39.6%	\$1,531,943	1.0%	\$11,694
12 - 18 Months	259	132	51.0%	\$1,435,949	0.9%	\$10,878
18 - 24 Months	283	179	63.3%	\$6,688,021	4.4%	\$37,363
24 - 36 Months	541	407	75.2%	\$19,358,122	12.7%	\$47,563
36 - 60 Months	875	780	89.1%	\$67,947,608	44.6%	\$87,112
60 - 90 Months	366	329	89.9%	\$44,339,146	29.1%	\$134,769
90 - 120 Months	54	49	90.7%	\$9,353,493	6.1%	\$190,888
120 Months and Over	3	3	100.0%	\$1,142,636	0.7%	\$380,879
Total	3091	2091	67.6%	\$152,384,166	100.0%	\$72,876

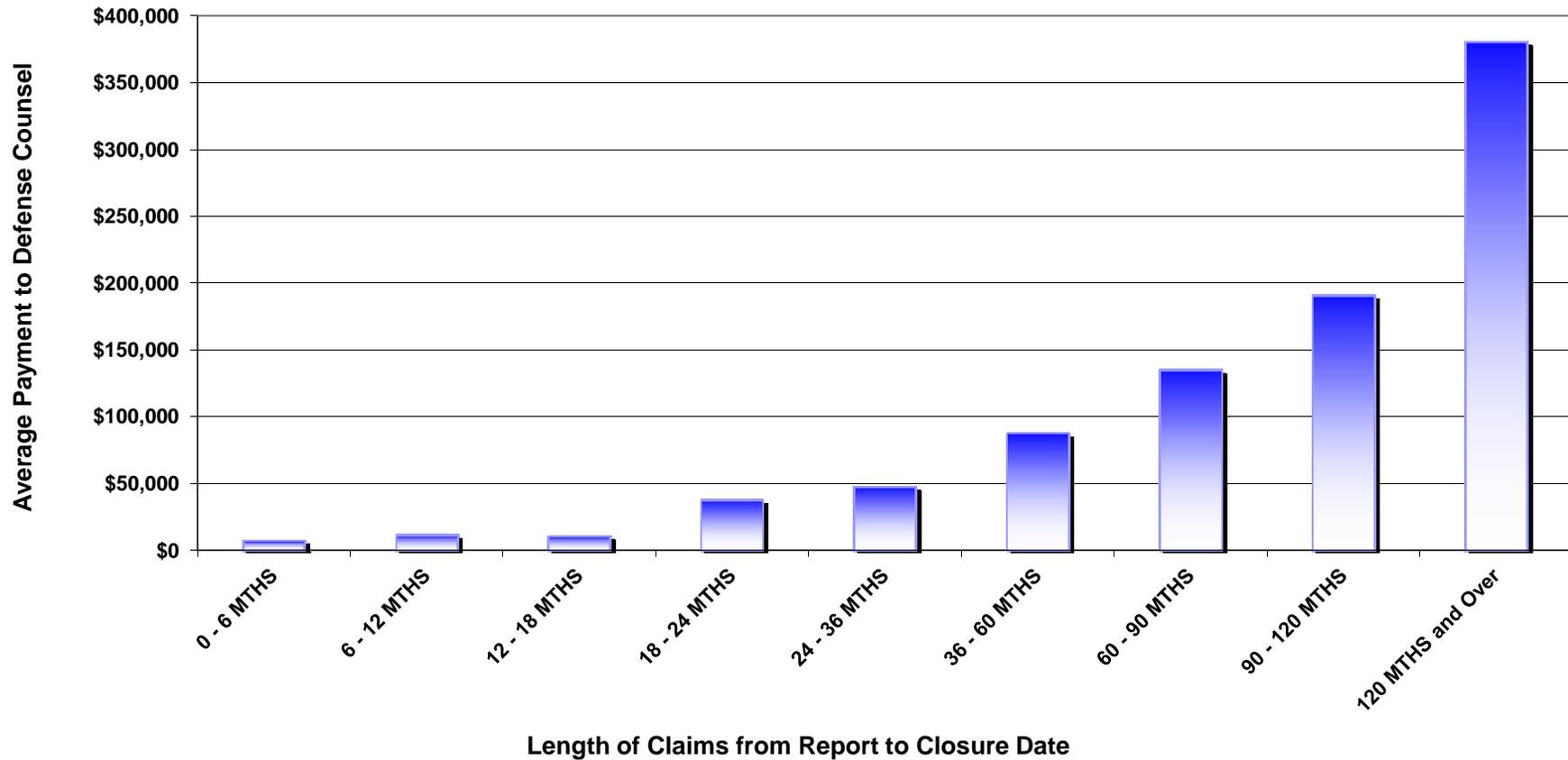
(4)=(3)/(2)

(6)=(5) for each range/(5) total

(7)=(5)/(3)

Connecticut Department of Insurance

Length of Claims From Report to Closure Date
Average Payment to Defense Counsel
2010 - 2014 Aggregate



Connecticut Department of Insurance
Length of Claims from Injury Date to Report Date
All Claims - From All Insurers

2010 - 2014 Aggregate

<i>Injury Date to Report Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 Months	1031	33.4%	548	39.5%
6 - 12 Months	347	11.2%	124	8.9%
12 - 18 Months	274	8.9%	105	7.6%
18 - 24 Months	440	14.2%	205	14.8%
24 - 36 Months	752	24.3%	313	22.5%
36 - 60 Months	151	4.9%	56	4.0%
60 - 90 Months	50	1.6%	20	1.4%
90 - 120 Months	21	0.7%	8	0.6%
120 Months and Over	25	0.8%	10	0.7%
Total	3091	100.0%	1389	100.0%
Average Length of Claims	1.57 YEARS		1.46 YEARS	

(3)=(2) for each range/(2) total

(5)=(4) for each range/(4) total

Connecticut Department of Insurance
Length of Claims from Injury Date to Closure Date
All Claims - From All Insurers

2010 - 2014 Aggregate

<i>Injury Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 Months	93	3.0%	54	3.9%
6 - 12 Months	139	4.5%	61	4.4%
12 - 18 Months	183	5.9%	53	3.8%
18 - 24 Months	196	6.3%	98	7.1%
24 - 36 Months	519	16.8%	141	10.2%
36 - 60 Months	828	26.8%	409	29.4%
60 - 90 Months	827	26.8%	439	31.6%
90 - 120 Months	217	7.0%	101	7.3%
120 Months and Over	89	2.9%	33	2.4%
Total	3091	100.0%	1389	100.0%
Average Length of Claims	4.51 YEARS		4.78 YEARS	

(3)=(2) for each range/(2) total

(5)=(4) for each range/(4) total

Connecticut Department of Insurance

Indemnity Payments by Severity of Injury

All Insurers

2010 - 2014 Aggregate

<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
Emotional Only	45	3.2%	\$3,388,482	\$75,300	0.4%
Insignificant Temporary	47	3.4%	\$1,090,466	\$23,201	0.1%
Minor Temporary	263	18.9%	\$15,734,720	\$59,828	2.0%
Major Temporary	144	10.4%	\$28,631,746	\$198,832	3.6%
Minor Permanent	223	16.1%	\$50,389,946	\$225,964	6.3%
Significant Permanent	121	8.7%	\$98,881,196	\$817,200	12.4%
Major Permanent	148	10.7%	\$179,162,557	\$1,210,558	22.5%
Grave Permanent	37	2.7%	\$124,188,946	\$3,356,458	15.6%
Death	361	26.0%	\$295,648,406	\$818,971	37.1%
Total	1389	100.0%	\$797,116,465	\$573,878	100.0%

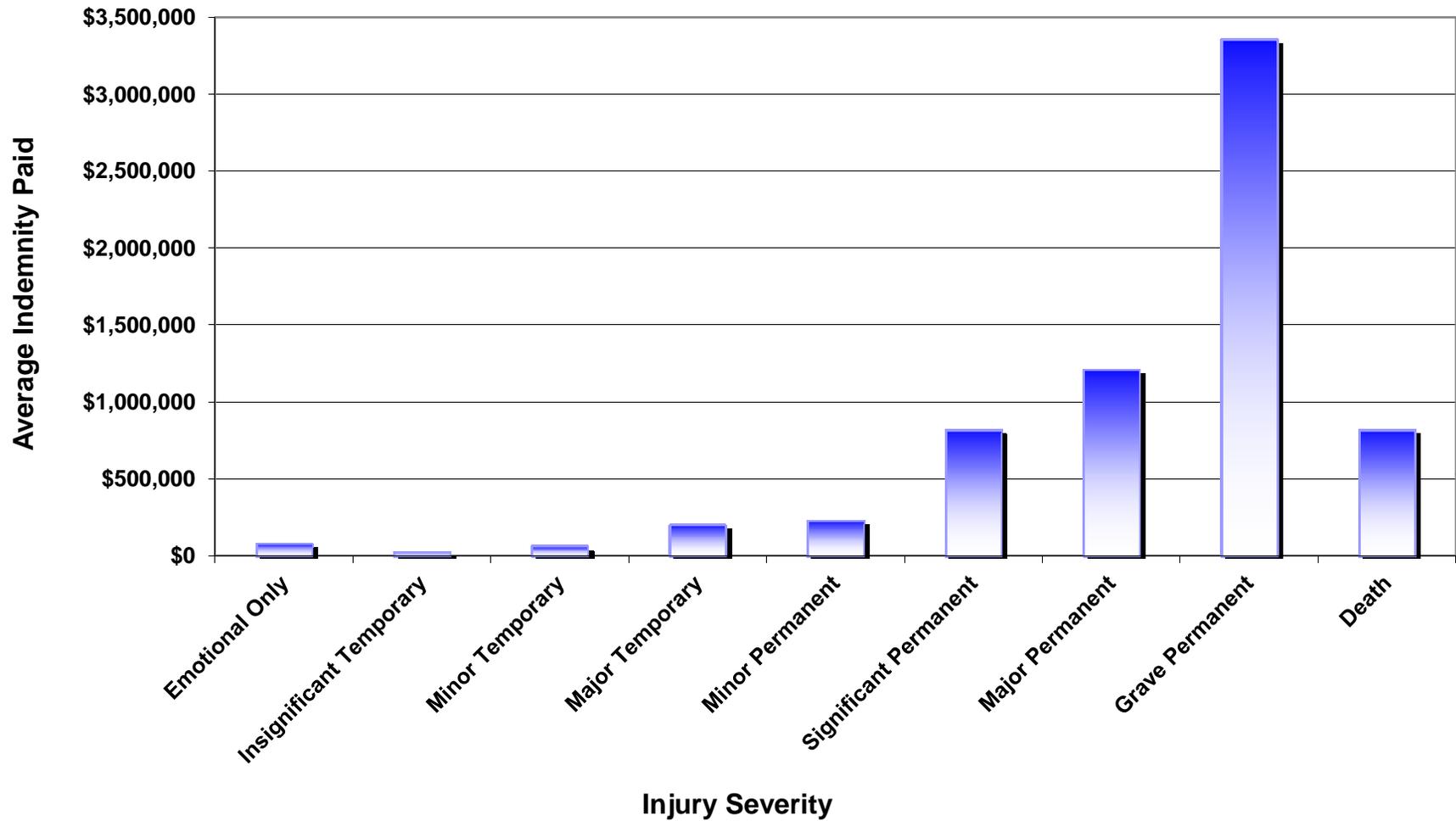
(3)=(2) for each category/(2) total

(5)=(4)/(2)

(6)=(4) for each category/(4) total

Connecticut Department of Insurance

Average Indemnity Paid by Severity of Injury 2010 - 2014 Aggregate



Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims with Indemnity Payments
All Insurers

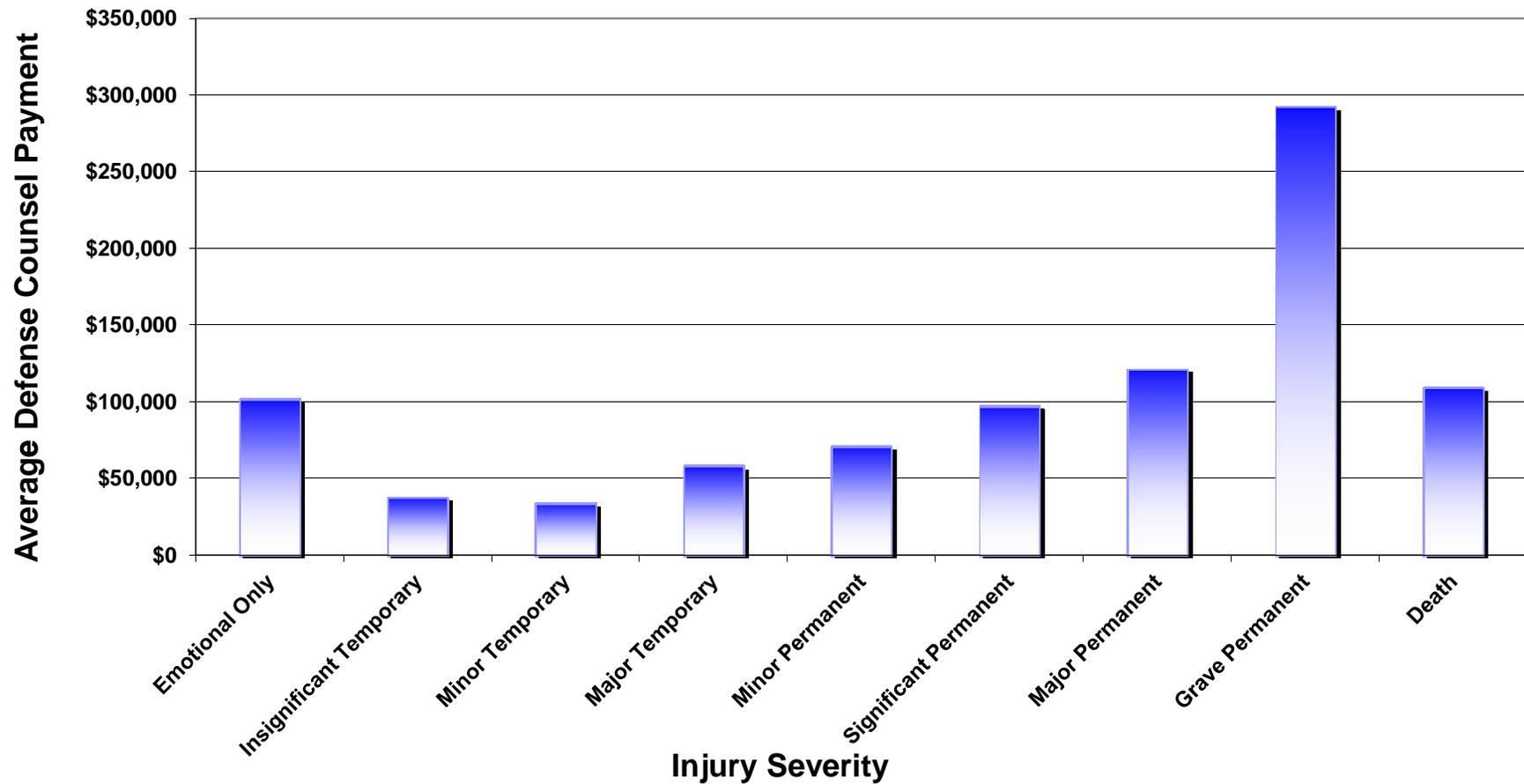
2010 - 2014 Aggregate

<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Number of Claims with Indemnity and Defense Counsel Payments</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	45	35	\$3,548,940	\$101,398
Insignificant Temporary	47	21	\$779,973	\$37,142
Minor Temporary	263	126	\$4,242,833	\$33,673
Major Temporary	144	96	\$5,564,256	\$57,961
Minor Permanent	223	184	\$13,022,268	\$70,773
Significant Permanent	121	112	\$10,919,186	\$97,493
Major Permanent	148	135	\$16,330,835	\$120,969
Grave Permanent	37	35	\$10,228,193	\$292,234
Death	361	327	\$35,732,501	\$109,274
Total	1389	1071	\$100,368,985	\$93,715

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2010 - 2014 Aggregate



Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims without Indemnity Payments
All Insurers

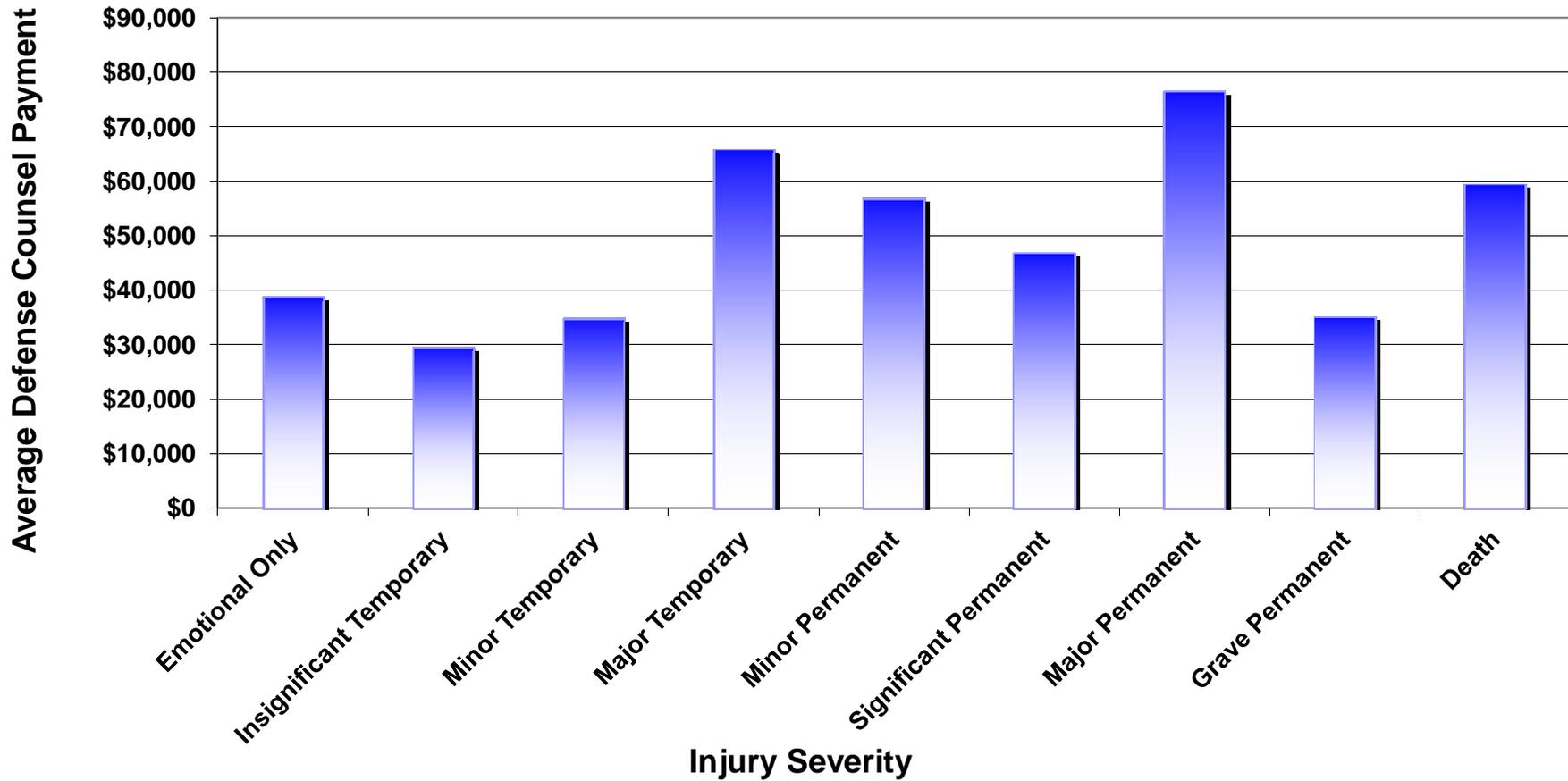
2010 - 2014 Aggregate

<i>Severity of Injury</i>	<i>Number of Claims without Indemnity Payments</i>	<i>Number of Claims with Payment to Defense Counsel only</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	129	75	\$2,904,347	\$38,725
Insignificant Temporary	151	71	\$2,091,185	\$29,453
Minor Temporary	420	173	\$6,012,155	\$34,752
Major Temporary	157	81	\$5,323,756	\$65,725
Minor Permanent	204	129	\$7,331,437	\$56,833
Significant Permanent	190	148	\$6,932,821	\$46,843
Major Permanent	109	82	\$6,268,452	\$76,445
Grave Permanent	21	15	\$526,442	\$35,096
Death	321	246	\$14,626,122	\$59,456
Total	1702	1020	\$52,016,717	\$50,997

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2010 - 2014 Aggregate



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2010 - 2014 Aggregate

<i>Medical Provider Specialty</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Anesthesiology	14	\$15,074,773	\$1,076,770	1.89%
APRN/RN	14	\$9,480,083	\$677,149	1.19%
Chiropractor	20	\$2,462,265	\$123,113	0.31%
Dentist	114	\$7,408,079	\$64,983	0.93%
Emergency Services/Call Center/Ambulance Service	23	\$25,549,560	\$1,110,850	3.21%
Freestanding Surgical Center/Rehab Hospital	7	\$640,881	\$91,554	0.08%
Gynecology/OB-GYN	53	\$54,103,163	\$1,020,814	6.79%
Hospital - General	624	\$440,131,077	\$705,338	55.22%
Hospital - Others	31	\$23,842,763	\$769,121	2.99%
Medical Group/Other Corporate Group Practice	55	\$21,104,503	\$383,718	2.65%
Orthopedics	48	\$23,589,421	\$491,446	2.96%
Physician - Family/Pediatric/General Practice	12	\$4,572,135	\$381,011	0.57%
Physicians - Others	300	\$143,033,082	\$476,777	17.94%
Physicians Assistant	7	\$2,683,000	\$383,286	0.34%
Psychiatry	5	\$755,200	\$151,040	0.09%
Radiology/Imaging Center	34	\$18,173,452	\$534,513	2.28%
Other	28	\$4,513,028	\$161,180	0.57%
Total	1389	\$797,116,465	\$573,878	100.0%

(4)=(3)/(2)

(5)=(3) for each category/(3) total

Monday, May 11, 2015

Report 8 - Part 1

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2010 - 2014 Aggregate for Claim Data

<i>Medical Provider Specialty</i>	<i>Base Premium in</i>	<i>Number of Medical Providers in 2014</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
Anesthesiology	\$997,214	397	12	\$14,844,413	\$1,237,034	5.46%
APRN/RN	\$7,398,761	14538	10	\$5,416,333	\$541,633	1.99%
Chiropractor	\$1,424,750	1751	13	\$2,332,500	\$179,423	0.86%
Dentist	\$4,373,764	2591	112	\$7,359,579	\$65,711	2.71%
Emergency Services/Call Center/Ambulance Service	\$1,026,391	54	8	\$4,770,280	\$596,285	1.75%
Freestanding Surgical Center/Rehab Hospital	\$1,782,535	118	5	\$430,881	\$86,176	0.16%
Gynecology/OB-GYN	\$6,755,483	137	21	\$31,426,830	\$1,496,516	11.55%
Hospital - General	\$8,530,508	105	21	\$18,345,341	\$873,588	6.74%
Hospital - Others	\$1,384,953	121	8	\$12,441,758	\$1,555,220	4.57%
Medical Group/Other Corporate Group Practice	\$2,008,514	706	43	\$15,987,003	\$371,791	5.88%
Orthopedics	\$1,926,782	222	36	\$18,561,722	\$515,603	6.82%
Physician - Family/Pediatric/General Practice	\$3,415,978	295	11	\$4,482,135	\$407,467	1.65%
Physicians - Others	\$25,243,702	2387	221	\$111,343,018	\$503,815	40.94%
Physicians Assistant	\$286,134	214	6	\$2,676,000	\$446,000	0.98%
Psychiatry	\$1,967,713	3248	3	\$350,200	\$116,733	0.13%
Radiology/Imaging Center	\$3,508,830	205	29	\$16,711,852	\$576,271	6.14%
Other	\$1,010,193	2147	28	\$4,513,028	\$161,180	1.66%
Total	\$73,042,205	29,236	587	\$271,992,873	\$463,361	100.0%

(6)=(5)/(4)

(7)=(5) for each category/(5) total

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Captives & Self Insurers

2010 - 2014 Aggregate

<i>Medical Provider Specialty</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Anesthesiology	2	\$230,360	\$115,180	0.04%
APRN/RN	4	\$4,063,750	\$1,015,938	0.77%
Chiropractor	7	\$129,765	\$18,538	0.02%
Dentist	2	\$48,500	\$24,250	0.01%
Emergency Services/Call Center/Ambulance Service	15	\$20,779,280	\$1,385,285	3.96%
Freestanding Surgical Center/Rehab Hospital	2	\$210,000	\$105,000	0.04%
Gynecology/OB-GYN	32	\$22,676,333	\$708,635	4.32%
Hospital - General	603	\$421,785,736	\$699,479	80.32%
Hospital - Others	23	\$11,401,005	\$495,696	2.17%
Medical Group/Other Corporate Group Practice	12	\$5,117,500	\$426,458	0.97%
Orthopedics	12	\$5,027,699	\$418,975	0.96%
Physician - Family/Pediatric/General Practice	1	\$90,000	\$90,000	0.02%
Physicians - Others	79	\$31,690,064	\$401,140	6.03%
Physicians Assistant	1	\$7,000	\$7,000	0.00%
Psychiatry	2	\$405,000	\$202,500	0.08%
Radiology/Imaging Center	5	\$1,461,600	\$292,320	0.28%
Total	802	\$525,123,592	\$654,768	100.0%

(4)=(3)/(2)

(5)=(3) for each category/(3) total

Monday, May 11, 2015

Report 8 - Part 3

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2010 - 2014 Aggregate

<i>Disposition</i>	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i>	<i>Average paid</i>	
	<i>Number</i>	<i>Percent</i>	<i>Incident to Report</i>	<i>Incident to Disposition</i>		<i>Indemnity</i>	<i>ALAE</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
In Favor of Plaintiff							
Claims Settled Before Litigation	309	22.2%	8	21	4	\$155,886	\$5,134
Claims Settled Before Trial	1018	73.3%	20	65	6	\$669,261	\$120,648
Claims Settled During Trial	7	0.5%	7	63	6	\$1,136,509	\$128,700
Claims Settled After Trial	20	1.4%	22	80	6	\$739,199	\$219,392
Total Settled	1354	97.5%	17	55	6	\$555,551	\$95,786
Judgement for Plaintiff	31	2.2%	26	79	7	\$965,458	\$228,949
Judgement for Plaintiff On Appeal	4	0.3%	0	106	4	\$3,742,921	\$476,891
Total Court Dispositions	35	2.5%	24	82	6	\$1,282,882	\$257,285
Total	1389	100.0%	17	56	6	\$573,878	\$99,856
In Favor of Defendant							
Claims Closed Before Litigation	599	35.2%	13	29	4	\$0	\$4,910
Claims Closed Before Trial	847	49.8%	23	59	6	\$0	\$33,953
Claims Closed During Trial	33	1.9%	27	62	6	\$0	\$71,578
Claims Closed After Trial	71	4.2%	26	63	6	\$0	\$65,382
Total Settled	1550	91.1%	20	48	5		\$24,970
Judgement for Defendant	138	8.1%	24	75	6	\$0	\$156,077
Judgement for Defendant On Appeal	14	0.8%	0	96	6	\$0	\$221,230
Total Court Dispositions	152	8.9%	24	77	6		\$162,078
Total	1702	100.0%	20	50	5		\$37,215

(3)=(2) for each category/(2) total

(6) - average severity ratings range from 1 to 9, with 9 the most serious

Connecticut Department of Insurance

Reserves

All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2010	690	\$63,785,260	\$92,442	\$215,212,275	\$311,902	\$200,905,144	\$291,167
2011	698	\$70,677,551	\$101,257	\$186,430,157	\$267,092	\$177,826,491	\$254,766
2012	552	\$58,307,779	\$105,630	\$176,356,861	\$319,487	\$198,527,754	\$359,652
2013	624	\$155,514,201	\$249,221	\$150,985,598	\$241,964	\$201,103,747	\$322,282
2014	527	\$51,331,812	\$97,404	\$134,140,336	\$254,536	\$207,997,702	\$394,683
Total	3091	\$399,616,603	\$129,284	\$863,125,227	\$279,238	\$986,360,838	\$319,107

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2010	376	\$34,435,907	\$91,585	\$93,609,935	\$248,963	\$77,201,957	\$205,324
2011	373	\$31,556,658	\$84,602	\$71,869,015	\$192,678	\$64,007,926	\$171,603
2012	311	\$26,626,810	\$85,617	\$71,852,700	\$231,038	\$81,750,022	\$262,862
2013	333	\$27,653,029	\$83,042	\$69,017,056	\$207,258	\$51,796,961	\$155,546
2014	312	\$27,261,846	\$87,378	\$81,431,017	\$260,997	\$72,405,374	\$232,069
Total	1705	\$147,534,250	\$86,530	\$387,779,723	\$227,437	\$347,162,240	\$203,614

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2010	314	\$29,349,353	\$93,469	\$121,602,340	\$387,269	\$123,703,187	\$393,959
2011	325	\$39,120,893	\$120,372	\$114,561,142	\$352,496	\$113,818,565	\$350,211
2012	241	\$31,680,969	\$131,456	\$104,504,161	\$433,627	\$116,777,732	\$484,555
2013	291	\$127,861,172	\$439,385	\$81,968,542	\$281,679	\$149,306,786	\$513,082
2014	215	\$24,069,966	\$111,953	\$52,709,319	\$245,160	\$135,592,328	\$630,662
Total	1386	\$252,082,353	\$181,878	\$475,345,504	\$342,962	\$639,198,598	\$461,182

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2010	178	\$90,623,895	\$32,648,180	\$57,975,715
2011	170	\$68,312,728	\$19,889,849	\$48,422,879
2012	108	\$79,355,039	\$32,927,644	\$46,427,395
2013	139	\$68,418,419	\$28,423,025	\$39,995,394
2014	122	\$68,480,737	\$11,438,339	\$57,042,398
Total	717	\$375,190,818	\$125,327,037	\$249,863,781

(1) Includes only those claims for which the insurer provided a split of Economic vs. Non-Economic Damages

Connecticut Department of Insurance

Yearly Information Report

Commercial Insurers

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2010	89	\$47,239,881	\$17,167,513	\$30,072,368
2011	78	\$32,236,868	\$7,620,668	\$24,616,200
2012	62	\$45,531,917	\$19,628,773	\$25,903,144
2013	66	\$18,135,261	\$3,052,010	\$15,083,251
2014	83	\$39,621,352	\$8,330,895	\$31,290,457
Total	378	\$182,765,279	\$55,799,859	\$126,965,420

(1) Includes only those claims for which the insurer provided a split of Economic vs. Non-Economic Damages

Connecticut Department of Insurance

Yearly Information Report

Captives and Self Insurers

<i>Year</i>	<i>Number of Closed Claims</i> <i>(1)</i>	<i>Total Indemnity Payments</i> <i>(2)</i>	<i>Economic Damages</i> <i>(3)</i>	<i>Non-Economic Damages</i> <i>(4)</i>
2010	89	\$43,384,014	\$15,480,667	\$27,903,347
2011	92	\$36,075,860	\$12,269,181	\$23,806,679
2012	46	\$33,823,122	\$13,298,871	\$20,524,251
2013	73	\$50,283,158	\$25,371,015	\$24,912,143
2014	39	\$28,859,385	\$3,107,444	\$25,751,941
Total	339	\$192,425,539	\$69,527,178	\$122,898,361

(1) Includes only those claims for which the insurer provided a split of Economic vs. Non-Economic Damages

**Connecticut Medical Malpractice Annual Report – 2015
(Business of 2014)**

Appendix 2

**Calendar Year Premium and Losses
From 2010 to 2014**

Connecticut Department of Insurance

Yearly Information Report - All Insurers

(3) and (4) include all ALAE

(4) does not include Incurred but not Reported (IBNR) reserves

<i>Type</i> (1)	<i>Earned Premium</i> (2)	<i>Paid Losses</i> (3)	<i>Incurred Losses</i> (4)
2010			
Commercial Insurers	\$118,190,539	\$60,401,968	\$65,199,799
Captives	\$149,396,840	\$88,515,195	\$159,256,031
Self Insurers	\$21,397,208	\$17,962,977	\$10,894,052
Totals	\$288,984,587	\$166,880,140	\$235,349,882
2011			
Commercial Insurers	\$109,207,098	\$62,475,123	\$64,862,247
Captives	\$96,583,737	\$62,012,481	\$70,064,347
Self Insurers	\$9,721,636	\$6,993,215	\$6,581,027
Totals	\$215,512,471	\$131,480,819	\$141,507,621
2012			
Commercial Insurers	\$102,235,277	\$100,080,945	\$130,412,108
Captives	\$83,963,927	\$45,240,088	\$61,057,453
Self Insurers	\$8,504,392	\$9,414,762	\$5,669,080
Totals	\$194,703,596	\$154,735,795	\$197,138,641
2013			
Commercial Insurers	\$95,178,760	\$53,992,145	\$44,600,350
Captives	\$119,518,128	\$110,625,914	\$239,785,628
Self Insurers	\$11,052,146	\$3,087,860	\$8,525,234
Totals	\$225,749,034	\$167,705,919	\$292,911,212
2014			
Commercial Insurers	\$98,624,562	\$65,057,736	\$68,883,969
Captives	\$65,211,511	\$70,733,780	\$89,053,005
Self Insurers	\$9,657,484	\$8,165,965	\$7,255,701
Totals	\$173,493,557	\$143,957,481	\$165,192,675

**Connecticut Medical Malpractice Annual Report – 2015
(Business of 2014)**

Appendix 3

Insurance Industry Financial Data

Medical Malpractice
Data from NAIC I-SITE P&C Summary by Line of Business
Total Connecticut Medical Malpractice Market
(Including Excess and Surplus Lines Companies and Risk Retention Groups)

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2005	\$246,228,681	\$159,021,753	\$229,590,170	\$184,177,257	45,409,315	\$113,153	\$13,173,602	\$5,341,091
2006	\$222,510,593	\$158,896,289	\$224,464,853	\$150,796,675	36,634,700	\$125,823	\$12,424,585	\$5,211,385
2007	\$214,716,085	\$132,509,436	\$217,533,314	\$205,503,250	31,810,332	\$162,344	\$12,176,027	\$4,856,024
2008	\$213,015,705	\$160,376,736	\$211,548,606	\$77,779,627	27,348,583	\$328,355	\$13,496,213	\$5,141,297
2009	\$205,887,206	\$115,546,502	\$207,188,884	\$81,839,952	\$22,547,098	\$128,361	\$12,153,011	\$5,067,269
2010	\$187,939,784	\$66,577,812	\$183,902,792	\$20,486,393	\$35,514,153	\$214,187	\$13,456,626	\$4,070,048
2011	\$171,700,809	\$94,144,801	\$171,151,556	\$61,919,462	\$22,501,066	\$283,223	\$12,793,838	\$4,203,788
2012	\$172,801,837	\$121,343,097	\$183,579,600	\$46,165,381	\$17,856,776	\$322,460	\$14,135,597	\$3,904,038
2013	\$148,812,180	\$93,150,101	\$151,726,766	\$51,351,379	\$23,622,873	\$4,350,519	\$13,396,369	\$3,302,555
2014	\$168,061,489	\$124,205,248	\$172,282,030	\$102,647,790	\$39,120,838	\$2,201,777	\$11,909,444	\$4,831,584

Profitability - Total Connecticut Medical Malpractice Market
(Including Excess and Surplus Lines Companies)

Year	Data from the Connecticut State Page of the Financial Annual Statement			Figures reported in the NAIC Profitability Report*	
	Loss Ratio	Defense and Adjustment Costs	Other Underwriting Expenses	Underwriting Profit	Profit on Insurance Transactions
2005	80.2%	19.8%	8.1%	-21.6%	1.8%
2006	67.2%	16.3%	7.9%	-6.1%	13.6%
2007	94.5%	14.6%	7.9%	-32.1%	-3.4%
2008	36.8%	12.9%	9.0%	28.1%	26.6%
2009	39.5%	10.9%	8.4%	24.2%	25.9%
2010	11.1%	19.3%	9.6%	47.4%	46.4%
2011	36.2%	13.1%	10.1%	23.4%	30.8%
2012	25.1%	9.7%	10.0%	39.7%	38.8%
2013	33.8%	15.6%	13.9%	21.9%	28.1%
2014	59.6%	22.7%	11.0%		

* National Association of Insurance Commissioners, Report on Profitability by Line by State

annual volumes for latest ten years

Medical Malpractice
Data from NAIC I-SITE P&C Summary by Line of Business
Licensed Companies in Connecticut Medical Malpractice Market

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2005	\$155,003,949	\$124,234,485	\$139,755,089	\$136,528,617	\$29,998,072	\$91,114	\$9,517,858	\$3,045,353
2006	\$141,517,805	\$110,579,655	\$138,556,070	\$82,579,837	\$22,485,021	\$116,678	\$9,026,596	\$2,988,358
2007	\$136,304,980	\$102,340,760	\$138,626,587	\$77,001,029	\$18,711,509	\$121,094	\$8,783,019	\$2,638,930
2008	\$127,186,309	\$91,508,513	\$126,733,484	\$58,231,375	\$17,293,530	\$273,483	\$8,564,244	\$2,634,577
2009	\$118,636,760	\$68,574,283	\$119,417,586	\$32,252,965	\$11,523,245	\$110,905	\$8,944,414	\$2,446,272
2010	\$111,162,780	\$45,214,396	\$107,602,899	-\$25,557,041	\$24,776,296	\$155,672	\$8,890,910	\$1,984,470
2011	\$104,227,438	\$44,780,366	\$102,941,143	\$35,954,052	\$6,768,159	\$155,657	\$8,353,622	\$2,287,440
2012	\$104,373,747	\$82,665,445	\$116,084,137	\$33,479,847	\$10,341,611	\$168,358	\$9,415,023	\$1,953,860
2013	\$100,764,957	\$37,952,734	\$100,805,050	\$23,010,438	\$16,781,516	\$4,186,734	\$9,744,289	\$2,077,539
2014	\$95,464,847	\$52,346,524	\$98,813,130	\$40,588,569	\$21,030,684	\$2,041,568	\$8,083,428	\$2,181,634

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2005	88.9%	97.7%	21.5%	9.1%
2006	79.8%	59.6%	16.2%	8.8%
2007	73.8%	55.5%	13.5%	8.3%
2008	72.2%	45.9%	13.6%	9.1%
2009	57.4%	27.0%	9.6%	9.6%
2010	42.0%	-23.8%	23.0%	10.3%
2011	43.5%	34.9%	6.6%	10.5%
2012	71.2%	28.8%	8.9%	9.9%
2013	37.6%	22.8%	16.6%	15.9%
2014	53.0%	41.1%	21.3%	12.5%

Medical Malpractice
Data from NAIC I-SITE Line Report of State Page Exhibit
Excess/Surplus Lines in Connecticut Medical Malpractice Market

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
2005	\$31,552,309	\$6,935,097	\$30,192,820	\$7,133,211	\$1,076,737	\$0	\$2,923,656	\$21,744
2006	\$25,909,996	\$10,136,295	\$30,880,271	\$9,802,776	\$1,011,542	\$0	\$2,774,046	\$31,738
2007	\$24,669,595	\$10,520,658	\$25,024,091	\$33,995,155	\$1,056,897	\$0	\$3,050,999	\$25,740
2008	\$26,344,811	\$9,527,851	\$25,421,354	-\$8,395,964	-\$241,409	\$0	\$4,717,441	\$65,346
2009	\$24,558,850	\$6,851,389	\$24,772,184	-\$193,689	\$1,934,504	\$0	\$2,972,581	\$56,217
2010	\$25,802,604	\$3,870,580	\$25,202,123	\$1,482,178	\$3,417,487	\$0	\$4,412,404	\$140,063
2011	\$22,906,173	\$10,949,829	\$23,744,608	\$13,258,266	\$3,769,983	\$0	\$4,195,923	\$88,573
2012	\$22,062,594	\$9,686,010	\$21,360,485	\$11,409,059	\$1,859,871	\$20,974	\$3,833,908	\$93,293
2013	\$19,415,484	\$6,930,519	\$22,160,406	\$2,874,698	\$534,941	\$0	\$3,346,095	\$81,627
2014	\$18,941,089	\$9,692,780	\$19,798,365	\$8,173,296	\$1,590,645	\$0	\$3,091,004	\$70,489

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2005	23.0%	23.6%	3.6%	9.8%
2006	32.8%	31.7%	3.3%	9.1%
2007	42.0%	135.8%	4.2%	12.3%
2008	37.5%	-33.0%	-0.9%	18.8%
2009	27.7%	-0.8%	7.8%	12.2%
2010	15.4%	5.9%	13.6%	18.1%
2011	46.1%	55.8%	15.9%	18.0%
2012	45.3%	53.4%	8.7%	18.5%
2013	31.3%	13.0%	2.4%	15.5%
2014	49.0%	41.3%	8.0%	16.0%

Medical Malpractice
Data from NAIC I-SITE P&C Summary by Line of Business
Risk Retention Groups in Connecticut Medical Malpractice Market

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment		Commission and Brokerage Expense	Taxes and Fees
					Expenses Incurred	Dividends		
2005	\$58,474,126	\$27,827,171	\$58,658,635	\$40,879,290	\$12,905,635	\$22,039	\$433,616	\$2,273,994
2006	\$53,925,316	\$38,178,304	\$53,823,549	\$58,301,534	\$11,932,387	\$9,145	\$439,875	\$2,144,990
2007	\$52,888,440	\$19,583,863	\$52,897,231	\$93,982,654	\$6,314,655	\$41,250	\$210,929	\$2,157,003
2008	\$59,484,585	\$59,340,372	\$59,393,768	\$27,944,216	\$10,296,462	\$54,872	\$214,528	\$2,441,374
2009	\$62,691,596	\$40,120,830	\$62,999,114	\$49,780,676	\$9,089,349	\$17,456	\$236,016	\$2,564,780
2010	\$50,974,400	\$17,492,836	\$51,097,770	\$44,561,256	\$7,320,370	\$58,515	\$153,312	\$1,945,515
2011	\$44,567,198	\$38,414,606	\$44,465,805	\$12,707,144	\$11,962,924	\$127,566	\$244,293	\$1,827,775
2012	\$46,365,496	\$28,991,642	\$46,134,978	\$1,276,475	\$5,655,294	\$133,128	\$886,666	\$1,856,885
2013	\$28,631,739	\$48,266,848	\$28,761,310	\$25,465,973	\$6,306,416	\$163,785	\$305,985	\$1,143,389
2014	\$53,655,553	\$62,165,944	\$53,670,535	\$53,885,925	\$16,499,509	\$160,209	\$735,012	\$2,579,461

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment	
			Expenses Incurred	Other Underwriting Expenses
2005	47.4%	69.7%	22.0%	4.7%
2006	70.9%	108.3%	22.2%	4.8%
2007	37.0%	177.7%	11.9%	4.6%
2008	99.9%	47.0%	17.3%	4.6%
2009	63.7%	79.0%	14.4%	4.6%
2010	34.2%	87.2%	14.3%	4.2%
2011	86.4%	28.6%	26.9%	4.9%
2012	62.8%	2.8%	12.3%	6.2%
2013	167.8%	88.5%	21.9%	5.6%
2014	115.8%	100.4%	30.7%	6.5%

Top 15 in 2014 Direct Premiums Written

Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
MCIC VT a Recip RRG	VT	43,944,316	43,944,316	0	0	56,038,255	56,893,357	125,181,265	9,230,492	13,686,382	16,674,223	47,987	2,215,738
Proselect Ins Co	MA	43,932,727	43,831,485	0	19,870,991	23,606,500	31,682,972	114,730,957	8,115,983	6,608,929	26,065,146	4,218,940	1,020,832
Connecticut Medical Ins Co	CT	23,392,100	27,480,312	1,950,395	36,758,248	17,140,167	-1,733,778	61,870,841	3,895,372	9,069,983	25,528,281	216,291	555,699
Continental Cas Co	IL	9,746,480	9,680,415	0	695,096	5,409,957	6,580,482	40,573,891	2,381,121	2,796,276	3,476,977	339,082	198,768
Medical Protective Co	IN	3,501,660	3,479,481	0	2,096,954	2,015,000	1,822,500	7,427,500	488,555	448,938	2,714,553	386,095	67,233
American Cas Co Of Reading PA	PA	3,496,688	3,412,797	0	1,468,304	108,333	722,154	3,872,232	137,232	159,559	1,836,659	1,385,531	73,398
Ironshore Specialty Ins Co	AZ	2,951,975	3,232,216	0	1,609,905	200,000	358,384	4,206,543	54,733	94,275	423,065	480,870	86
Applied Medico Legal Solutions RRG	AZ	2,865,647	2,979,666	0	1,025,177	3,950,000	1,663,090	1,667,023	859,663	949,899	832,860	368,208	114,626
National Specialty Ins Co	TX	2,251,614	1,483,854	0	767,760	0	696,003	696,003	8,289	76,713	68,424	104,146	42,441
Lexington Ins Co	DE	1,926,995	1,741,483	0	1,111,736	934,913	26,841	9,095,445	433,045	26,748	1,437,440	93,932	0
Allied World Surplus Lines Ins Co	AR	1,878,554	2,484,127	0	341,661	4,822,936	5,082,131	9,091,874	618,020	527,828	2,547,231	511,841	1,229
Arch Specialty Ins Co	MO	1,688,959	1,763,082	0	403,581	0	-525,174	2,585,829	10,255	-147,706	760,554	173,825	29
Homeland Ins Co of NY	NY	1,660,858	2,076,752	0	932,206	19,161	927,177	3,157,729	226,749	409,162	313,052	229,780	0
National Union Fire Ins Co Of Pitts	PA	1,458,727	1,374,470	0	662,195	318,243	-498,095	3,687,864	1,251,803	1,193,280	694,631	349,494	27,362
Physicians Specialty Ltd RRG	SC	1,458,289	1,458,289	0	0	1,211,000	-1,500,526	5,595,151	336,216	888,814	2,107,871	0	58,332

Top 15 Total

146,155,589 = 87.0% of total 2014 Direct Premiums Written of \$168,061,489

Top 15 in 2013 Direct Premiums Written

Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
Proselect Ins Co	MA	43,754,778	43,421,575	0	19,769,749	19,028,499	11,314,363	106,654,485	7,631,958	8,448,054	27,572,201	4,223,044	1,008,598
Connecticut Medical Ins Co	CT	28,412,375	28,641,545	4,098,348	40,704,321	8,201,271	9,851,244	81,637,379	4,474,859	2,875,634	19,755,249	1,811,205	496,982
MCIC VT Inc RRG	VT	21,985,899	21,985,899	0	0	45,238,672	22,360,989	127,947,489	9,047,335	5,757,211	12,218,333	54,208	884,392
Continental Cas Co	IL	10,843,967	10,834,522	0	629,031	7,772,840	-412,732	39,403,366	2,701,141	2,343,746	3,061,823	292,597	211,592
Medical Protective Co	IN	3,793,228	3,498,895	0	2,074,775	157,000	463,000	7,620,000	295,362	1,121,177	2,754,170	376,211	85,411
American Cas Co Of Reading PA	PA	3,316,736	3,257,701	0	1,384,414	55,095	-226,315	3,258,411	101,563	125,227	1,814,333	1,313,042	60,698
Ironshore Specialty Ins Co	AZ	3,039,014	3,259,766	0	1,890,146	96,000	939,951	4,048,158	27,235	53,564	383,523	490,963	88
Darwin Select Ins Co	AR	2,609,807	4,868,254	0	947,234	1,459,124	2,771,071	8,832,679	586,956	43,486	2,637,424	768,294	671
Homeland Ins Co of NY	NY	2,469,752	2,235,225	0	1,348,100	440,732	165,237	2,249,713	91,878	81,036	130,639	293,962	0
Star Ins Co	MI	2,047,119	2,341,663	0	635,733	0	132,048	789,441	85,683	140,866	552,907	342,282	20,055
Health Care Industry Liab Recip Ins	DC	1,770,726	1,847,160	0	1,052,622	315,687	1,088,857	4,778,209	179,128	497,000	1,898,867	504,757	70,829
Arch Specialty Ins Co	NE	1,643,816	1,587,424	0	477,704	73,000	-60,883	3,111,003	27,713	30,344	918,515	206,477	42
Lexington Ins Co	DE	1,523,125	1,485,123	0	926,223	3,233,638	-2,919,315	10,003,517	562,860	-42,561	1,843,737	83,926	0
Physicians Specialty Ltd RRG	SC	1,396,684	1,396,684	0	0	0	674,448	7,220,677	291,575	254,666	1,555,273	0	55,867
Preferred Physicians Medical RRG	MO	1,391,771	1,390,990	0	80,483	3,000,000	2,230,813	6,621,421	276,814	-264,115	1,152,623	0	55,671

Top 15 Total

129,998,797 = 87.4% of total 2013 Direct Premiums Written of \$148,812,810

Connecticut Medical Malpractice Annual Report – 2014

Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2014</u>	<u>2013</u>
MCIC VT a Recip RRG	\$69,076,720	\$523,159
Proselect Ins Co	\$612,180	\$767,788
Connecticut Medical Ins Co	\$16,037,234	\$14,138,481
Continental Cas Co	\$1,950,345,977	\$1,726,217,257
Medical Protective Co	\$91,824,000	\$151,236,042
American Cas Co Of Reading PA	\$2,584,555	\$8,247,940
Ironshore Specialty Ins Co	\$24,762,201	\$24,733,038
Applied Medico Legal Solutions RRG	\$2,628,294	\$3,094,367
National Specialty Ins Co	\$1,106,735	\$997,666
Lexington Ins Co	\$903,706,911	\$1,292,955,086
Allied World Surplus Lines Ins Co	\$2,116,116	\$1,447,852
Arch Specialty Ins Co	\$6,919,687	\$7,019,206
Homeland Ins Co of NY	-\$216,476	\$1,387,676
National Union Fire Ins Co Of Pitts	\$960,766,685	\$8,747,231,703
Physicians Specialty Ltd RRG	\$395,984	\$344,167

Source: National Association of Insurance Commissioners Database

* Note: Investment earnings are from the company's Annual Financial Statements, Page 4, Line 11 and are for all lines of business written by the company in all states.

Connecticut Medical Malpractice Annual Report – 2015

Appendix 4

**Medical Malpractice Data Reporting Requirements
Connecticut General Statute § 38a-395**



Substitute Senate Bill No. 249

Public Act No. 07-25

**AN ACT CONCERNING MEDICAL MALPRACTICE DATA
REGARDING MEDICAL PROFESSIONALS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 38a-395 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2007*):

(a) As used in this section:

(1) "Claim" means a request for indemnification filed by a [physician, surgeon, hospital, advanced practice registered nurse or physician assistant] medical professional or hospital pursuant to a professional liability policy for a loss for which a reserve amount has been established by an insurer;

(2) "Closed claim" means a claim that has been settled, or otherwise disposed of, where the insurer has made all indemnity and expense payments on the claim; [and]

(3) "Insurer" means an insurer that insures a [physician, surgeon, hospital, advanced practice registered nurse or physician assistant] medical professional or hospital against professional liability. "Insurer" includes, but is not limited to, a captive insurer or a self-insured person; and

Substitute Senate Bill No. 249

(4) "Medical professional" has the same meaning as provided in section 38a-976.

(b) On and after January 1, 2006, each insurer shall provide to the Insurance Commissioner a closed claim report, on such form as the commissioner prescribes, in accordance with this section. The insurer shall submit the report not later than ten days after the last day of the calendar quarter in which a claim is closed. The report shall only include information about claims settled under the laws of this state.

(c) The closed claim report shall include:

(1) Details about the insured and insurer, including: (A) The name of the insurer; (B) the professional liability insurance policy limits and whether the policy was an occurrence policy or was issued on a claims-made basis; (C) the name, address, health care provider professional license number and specialty coverage of the insured; and (D) the insured's policy number and a unique claim number.

(2) Details about the injury or loss, including: (A) The date of the injury or loss that was the basis of the claim; (B) the date the injury or loss was reported to the insurer; (C) the name of the institution or location at which the injury or loss occurred; (D) the type of injury or loss, including a severity of injury rating that corresponds with the severity of injury scale that the Insurance Commissioner shall establish based on the severity of injury scale developed by the National Association of Insurance Commissioners; and (E) the name, age and gender of any injured person covered by the claim. Any individually identifiable health information, as defined in 45 CFR 160.103, as from time to time amended, submitted pursuant to this subdivision shall be confidential. The reporting of the information is required by law. If necessary to comply with federal privacy laws, including the Health Insurance Portability and Accountability Act of 1996, (P.L. 104-191) (HIPAA), as from time to time amended, the insured shall arrange

Substitute Senate Bill No. 249

with the insurer to release the required information.

(3) Details about the claims process, including: (A) Whether a lawsuit was filed and, if so, in which court; (B) the outcome of such lawsuit; (C) the number of other defendants, if any; (D) the stage in the process when the claim was closed; (E) the dates of the trial, if any; (F) the date of the judgment or settlement, if any; (G) whether an appeal was filed and, if so, the date filed; (H) the resolution of any appeal and the date such appeal was decided; (I) the date the claim was closed; (J) the initial indemnity and expense reserve for the claim; and (K) the final indemnity and expense reserve for the claim.

(4) Details about the amount paid on the claim, including: (A) The total amount of the initial judgment rendered by a jury or awarded by the court; (B) the total amount of the settlement if there was no judgment rendered or awarded; (C) the total amount of the settlement if the claim was settled after judgment was rendered or awarded; (D) the amount of economic damages, as defined in section 52-572h, or the insurer's estimate of the amount in the event of a settlement; (E) the amount of noneconomic damages, as defined in section 52-572h, or the insurer's estimate of the amount in the event of a settlement; (F) the amount of any interest awarded due to the failure to accept an offer of judgment or compromise; (G) the amount of any remittitur or additur; (H) the amount of final judgment after remittitur or additur; (I) the amount paid by the insurer; (J) the amount paid by the defendant due to a deductible or a judgment or settlement in excess of policy limits; (K) the amount paid by other insurers; (L) the amount paid by other defendants; (M) whether a structured settlement was used; (N) the expense assigned to and recorded with the claim, including, but not limited to, defense and investigation costs, but not including the actual claim payment; and (O) any other information the commissioner determines to be necessary to regulate the professional liability insurance industry with respect to [physicians, surgeons, hospitals,

Substitute Senate Bill No. 249

advanced practice registered nurses or physician assistants] medical professionals or hospitals, ensure the industry's solvency and ensure that such liability insurance is available and affordable.

(d) (1) The commissioner shall establish an electronic database composed of closed claim reports filed pursuant to this section.

(2) The commissioner shall compile the data included in individual closed claim reports into an aggregated summary format and shall prepare a written annual report of the summary data. The report shall provide an analysis of closed claim information including a minimum of five years of comparative data, when available, trends in frequency and severity of claims, itemization of damages, timeliness of the claims process, and any other descriptive or analytical information that would assist in interpreting the trends in closed claims.

(3) The annual report shall include a summary of rate filings for professional liability insurance for [physicians, surgeons, hospitals, advanced practice registered nurses and physician assistants] medical professionals or hospitals, which have been approved by the department for the prior calendar year, including an analysis of the trend of direct losses, incurred losses, earned premiums and investment income as compared to prior years. The report shall include base premiums charged by insurers for each specialty and the number of providers insured by specialty for each insurer.

(4) Not later than March 15, 2007, and annually thereafter, the commissioner shall submit the annual report to the joint standing committee of the General Assembly having cognizance of matters relating to insurance in accordance with section 11-4a. The commissioner shall also (A) make the report available to the public, (B) post the report on its Internet site, and (C) provide public access to the contents of the electronic database after the commissioner establishes that the names and other individually identifiable information about

Substitute Senate Bill No. 249

the claimant and practitioner have been removed.

(e) The Insurance Commissioner shall provide the Commissioner of Public Health with electronic access to all information received pursuant to this section. The Commissioner of Public Health shall maintain the confidentiality of such information in the same manner and to the same extent as required for the Insurance Commissioner.

Approved May 18, 2007

Connecticut Medical Malpractice Annual Report – 2015

Appendix 5

Medical Malpractice Closed Claim Data Collection Application Users Guide

Medical Malpractice Online Reporting Tool Instruction

To be able to have access to the Connecticut Insurance Department Medical Malpractice On-line Reporting tool, you will need to request your User ID; it will take the department 24 to 48 hours to grant access to your User ID.

The user is the person who is responsible for submitting data to the department. Each user can select what type of information they are responsible to submit, such as “Yearly Information”, “Closed Claims Information” or both. In order to protect the uniqueness of the data submitted from user(s), we limit the company to have only one user for each role only. One user can be responsible to submit both, yearly data and quarterly closed claims data. The user(s) options are for example:

1. User A responsible for Yearly data, user B responsible for quarterly closed claims; or
2. User A responsible for yearly and quarterly closed claims data.

In other words, you may either have one user responsible for both yearly and closed claim information, or you may have two users; one responsible for yearly information, and the other responsible for closed claim information. You may **not** have two users report the same type of information.

Note: In the Company Request screen, **do not** use the Captive Tax ID for the Tax ID box but use your company Tax ID instead.

Click here to start:

https://www.cid-online.ct.gov/mmdc/Login_input.action

To Bookmark this page:

1. Right mouse click on this page
2. Select “Add to Favorite” for Window Internet Explorer, or select “Bookmark This Page” if you are using Firefox web browser.

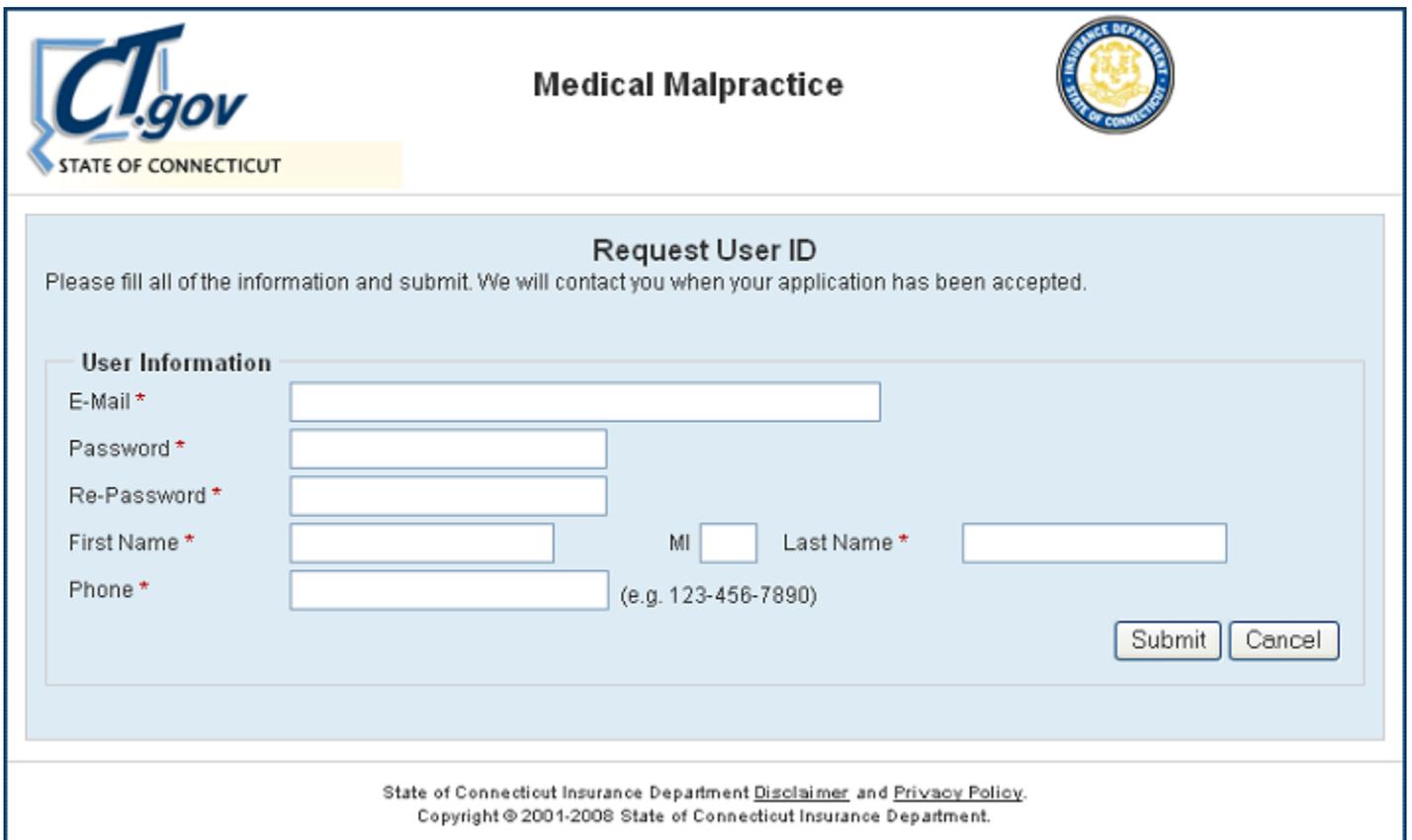
Request a User ID

1. Click “Request a User ID” link on this screen



The screenshot shows the 'Medical Malpractice' login page. At the top left is the 'CT.gov STATE OF CONNECTICUT' logo. At the top right is the 'INSURANCE DEPARTMENT STATE OF CONNECTICUT' seal. The page title is 'Medical Malpractice'. The main content area is titled 'Login' and contains two input fields for 'Email *' and 'Password *', a 'Login' button, and a link for 'Request a User ID'. At the bottom, there is a disclaimer: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

2. Enter the User Information



The screenshot shows the 'Medical Malpractice' 'Request User ID' page. At the top left is the 'CT.gov STATE OF CONNECTICUT' logo. At the top right is the 'INSURANCE DEPARTMENT STATE OF CONNECTICUT' seal. The page title is 'Medical Malpractice'. The main content area is titled 'Request User ID' and includes the instruction: 'Please fill all of the information and submit. We will contact you when your application has been accepted.' Below this is a 'User Information' section with input fields for 'E-Mail *', 'Password *', 'Re-Password *', 'First Name *', 'MI' (with a dropdown arrow), 'Last Name *', and 'Phone *' (with the example '(e.g. 123-456-7890)'). There are 'Submit' and 'Cancel' buttons at the bottom right. At the bottom, there is a disclaimer: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

3. Enter the Company Information

- Select the Business Type and enter the information that corresponds to the company that will be granted access to submitting the data.
- Select the user's role – Yearly Data, Quarterly Closed Claims or both.
- The Contact Person on this screen is the person who will be able to answer questions regarding the data submitted on behalf of the company. If this person and the user are the same person, then select “Yes” for the question “Is the information below same as the User Contact Information?” The user information from the previous screen will be filled in for you.
- Click “Submit”

Request a Company

Please enter the information of the company to register

Business Type *

Tax ID * (e.g. 12-3456789)

Name of Self-Insured *

What Information do you require to access?

Yearly Information Closed Claims

Is the information below the same as the User Contact Information?

Yes No

Contact person for questions regarding data

First Name * MI Last Name *

Phone * (e.g. 123-456-7890)

E-mail *

4. Add another Company or Finish – This option is for the Third Party Administrator who will be responsible to submit data for more than one company. You can add another company now or you can wait until any other time. Click “Finish User Registration” and you will be brought back to the Login Page. You must allow some time for the User ID to be processed by The Department of Insurance.



STATE OF CONNECTICUT

Medical Malpractice



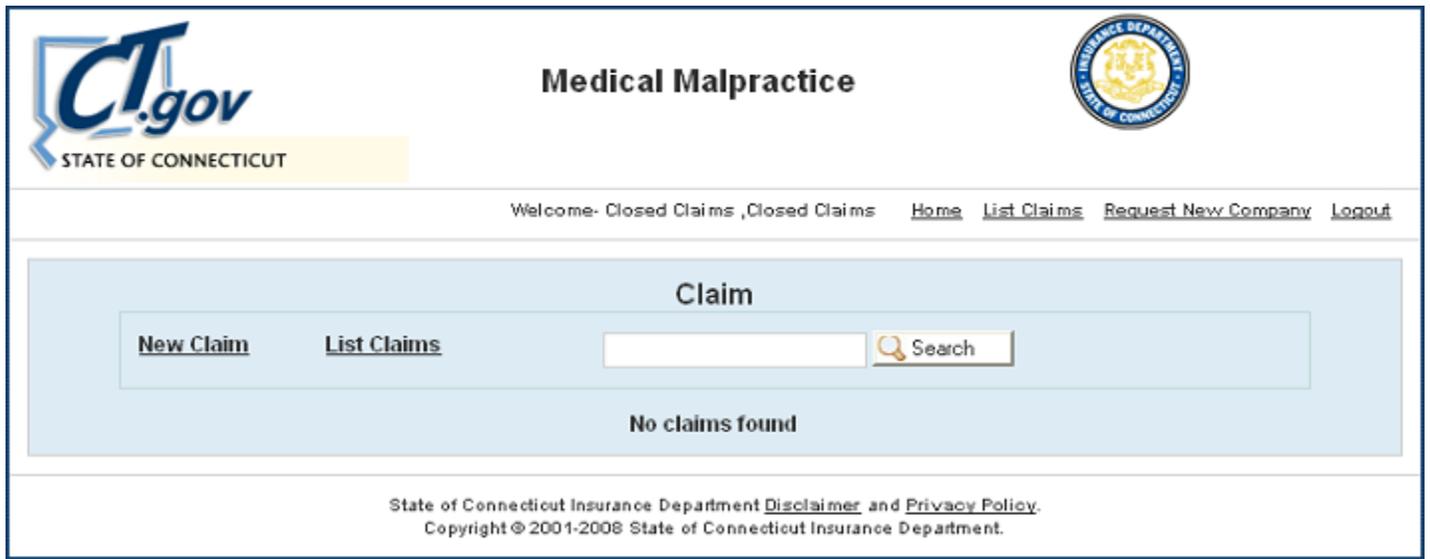
What do you want to do now?

[Add New Company](#) [Finish User Registration](#)

State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#).
Copyright © 2001-2008 State of Connecticut Insurance Department.

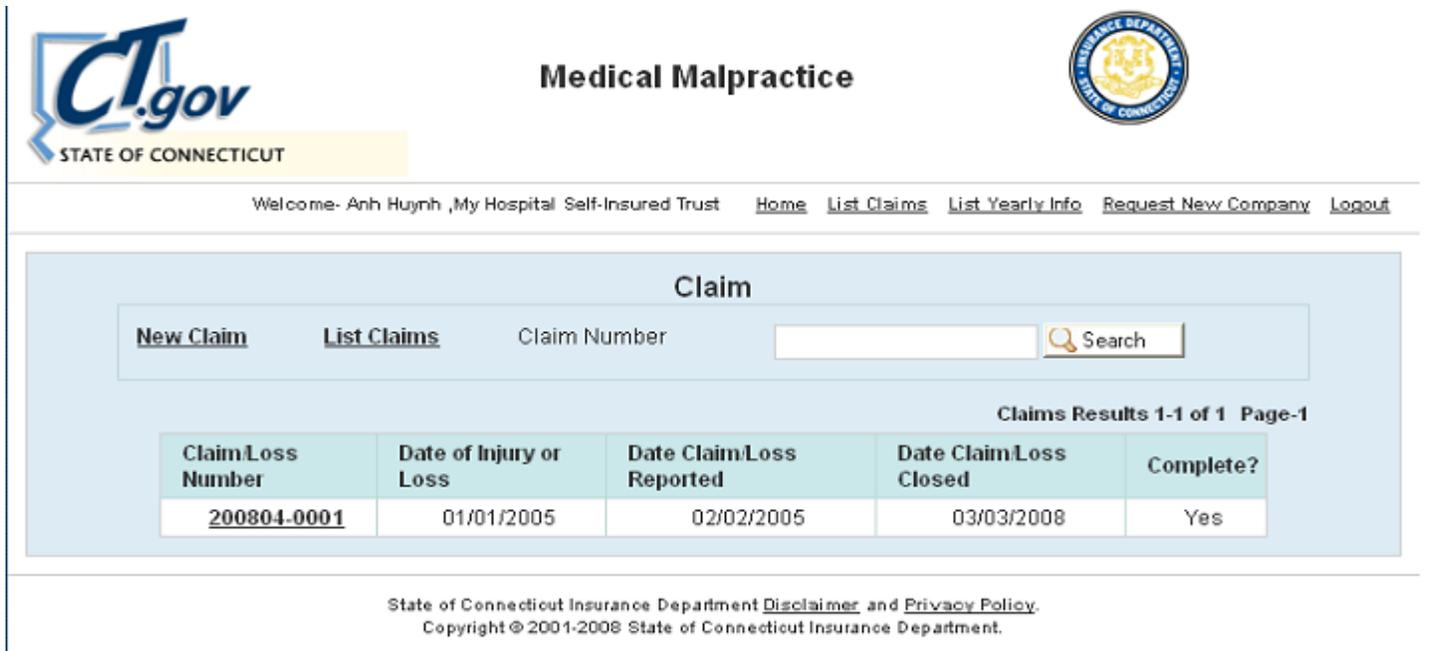
Closed Claim reporting

- A “No claims found” message will appear when you login for the first time, or if you have yet to submit any claims



The screenshot shows the CT.gov Medical Malpractice portal. At the top left is the CT.gov logo with 'STATE OF CONNECTICUT' below it. To the right is the title 'Medical Malpractice' and the State of Connecticut Insurance Department seal. Below the title is a navigation bar with links: 'Welcome- Closed Claims ,Closed Claims', 'Home', 'List Claims', 'Request New Company', and 'Logout'. The main content area is titled 'Claim' and contains two links: 'New Claim' and 'List Claims'. Below these links is a search box with a magnifying glass icon and the text 'Search'. Underneath the search box, the text 'No claims found' is displayed. At the bottom of the page, there is a footer with the text: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

- Your claim(s) will be displayed, as shown below, after you have submitted them.



The screenshot shows the CT.gov Medical Malpractice portal with a list of claims. At the top left is the CT.gov logo with 'STATE OF CONNECTICUT' below it. To the right is the title 'Medical Malpractice' and the State of Connecticut Insurance Department seal. Below the title is a navigation bar with links: 'Welcome- Anh Huynh ,My Hospital Self-Insured Trust', 'Home', 'List Claims', 'List Yearly Info', 'Request New Company', and 'Logout'. The main content area is titled 'Claim' and contains two links: 'New Claim' and 'List Claims'. Below these links is a search box with the text 'Claim Number' and a magnifying glass icon and the text 'Search'. Underneath the search box, the text 'Claims Results 1-1 of 1 Page-1' is displayed. Below this text is a table with the following data:

Claim/Loss Number	Date of Injury or Loss	Date Claim/Loss Reported	Date Claim/Loss Closed	Complete?
200804-0001	01/01/2005	02/02/2005	03/03/2008	Yes

At the bottom of the page, there is a footer with the text: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

- This page is known as the “Home” or “List Claims” page. Click the “Home” or “List Claims” link from any other page to return here.
- The “List Yearly Info” link is only displayed for the user with the two user roles: “Closed Claims” and “Yearly Information”.
- The “Request New Company” link allows you to add another company into your list – This option is for the third party administration that needs to enter information for more than one company. 24 to 48 hours are required in order to grant access to a user before they can start to file a claim for that company.
- Click logout in the top right corner of your screen, or close your web browser to log out of the application.
- Search for a claim – To search for a previously submitted claim, enter the claim number into the claim number box and click the search button. This will allow you to search without scanning the entire list.

Add a New Claim – Click the “New Claim” link to submit a new claim

1. **Injured Party Information** – Fill out the injured party’s information as required. For the age category, select an age group to categorize by one of the given groups, or select “Date Of Birth” to enter an exact birth date.

Injured Party Information

Claim Details
Claim/Loss Number *
County where claim incident occurred *
Date of Injury or Loss *
Date Claim/Loss Reported *
Date Claim/Loss Closed *

Injured Person Details
First Name * Middle Name Last Name *
 Date Of Birth Age Group Age Group *
Gender * Male Female

Injury Details
Name of institution where loss/injury occurred *
Type of Location where loss/injury occurred *
Act or Omission Type *
Act or Omission Description *
Severity rating(NAIC) *

Attorney * **and/or** Attorneys Law Firm *

2. Lawsuit File Information: Select whether or not a lawsuit was filed. This answer will determine the Judgment/Settlement information required in further steps.

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

3. Select Insured/Policyholder type – Business Entity or Individual
- **Individual** – Enter the license number of the insured individual. If you don't know the license number, click the "[Search License Number](#)" link to search for it by the Name of the individual on the Public Health Department Web Site. After entering the number into the given box, click "Search" to search from the Insurance Department Insurer list. If the license is found, then it will display in the table with the individual's information. Select that individual and it will pre-fill the individual's information such as Name, Address, License, Specialty, and Policy Limits. The database containing this information at our department is new and may not contain a prefilled information table. If that is the case, you must proceed and enter the information manually, using the information from the claim, or the Public Health Department Web Site.
 - **Business Entity** – Type in the whole or part of the Entity's Name, then click the "Search" button to search for the Entity already on the Insurance Department Insurer List. If the Entity is found then it will display in the table. Select the Entity you want in order to pre-fill the Entity's Name, address, policy limits, and specialty. The same principle applies here as well. You may need to proceed without using the pre-fill table, and enter the information manually on the next page.

Insured/Policy Holder Information

Search Insured/Policy Holder

Search and Select a Insured/Policy Holder and click proceed or simply click proceed to skip this page

Is Insured *	<input type="radio"/> Business Entity <input checked="" type="radio"/> Individual
Enter License Number	<input type="text"/>
Search License Number	<input type="button" value="Search"/>

4. Insured/Policyholder Information: Some of this information may be prefilled based on the previous step. If not, fill in the required information.

For a claim with multiple insured parties involved. Click “[Add Insured](#)” option on the claim’s detail screen, it will allow you to add another insured party without re-enter the injured party information all over again.

Insured/Policy Holder Information

Insured/Entity Details

Name of Entity *

Address1 *

Address2

City *

State *

Zip Code *

Policy Number *

Specialty *

Insured Policy Limits *

Initial Indemnity and Expense Reserve *

Final Indemnity and Expense Reserve *

Loss Adjustment Expenses paid to Defense Counsel *

All Other Allocated Loss Adjustment Expenses Paid *

Close Date 

Is Insured/Entity *

Primary Excess

Occurrence/Claim *

Occurrence Claim-Made

5. Settlement Options – If no lawsuit was selected in the second step, this screen will appear for settlement information **not** based on judgment through a lawsuit.
 - The “Withdrawn” and “Abandon” options will not require the Award details screen, and the claim submitting process will be finished.
 - The “Settlement” option will ask for the Settlement Date and Settlement code, as seen below, followed by the Settlement Award Details screen based on the Settlement code selected. For settlements before litigation, you will be asked to fill out further award details, as seen in step 7. For settlements without an award, and in this case, not decided by lawsuit, the claim submitting process will be finished.

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

6. Judgment/Settlement Options – If yes was selected for a lawsuit in step 2, this screen will appear for judgment or settlement information based on the lawsuit filed.

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

- If the outcome is “Withdrawn” or “Abandon”, the claim submitting process will be finished.
- If “Settlement” is selected, fill in the required information as prompted, based on the settlement code, and then follow step 7.
- If “Judgment” is selected, follow steps 8 through 10.

7. Settlement Award Detail screen

- No Settlement Award will be required if the Settlement Code was “Settlement Without Award”, regardless of a lawsuit being filed or not.
- The first screen below will appear after selecting the “Settlement” option when a lawsuit was not filed and the Settlement Code was “Settlement Before Litigation”. It will also appear after selecting the “Settlement” option when a lawsuit was filed, and the Settlement Code was either: “Settlement Before Litigation”, “Settlement During Trial” and “Settlement After Trial But Before Judgment”.
- If the “Settlement Option” when a lawsuit was filed was selected along with the “Settlement After Judgment” Settlement Code, the second screen below will appear. After filling out each “Settlement Award” page, the claim submitting process will be finished.

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *	<input type="text"/>
2. Estimated Amount of Line 1 allocated to Economic Damages *	<input type="text"/>
3. Estimated Amount of Line 1 allocated to non-Economic Damages *	<input type="text"/>

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *	<input type="text"/>
2. Estimated Amount of Line 1 allocated to Economic Damages *	<input type="text"/>
3. Estimated Amount of Line 1 allocated to non-Economic Damages *	<input type="text"/>
4. Amount of Initial Award (if rendered by Jury or Awarded by Court) *	<input type="text"/>

8. Judgment Option – After “Judgment” is selected as the outcome information, you will be required to specify further details about the judgment process.
- Trial Option 1 – “Withdrawn” or “Dismissed” (Select if judgment outcome was withdrawn or dismissed)
 - Select “Withdrawn” or “Dismissed” under the “Trial Information” title and you will be asked for the withdrawn/dismitted date, but it is not required. After doing this, the claim submitting process will be finished. If the judgment was decided by court or jury, see trial option 2.

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismitted

- Trial Option 2 – “Judgment by Jury” or Judgment by Court” (Select either option depending on if the judgment trial was made by jury or court, respectively)
 - Select “Judgment by Jury” or Judgment by Court” under the “Trial Information” title and you will be required to enter trial and award dates, the lawsuit outcome, and whether or not an appeal was filed. See the second screen shot below.
 - If the “Lawsuit Outcome” is “Judgment for Defendant”, then award details will not be required, and the claim submitting process will be finished.
 - If the “Lawsuit Outcome” is “Judgment for Plaintiff”, then the Jury or Court Award screen will appear depending on whether “Judgment by Jury” or “Judgment by Court” was selected in the “Trial Information” box, see steps 9 and 10.

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismitted

Date Withdrawn

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *
-Select Outcome-
-Select Outcome-
Judgment for Plaintiff
Judgment for Defendant

Appeal Filed

Yes No

<< Back

Proceed >>

Cancel

- If Appeal is Yes
 - If Appeal Outcome is “Judgment for Defendant on Appeal”, then the Award Details will not be required.
 - If Appeal Outcome is “Judgment for Plaintiff on Appeal”, then the Jury Award or Court Award detail screen will be displayed, as seen in steps 9 and 10, depending on whether “Judgment by Jury” or “Judgment by Court” was selected in the “Trial Information” box.

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *

Appeal Filed

Yes No

Date Appeal Filed *

Date Appeal Decided *

Appeal Outcome *

Judgment for Plaintiff on Appeal
Judgment for Defendant on Appeal

9. Jury Award: Fill out the “Jury Award” information and the claim submitting process will be finished.

Jury Award

Jury Award

1. Total Amount of Initial Jury Award *	<input type="text"/>
1.a Reduction by Court *	<input type="text"/>
1.b Addition by Court *	<input type="text"/>
1.c Final Amount *	<input type="text"/>
2. Interest Awarded (Due to failure to accept an offer or judgment) *	<input type="text"/>
3. Total Award Paid to Injured Party (Line 1.c. plus line 2) *	<input type="text"/>
4. Amount of Line 3 allocated to Economic Damages *	<input type="text"/>
5. Amount of Line 3 allocated to non-Economic Damages *	<input type="text"/>

10. Court Award: Fill out the “Court Award” information and the claim submitting process will be finished.

Court Award

Court Award

1. Total Amount of Initial Award *	<input type="text"/>
2. Interest Awarded (Due to a failure to accept an offer or judgment) *	<input type="text"/>
3. Total Award Paid to Injured Party (line 1 plus line 2)	<input type="text"/>
4. Amount of Line 3 allocated to Economic Damages *	<input type="text"/>
5. Amount of Line 3 allocated to Non-economic Damages *	<input type="text"/>

11. Claim Detail screen

- Mark the claim as complete by clicking the “Mark as Complete” button
- Add any new claim by clicking the “New Claim” button
- To Add/Correct/Delete any part of the claim: click on the Injured Party, Insured Party, Award Detail tabs, or the Delete tab to delete that information of the claim. If you do chose to delete part of a claim, you will see a new tab appear prompting you to re-fill that information in.
**** You can add another *Insured Party* here by clicking the “Add Insured” on the right side of the Injured Party. It will eliminate from entering the injured information all over again.**

New Claim
Mark as Completed

Date of Injury or Loss	Date Claim/Loss Reported	Date Claim/Loss Closed	
01/01/2005	02/02/2005	03/03/2008	

<u>Injured Party</u>			<u>Delete</u>	<u>Add Insured</u>
Name	Jane Doe	Age Group	Adult - Ages 18 to 64	
Gender	F	Name of institution where loss/injury occurred	My Hospital Self-Insured Trust	
Type of Location where loss/injury occurred	Critical Care Unit	Severity rating(HAIC)	Death	
Act or Omission Type	9- Miscellaneous Related	Act or Omission Description	60- Other	
Attorneys Law Firm	John Doe			

<u>Insured Information (1)</u>			<u>Delete</u>
Name of Entity	My Hospital Self-Insured Trust	Address1	1 Main Street
Address2		City	Hartford
State	CT	Zip Code	06103
Policy Number	06-11111	Category of Specialty	Hospital
Specialty		Insured Policy Limits	20M
Initial Indemnity and Expense Reserve	\$1,000,000	Final Indemnity and Expense Reserve	\$900,000
Loss Adjustment Expenses paid to Defense Counsel	\$600,000	All Other Allocated Loss Adjustment Expenses Paid	\$0
Close Date	02/02/2008	Is Insured/Entity	Primary
Occurrence/Claim	Claim-Made		

<u>Judgment/Settlement Information (1)</u>			<u>Delete</u>
Settlement Code	Settlement Before Litigation	Lawsuit Filed	No
Date of Settlement	02/02/2008	Were Other Companies Involved	Yes

<u>Award Detail (1)</u>		<u>Delete</u>
Structured Settlement	No	
1. Total Settlement Paid to Injured Party	\$12,000	2. Estimated Amount of Line 1 allocated to Economic Damages Unknown
3. Estimated Amount of Line 1 allocated to non-Economic Damages	Unknown	

Yearly Information Report

Commercial Insurer – if you have more than one specialty, click “New Yearly Information” to enter the next one.

Yearly Information

[New Yearly Information](#) [List of Yearly Information](#)

Commercial Insurer

Year	2007
Base Premium *	<input type="text"/>
Earned Premium *	<input type="text"/>
Paid Losses (Including ALAE) *	<input type="text"/>
Incurred Losses (Including ALAE) *	<input type="text"/>
Specialty (Please Choose the Closest One) *	--Select Specialty-- <input type="button" value="v"/>
Number of Providers in Specialty	<input type="text"/>

Hospital/Non Hospital – Self Insurer

Yearly Information

[New Yearly Information](#) [List of Yearly Information](#)

Hospital/Non Hospital - Self-Insured

Year	2007
Provide Most Recent Year Funding *	<input type="text"/>
Trust Net Retained Professional Liability Losses Paid *	<input type="text"/>
Trust Net Retained Professional Liability Losses Incurred *	<input type="text"/>

Hospital – Captive with Voluntary Physicians

Yearly Information	
New Yearly Information	List of Yearly Information
Hospital - Captive with Voluntary Physicians Attending	
Year	2007
Hospital Professional Liability Premium (No General Liability) *	<input type="text"/>
Hospital Net Retained Paid Professional Liability Losses *	<input type="text"/>
Hospital Net Retained Incurred Professional Liability Losses *	<input type="text"/>
Voluntary Attending Physicians Professional Liability Premium *	<input type="text"/>
Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *	<input type="text"/>
Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *	<input type="text"/>
No. Of Voluntary Attending Physicians Covered *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Hospital – Captive without Voluntary Physicians

Yearly Information	
New Yearly Information	List of Yearly Information
Hospital - Captive without Voluntary Physicians Attending	
Year	2007
Hospital Professional Liability Premium (No General Liability) *	<input type="text"/>
Hospital Net Retained Paid Professional Liability Losses *	<input type="text"/>
Hospital Net Retained Incurred Professional Liability Losses *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Non-Hospital – Captive with Voluntary Physicians

Yearly Information	
New Yearly Information	List of Yearly Information
Non Hospital - Captive with Voluntary Physicians Attending	
Year	2007
HCP Professional Liability Premium (No General Liability) *	<input type="text"/>
HCP Net Retained Paid Professional Liability Losses *	<input type="text"/>
HCP Net Retained Incurred Professional Liability Losses *	<input type="text"/>
Voluntary Attending Physicians Professional Liability Premium *	<input type="text"/>
Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *	<input type="text"/>
Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *	<input type="text"/>
No. Of Voluntary Attending Physicians Covered *	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Non-Hospital – Captive without Voluntary Physicians

Yearly Information

[New Yearly Information](#)

[List of Yearly Information](#)

Non Hospital - Captive without Voluntary Physicians Attending

Year

2007

HCP Professional Liability Premium (No General Liability) *

HCP Net Retained Paid Professional Liability Losses *

HCP Net Retained Incurred Professional Liability Losses *