



State of Connecticut Insurance Department

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Connecticut Medical Malpractice Annual Report

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Connecticut Medical Malpractice Closed Claim Annual Report – 2014

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 2014 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 2009 through 2013. In addition, it provides a summary of rate filing activity for 2013, premium information by medical provider specialty for 2013 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 131 entities including 63 carriers licensed in Connecticut, 20 risk retention groups (RRG's) and 48 excess and surplus lines companies. We received data on 2013 closed claims from 81 insuring entities, which included 45 admitted insurance companies, 25 hospitals or hospital groups that are either self-insured or insured with a captive and 11 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 third 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 2009 through 2013. 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 2012 and 2013, 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 2004 – 2013. 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, 2013, 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 3,181 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,712. Captives/Self-Insurers reported 1,469 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 (54%) of the claims had no indemnity payments, while the remaining 46% closed with an indemnity payment. The total amount paid to claimants was \$798 million, with an average of \$546,114 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 69%, or 2,183, generated legal expenses to defend the claim. These expenses totaled \$152 million, an average of \$69,527 per claim. Of these almost half 49% (1,065) were for incidents that had no payments to claimants, averaging \$49,273 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$88,822.
- **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 16% of all claim counts represent 66% of all indemnity payments, over \$526 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,461 claims that closed with an indemnity payment, 262 closed within one year of being reported and had an average paid indemnity of \$93,234. That average figure rose to \$989,581 for claims closing between 60 and 90 months from being reported. It exceeds \$1.9 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 3,181 reported claims, 1,461 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 98% were settled, with 95% settled before trial began. The remaining 1,720 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 87% were settled, with 82% 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 3,181 claims, 1,461, or 46% had indemnity payments to a claimant at an average value of \$546,114. While Commercial Insurers reported a greater number of claims in total, Captives/Self-Insurers actually had more claims with indemnity payments (854 to 607). The average claim size for Commercial Insurers (\$450,670) is also lower than for Captives/Self-Insurers (\$613,953). More claims closed in 2013 compared to 2012, in total and for both subgroups. The average values of indemnity payments for 2013 were lower than the 2012 averages. The 2012 averages were the highest in the five year history.

Of the total 3,181 claims, 69% 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 higher per claim than Commercial Insurers.

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$187 million represents the amount expended to defend and investigate claims. This represents nearly 23% 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 1,461 claims, 228, or 16% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$526 million, or 66% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 220 claims (15%) with \$158 million of payments. Thus, the 448 claims greater than \$500,000 represents approximately 31% of the claims, but over 85% 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 over \$1 million per claim. The average value exceeds \$1.9

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, less than 25% had defense counsel payments. For claims closing after three years, the percentage approaches 100%. 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 \$6,529, while those closing five or more years after being reported averaged over \$145,000. 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 nearly 40% 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 1,461 claims reported as closed with an indemnity payment, 366, or 25% were due to the death of the injured party, with average paid indemnity of \$775,354. 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 193 severe “permanent injury” claims, when combined with the death cases, comprise over 76% 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 193 most serious non-death claims were significantly higher than the overall average. For those claims, 176 of which had defense counsel costs, the average was \$170,691 compared to \$88,822 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, 62% had defense counsel payments that averaged \$49,273. However, for the most serious non-death permanent injury claims, 74% required legal defense at an average cost of \$62,166. 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 95%) 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 50% of the claims, the average indemnity payment was \$660,194, about 20% above the overall average. The highest average was for Emergency Services/Call Center/Ambulance Services at \$1,154,860 with only 21 claims. The next highest average was Anesthesiology at \$981,652, followed by the Gynecology/OB-GYN specialty with an average claim size at \$968,572. 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 four 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 3,181 closed claims, 54% resulted in no payment to the plaintiff. Of these, 87% 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 46% of closed claims resulted in indemnity payments to the plaintiff. Of these, 98% were settled, with most of those being settled before trial. Only 34 of the 1,461 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 14% resulted in payments to the plaintiff. For cases that were settled, 49% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$530,465 with additional expenses for total ALAE of \$79,015 per claim. For cases that had court dispositions, the average payment was over \$1.2 million with \$281,229 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 46% of the 1,461 claims with an indemnity payment, that is 678, 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 66% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$485,046, or approximately 11% lower than the overall average for all claims with indemnity payments of \$546,114. Commercial Insurers provided the split on 64% of the claims reported with indemnity payments and 66% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 46% of claims reported with indemnity payments and had the same proportion allocated to non-economic damages at 66%.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings

For the Professional Liability subline of Medical Malpractice, during 2013, 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. During the previous five years, 2008 to 2012, there had been no rate filings received by the Department for physicians and surgeons, hospitals, advanced practice registered nurses or physician assistants.

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

Report 12 displays calendar year earned premium and losses for 2009 through 2013 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 Commercial Insurers. For the Captives and Self-Insurers groups that had been declining, we are seeing premium growth for 2013 over 2012 levels of 42% for Captives and 30% for Self-Insurers.

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 2013. 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 2012. While the NAIC profitability report is not yet available for 2013, the continued low incurred loss ratios suggest that profitability is likely to continue in 2013.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, 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 2004 through 2009. The 2010 year reflects substantial reserve takedowns, with experience for 2011-2013 also showing some volatility relative to the historical ratios.

Exhibits 5 and 6 provide premium, loss and expense experience for 2012 and 2013 separately for the top fifteen writers. The written premium decline that we observed in the last three years continues in 2013. The market remains concentrated with 87% of the premium written by the top 15 insurers. ProSelect Insurance Company, Connecticut Medical Insurance Company (CMIC) and MCIC, VT, Inc., (an RRG covering several hospitals in Connecticut), continue as the top three writers with over 63% of total direct written premium for the state.

In addition, we have provided Exhibit 7 which displays investment income for 2012 and 2013 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 – 2014
(Business of 2013)**

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>
2009	612	315	297	\$168,755,955	\$535,733
2010	691	303	388	\$166,069,193	\$548,083
2011	699	310	389	\$139,107,322	\$448,733
2012	552	230	322	\$161,424,479	\$701,846
2013	627	303	324	\$162,515,754	\$536,356
Total	3181	1461	1720	\$797,872,703	\$546,114

(6)=(5)/(3)

Wednesday, April 30, 2014

Report 1 - Part 1

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>
2009	317	136	181	\$58,841,929	\$432,661
2010	377	128	249	\$61,523,082	\$480,649
2011	374	125	249	\$50,425,451	\$403,404
2012	311	98	213	\$65,189,728	\$665,201
2013	333	120	213	\$37,576,760	\$313,140
Total	1712	607	1105	\$273,556,950	\$450,670

(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>
2009	295	179	116	\$109,914,026	\$614,045
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	294	183	111	\$124,938,994	\$682,727
Total	1469	854	615	\$524,315,753	\$613,953

(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>
2009	612	464	\$32,583,451	213	\$50,389	251	\$87,055
2010	691	466	\$27,233,256	236	\$36,781	230	\$80,672
2011	699	461	\$29,793,646	221	\$50,780	240	\$77,380
2012	552	357	\$30,053,982	187	\$41,384	170	\$131,266
2013	627	435	\$32,112,652	208	\$67,797	227	\$79,343
Total	3181	2183	\$151,776,987	1065	\$49,273	1118	\$88,822

(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>
2009	317	248	\$11,907,051	135	\$46,197	113	\$50,181
2010	377	258	\$11,547,229	152	\$37,851	106	\$54,659
2011	374	242	\$11,186,172	132	\$36,594	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
Total	1712	1180	\$57,697,903	673	\$40,914	507	\$59,493

(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>
2009	295	216	\$20,676,400	78	\$57,644	138	\$117,248
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	294	209	\$21,311,651	76	\$100,226	133	\$102,966
Total	1469	1003	\$94,079,084	392	\$63,625	611	\$113,158

(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>
2009	612	491	\$168,755,955	\$32,583,451	\$5,558,416	22.6%
2010	691	510	\$166,069,193	\$27,233,256	\$7,603,452	21.0%
2011	699	505	\$139,107,322	\$29,793,646	\$8,932,935	27.8%
2012	552	387	\$161,424,479	\$30,053,982	\$7,049,293	23.0%
2013	627	460	\$162,515,754	\$32,112,652	\$6,471,744	23.7%
Total	3181	2353	\$797,872,703	\$151,776,987	\$35,615,840	23.5%

(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>
2009	317	270	\$58,841,929	\$11,907,051	\$4,334,302	27.6%
2010	377	287	\$61,523,082	\$11,547,229	\$4,132,403	25.5%
2011	374	272	\$50,425,451	\$11,186,172	\$2,403,715	27.0%
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%
Total	1712	1298	\$273,556,950	\$57,697,903	\$18,593,464	27.9%

(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>
2009	295	221	\$109,914,026	\$20,676,400	\$1,224,114	19.9%
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	294	214	\$124,938,994	\$21,311,651	\$3,052,544	19.5%
Total	1469	1055	\$524,315,753	\$94,079,084	\$17,022,376	21.2%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2009 - 2013 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	623	42.6%	\$19,616,164	\$31,487	2.5%
\$100,000 - \$199,999	152	10.4%	\$20,537,902	\$135,118	2.6%
\$200,000 - \$299,999	104	7.1%	\$24,503,876	\$235,614	3.1%
\$300,000 - \$399,999	80	5.5%	\$26,023,459	\$325,293	3.3%
\$400,000 - \$499,999	54	3.7%	\$23,201,481	\$429,657	2.9%
\$500,000 - \$599,999	54	3.7%	\$27,988,670	\$518,309	3.5%
\$600,000 - \$699,999	44	3.0%	\$27,564,882	\$626,475	3.5%
\$700,000 - \$799,999	45	3.1%	\$33,081,939	\$735,154	4.1%
\$800,000 - \$899,999	33	2.3%	\$27,838,751	\$843,599	3.5%
\$900,000 - \$999,999	44	3.0%	\$41,599,787	\$945,450	5.2%
\$1,000,000 and Over	228	15.6%	\$525,915,792	\$2,306,648	65.9%
Total	1461	100.0%	\$797,872,703	\$546,114	100.0%

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

(5)=(4)/(2)

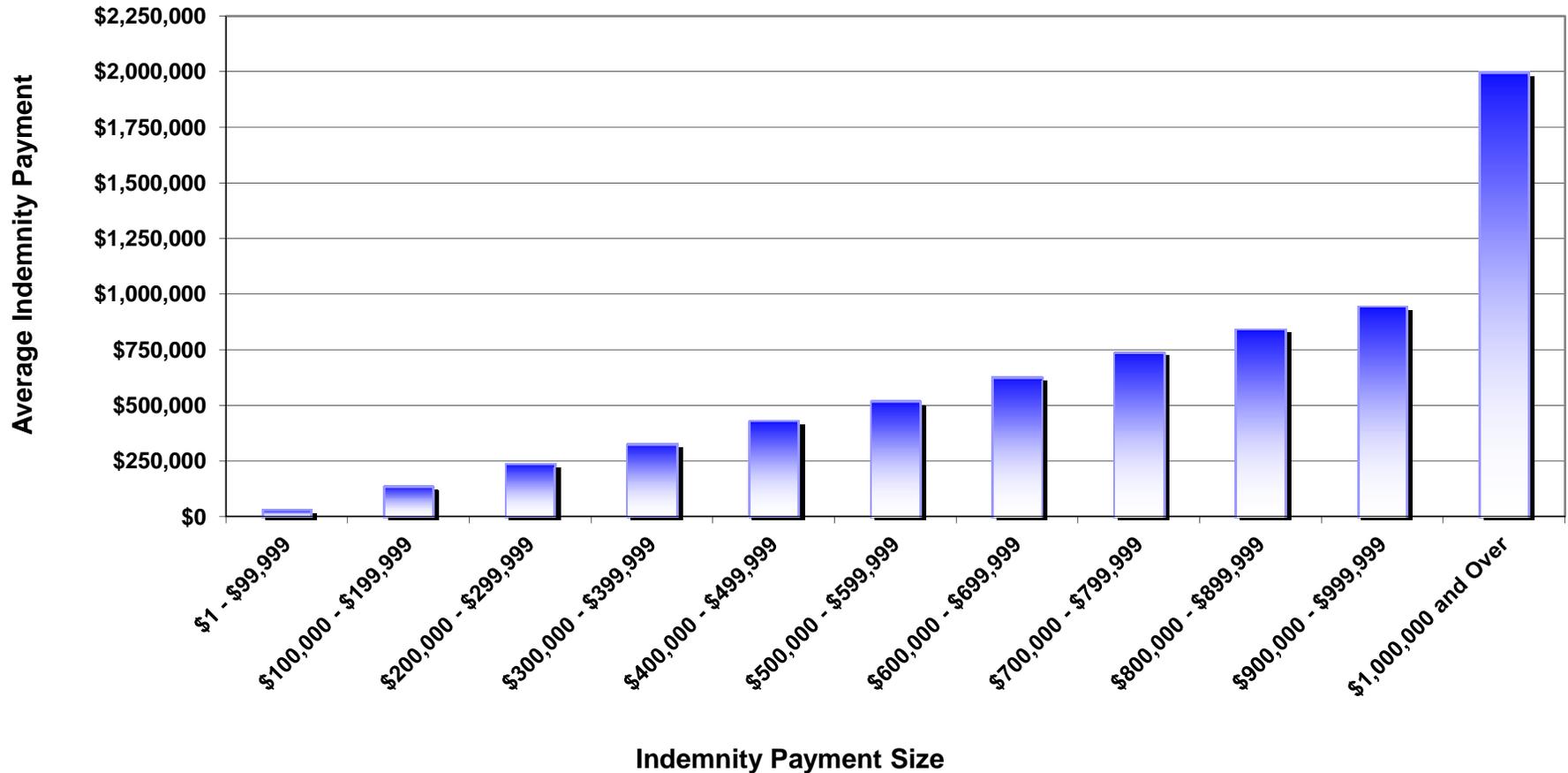
(6)=(4) for each range/(4) total

Wednesday, April 30, 2014

Report 4

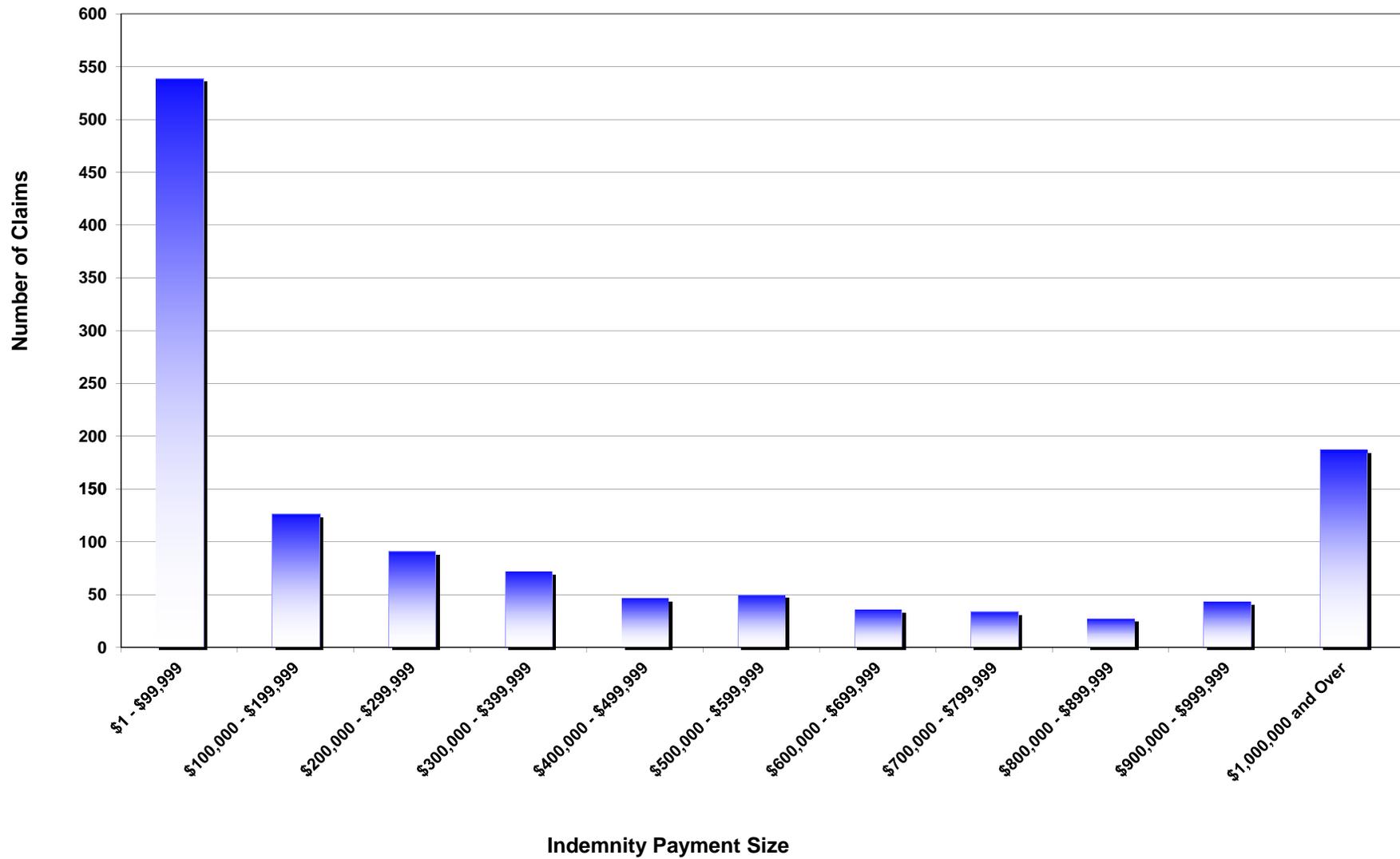
Connecticut Department of Insurance

Average Indemnity Payment by Indemnity Payment Size 2009 - 2013 Aggregate



Connecticut Department of Insurance

Number of Claims by Indemnity Payment Size 2009 - 2013 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

2009 - 2013 Aggregate

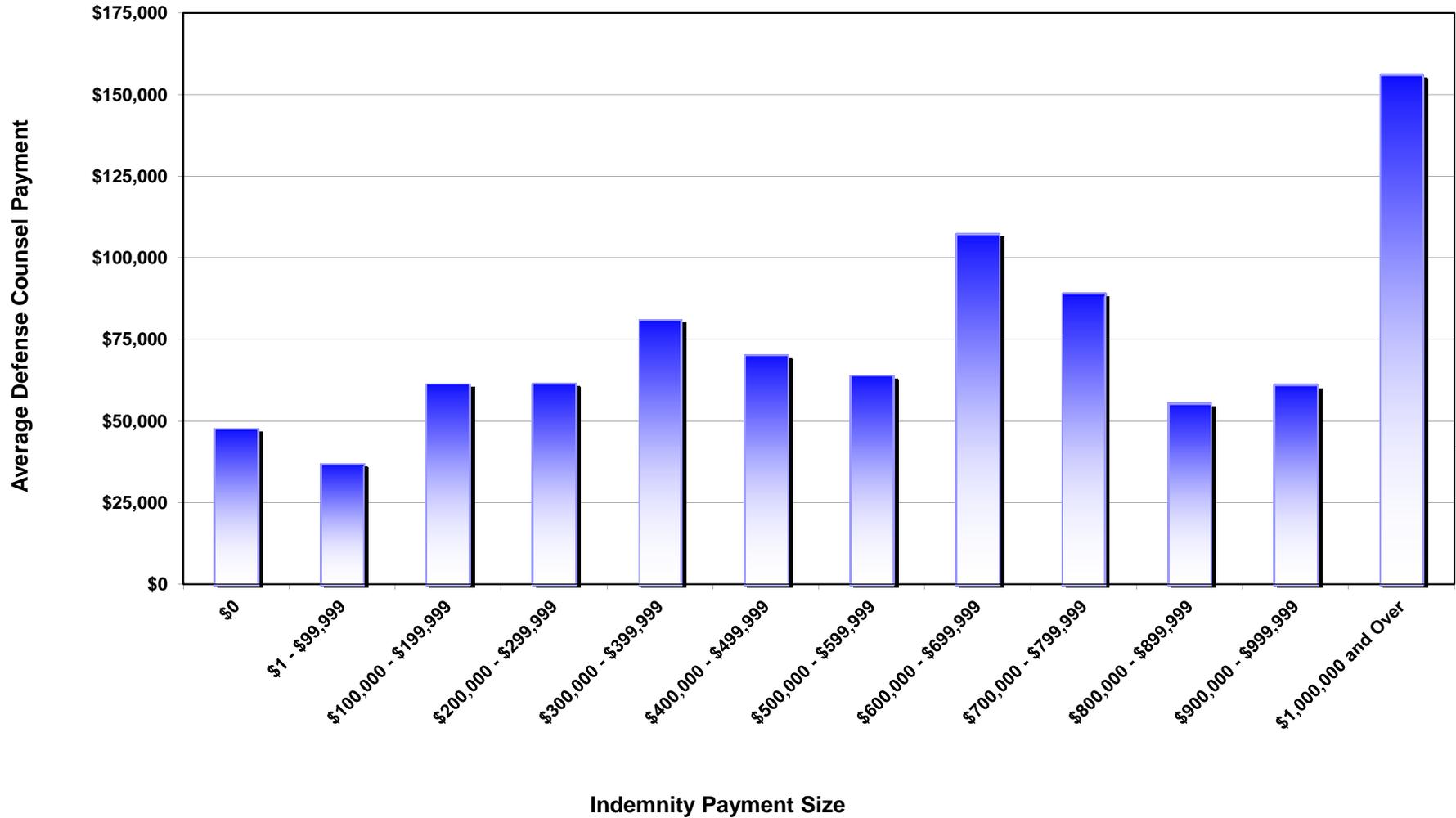
<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$0	1720	1065	\$52,476,071	\$49,273	34.6%
\$1 - \$99,999	623	359	\$15,269,762	\$42,534	10.1%
\$100,000 - \$199,999	152	122	\$7,886,759	\$64,646	5.2%
\$200,000 - \$299,999	104	94	\$6,127,117	\$65,182	4.0%
\$300,000 - \$399,999	80	73	\$6,609,418	\$90,540	4.4%
\$400,000 - \$499,999	54	48	\$3,575,031	\$74,480	2.4%
\$500,000 - \$599,999	54	52	\$4,376,550	\$84,164	2.9%
\$600,000 - \$699,999	44	41	\$4,561,920	\$111,266	3.0%
\$700,000 - \$799,999	45	43	\$4,553,757	\$105,901	3.0%
\$800,000 - \$899,999	33	32	\$3,044,140	\$95,129	2.0%
\$900,000 - \$999,999	44	40	\$2,572,079	\$64,302	1.7%
\$1,000,000 and Over	228	214	\$40,724,383	\$190,301	26.8%
Total	3181	2183	\$151,776,987	\$69,527	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 2009 - 2013 Aggregate



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

2009 - 2013 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	411	12.9%	133	9.1%	95	4.4%
6 - 12 Months	344	10.8%	129	8.8%	142	6.5%
12 - 18 Months	270	8.5%	97	6.6%	150	6.9%
18 - 24 Months	289	9.1%	116	7.9%	184	8.4%
24 - 36 Months	561	17.6%	260	17.8%	435	19.9%
36 - 60 Months	869	27.3%	495	33.9%	776	35.5%
60 - 90 Months	377	11.9%	205	14.0%	346	15.8%
90 - 120 Months	56	1.8%	22	1.5%	51	2.3%
120 Months and Over	4	0.1%	4	0.3%	4	0.2%
Total	3181	100.0%	1461	100.0%	2183	100.0%
Average Length of Claims	2.96 YEARS		3.33 YEARS		3.57 YEARS	

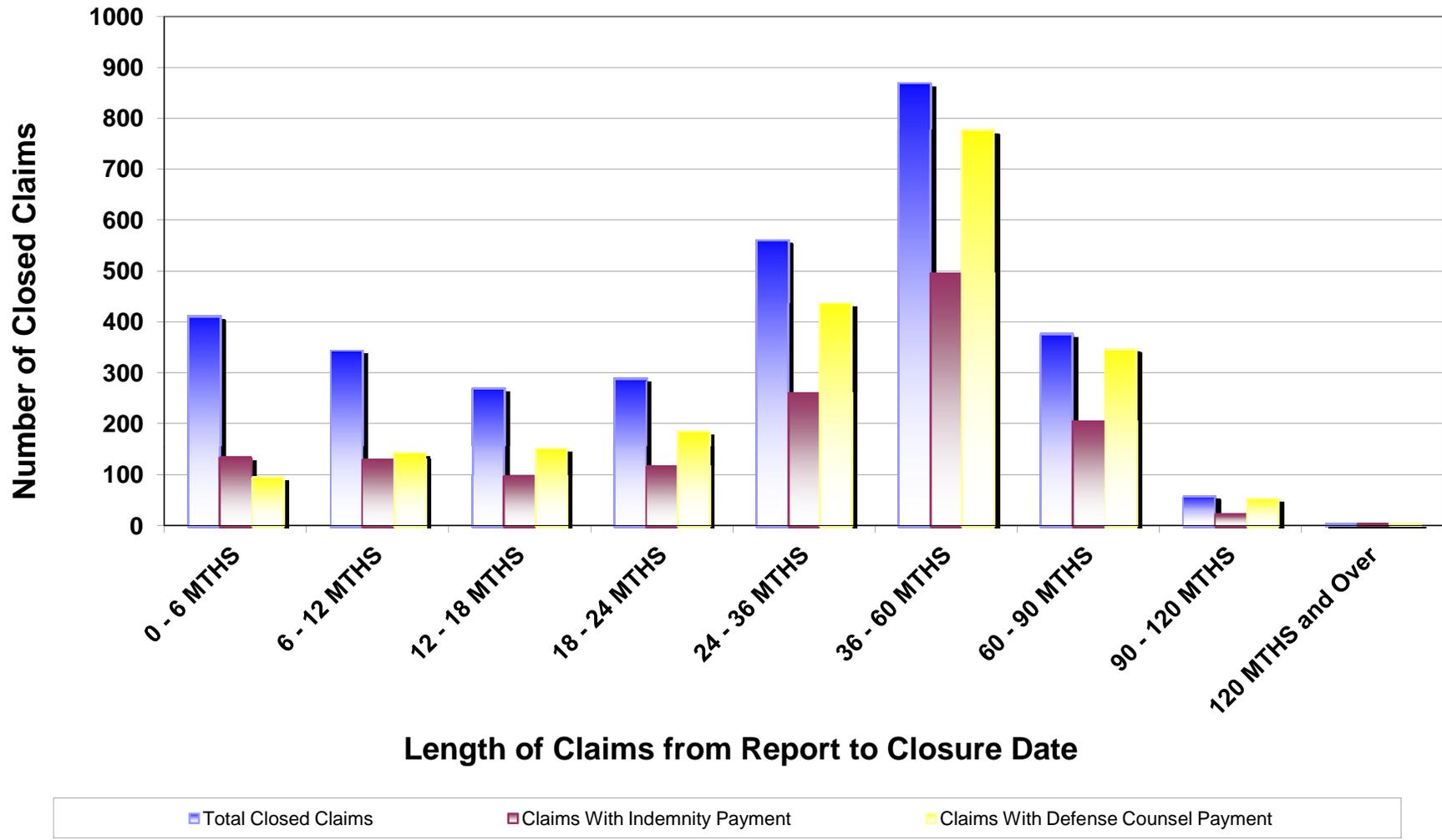
(3)=(2) for each range/(2) total

(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 2009 - 2013 Aggregate



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

2009 - 2013 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	411	133	32.4%	\$6,249,946	0.8%	\$46,992
6 - 12 Months	344	129	37.5%	\$18,177,289	2.3%	\$140,909
12 - 18 Months	270	97	35.9%	\$27,206,484	3.4%	\$280,479
18 - 24 Months	289	116	40.1%	\$46,112,538	5.8%	\$397,522
24 - 36 Months	561	260	46.3%	\$127,273,951	16.0%	\$489,515
36 - 60 Months	869	495	57.0%	\$322,670,127	40.4%	\$651,859
60 - 90 Months	377	205	54.4%	\$202,864,173	25.4%	\$989,581
90 - 120 Months	56	22	39.3%	\$39,657,500	5.0%	\$1,802,614
120 Months and Over	4	4	100.0%	\$7,660,695	1.0%	\$1,915,174
Total	3181	1461	45.9%	\$797,872,703	100.0%	\$546,114

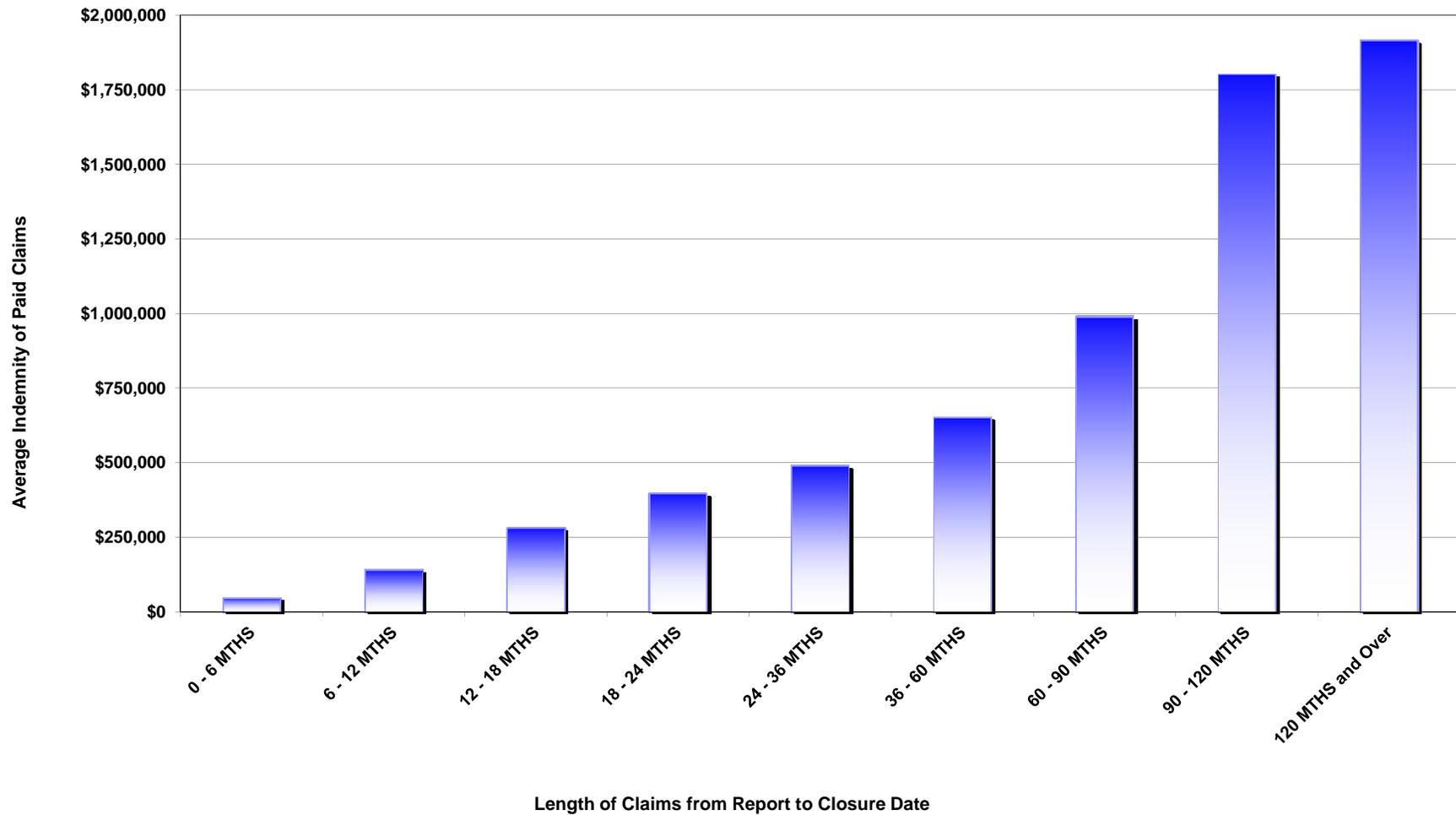
(4)=(3)/(2)

(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
2009 - 2013 Aggregate



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

2009 - 2013 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	411	95	23.1%	\$620,215	0.4%	\$6,529
6 - 12 Months	344	142	41.3%	\$1,649,828	1.1%	\$11,619
12 - 18 Months	270	150	55.6%	\$1,716,552	1.1%	\$11,444
18 - 24 Months	289	184	63.7%	\$6,626,323	4.4%	\$36,013
24 - 36 Months	561	435	77.5%	\$18,586,867	12.2%	\$42,728
36 - 60 Months	869	776	89.3%	\$63,883,755	42.1%	\$82,324
60 - 90 Months	377	346	91.8%	\$46,450,400	30.6%	\$134,250
90 - 120 Months	56	51	91.1%	\$10,961,448	7.2%	\$214,930
120 Months and Over	4	4	100.0%	\$1,281,599	0.8%	\$320,400
Total	3181	2183	68.6%	\$151,776,987	100.0%	\$69,527

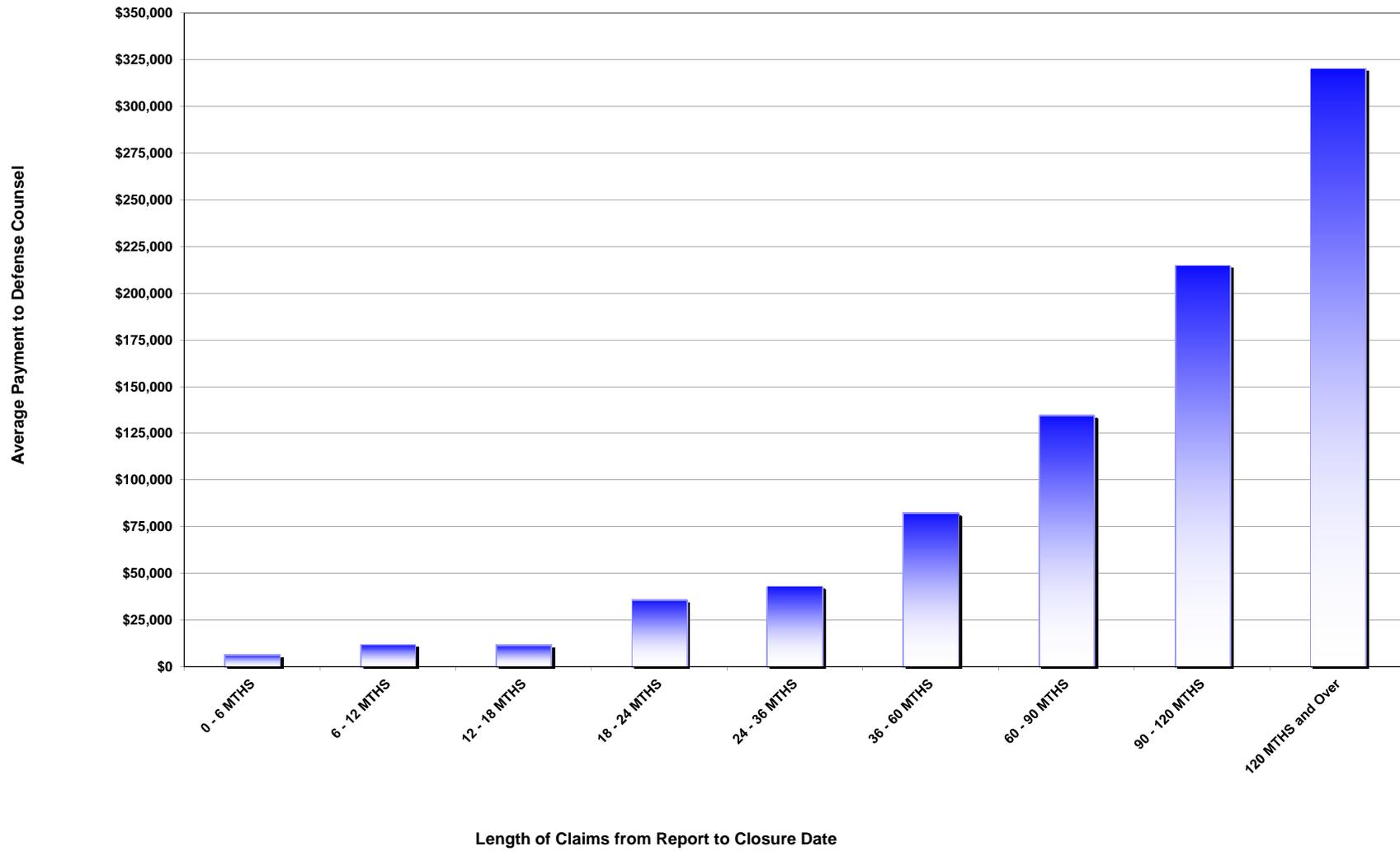
(4)=(3)/(2)

(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
2009 - 2013 Aggregate



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

2009 - 2013 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	1068	33.6%	584	40.0%
6 - 12 Months	360	11.3%	141	9.7%
12 - 18 Months	290	9.1%	111	7.6%
18 - 24 Months	442	13.9%	203	13.9%
24 - 36 Months	756	23.8%	311	21.3%
36 - 60 Months	165	5.2%	69	4.7%
60 - 90 Months	58	1.8%	26	1.8%
90 - 120 Months	18	0.6%	8	0.5%
120 Months and Over	24	0.8%	8	0.5%
Total	3181	100.0%	1461	100.0%
Average Length of Claims	1.59 YEARS		1.42 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

2009 - 2013 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	103	3.2%	61	4.2%
6 - 12 Months	146	4.6%	72	4.9%
12 - 18 Months	180	5.7%	55	3.8%
18 - 24 Months	204	6.4%	98	6.7%
24 - 36 Months	541	17.0%	156	10.7%
36 - 60 Months	883	27.8%	453	31.0%
60 - 90 Months	807	25.4%	424	29.0%
90 - 120 Months	226	7.1%	108	7.4%
120 Months and Over	91	2.9%	34	2.3%
Total	3181	100.0%	1461	100.0%
Average Length of Claims	4.57 YEARS		4.77 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

2009 - 2013 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	48	3.3%	\$3,488,530	\$72,678	0.4%
Insignificant Temporary	60	4.1%	\$1,509,783	\$25,163	0.2%
Minor Temporary	266	18.2%	\$13,318,904	\$50,071	1.7%
Major Temporary	150	10.3%	\$25,429,287	\$169,529	3.2%
Minor Permanent	240	16.4%	\$51,357,074	\$213,988	6.4%
Significant Permanent	138	9.4%	\$98,317,149	\$712,443	12.3%
Major Permanent	162	11.1%	\$212,397,788	\$1,311,097	26.6%
Grave Permanent	31	2.1%	\$108,274,649	\$3,492,731	13.6%
Death	366	25.1%	\$283,779,539	\$775,354	35.6%
Total	1461	100.0%	\$797,872,703	\$546,114	100.0%

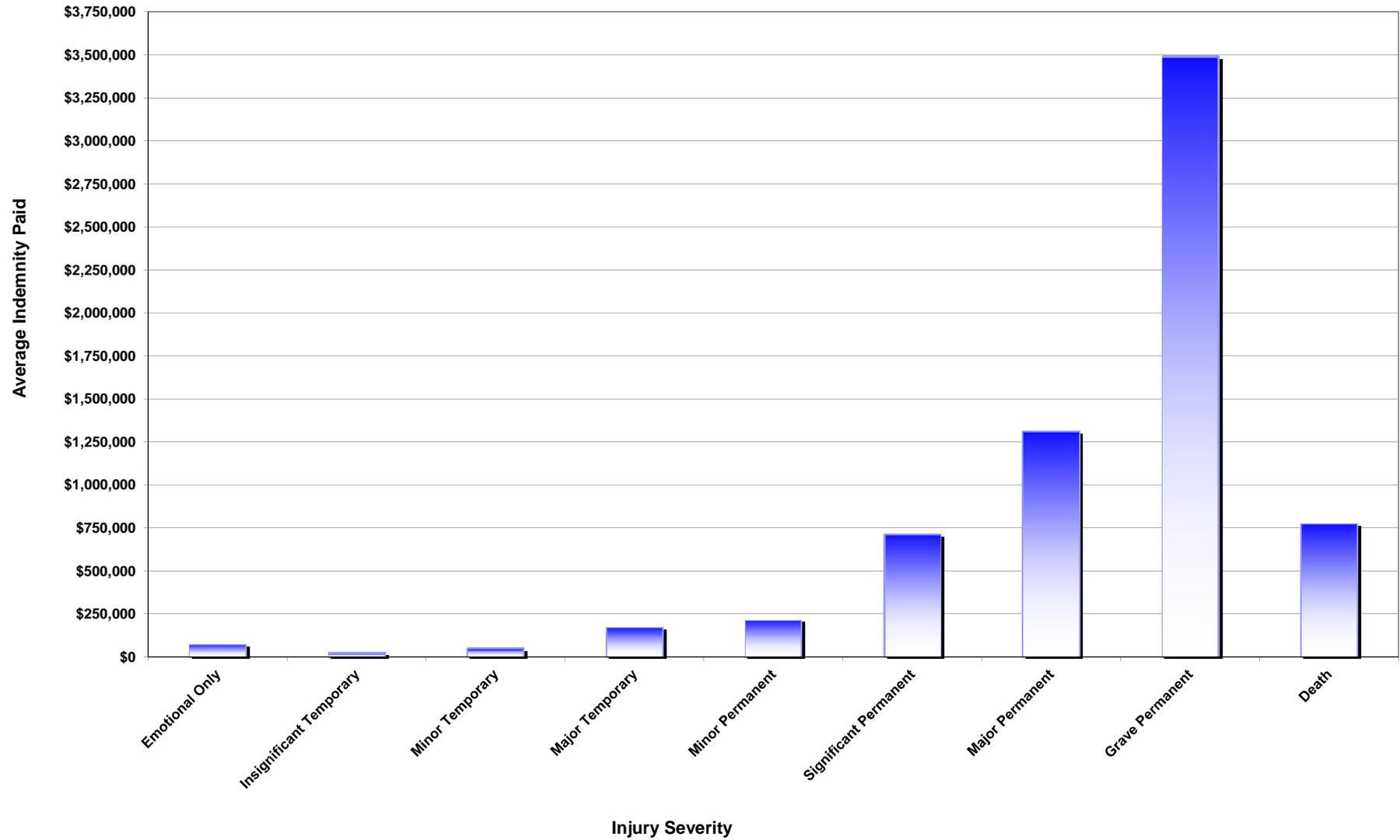
(3)=(2) for each category/(2) total

(5)=(4)/(2)

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

Connecticut Department of Insurance

Average Indemnity Paid by Severity of Injury
2009 - 2013 Aggregate



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

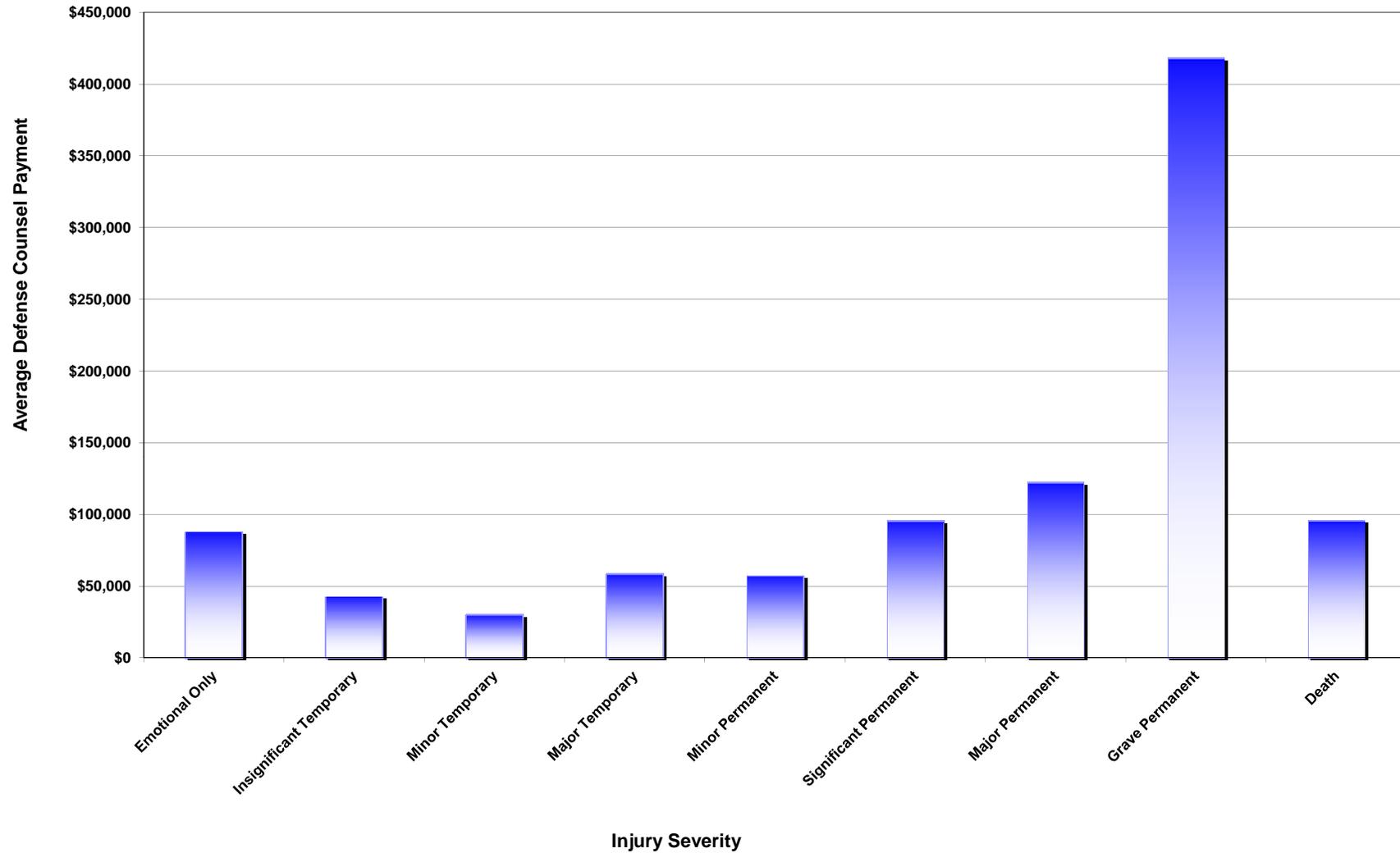
2009 - 2013 Aggregate

<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	48	38	\$3,334,701	\$87,755
Insignificant Temporary	60	28	\$1,199,353	\$42,834
Minor Temporary	266	124	\$3,753,010	\$30,266
Major Temporary	150	93	\$5,439,969	\$58,494
Minor Permanent	240	196	\$11,226,891	\$57,280
Significant Permanent	138	129	\$12,283,327	\$95,220
Major Permanent	162	147	\$17,926,007	\$121,946
Grave Permanent	31	29	\$12,115,623	\$417,780
Death	366	334	\$32,024,117	\$95,881
Total	1461	1118	\$99,302,998	\$88,822

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2009 - 2013 Aggregate



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

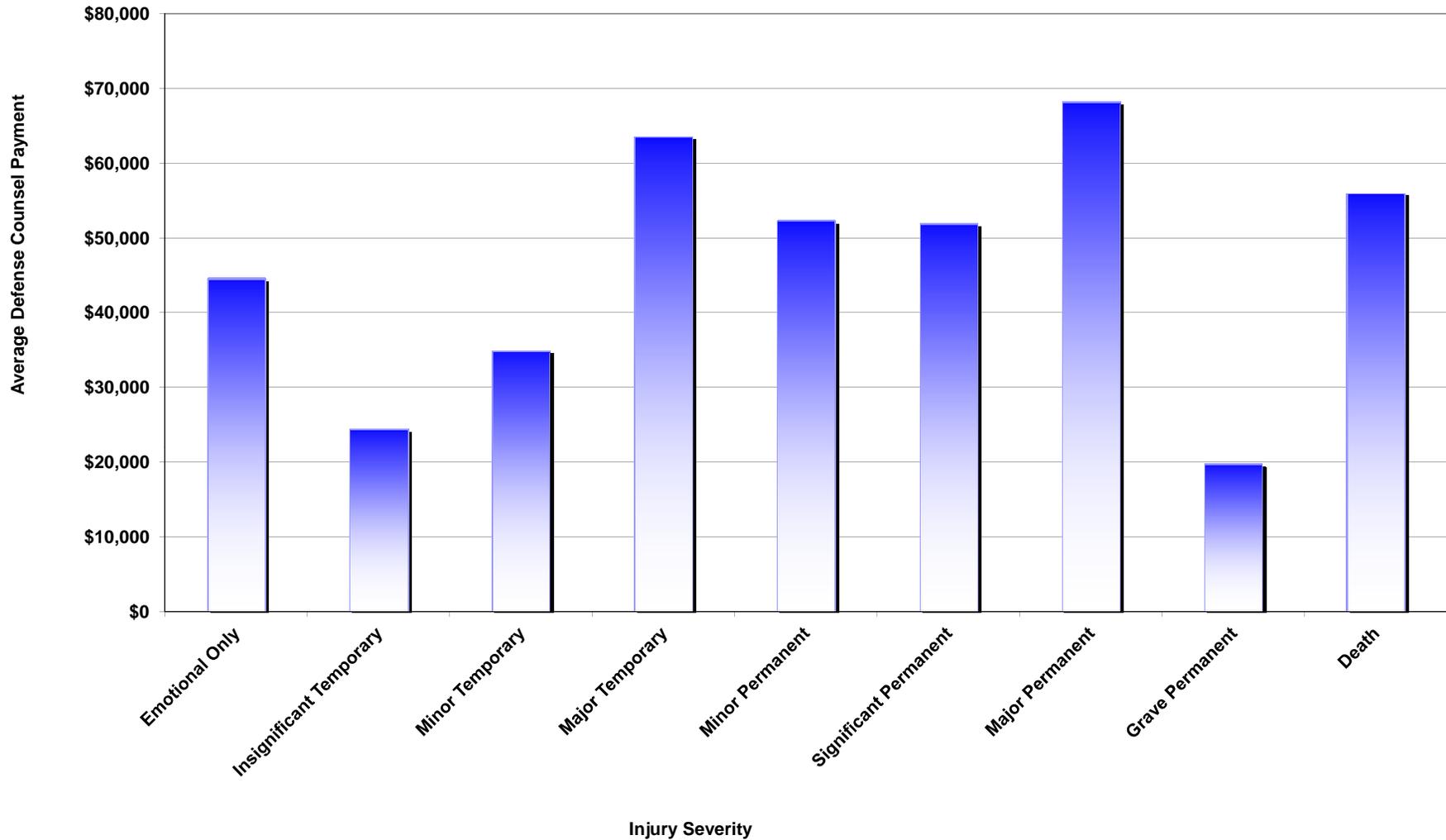
2009 - 2013 Aggregate

<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	126	73	\$3,252,150	\$44,550
Insignificant Temporary	172	86	\$2,102,035	\$24,442
Minor Temporary	413	179	\$6,250,564	\$34,919
Major Temporary	157	91	\$5,775,798	\$63,470
Minor Permanent	216	143	\$7,472,195	\$52,253
Significant Permanent	180	140	\$7,269,896	\$51,928
Major Permanent	111	85	\$5,793,542	\$68,159
Grave Permanent	20	12	\$236,568	\$19,714
Death	325	256	\$14,323,323	\$55,950
Total	1720	1065	\$52,476,071	\$49,273

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2009 - 2013 Aggregate



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2009 - 2013 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	15	\$14,724,773	\$981,652	1.85%
APRN/RN	17	\$10,178,000	\$598,706	1.28%
Chiropractor	15	\$2,319,765	\$154,651	0.29%
Dentist	127	\$9,127,270	\$71,868	1.14%
Emergency Services/Call Center/Ambulance Service	21	\$24,252,060	\$1,154,860	3.04%
Freestanding Surgical Center/Rehab Hospital	9	\$2,260,881	\$251,209	0.28%
Gynecology/OB-GYN	65	\$62,957,203	\$968,572	7.89%
Hospital - General	659	\$435,068,007	\$660,194	54.53%
Hospital - Others	31	\$22,750,763	\$733,896	2.85%
Medical Group/Other Corporate Group Practice	50	\$18,779,253	\$375,585	2.35%
Orthopedics	43	\$19,292,929	\$448,673	2.42%
Physician - Family/Pediatric/General Practice	11	\$4,272,135	\$388,376	0.54%
Physicians - Others	316	\$146,594,763	\$463,907	18.37%
Physicians Assistant	7	\$2,683,000	\$383,286	0.34%
Psychiatry	9	\$1,845,000	\$205,000	0.23%
Radiology/Imaging Center	42	\$16,609,873	\$395,473	2.08%
Other	24	\$4,157,028	\$173,210	0.52%
Total	1461	\$797,872,703	\$546,114	100.0%

(4)=(3)/(2)

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

Wednesday, April 30, 2014

Report 8 - Part 1

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2009 - 2013 Aggregate for Claim Data

<i>Medical Provider Specialty</i>	<i>Base Premium in</i>	<i>Number of Medical Providers in 2013</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	\$774,043	357	12	\$14,476,913	\$1,206,409	5.29%
APRN/RN	\$7,351,595	14910	10	\$5,314,250	\$531,425	1.94%
Chiropractor	\$1,371,295	1761	9	\$2,265,000	\$251,667	0.83%
Dentist	\$4,369,688	2577	125	\$9,078,770	\$72,630	3.32%
Emergency Services/Call Center/Ambulance Service	\$949,636	52	6	\$2,987,780	\$497,963	1.09%
Freestanding Surgical Center/Rehab Hospital	\$1,653,039	132	6	\$450,881	\$75,147	0.16%
Gynecology/OB-GYN	\$8,070,091	145	27	\$36,485,870	\$1,351,329	13.34%
Hospital - General	\$4,868,369	9	22	\$21,630,341	\$983,197	7.91%
Hospital - Others	\$966,384	135	7	\$12,429,758	\$1,775,680	4.54%
Medical Group/Other Corporate Group Practice	\$1,879,610	649	37	\$11,660,753	\$315,155	4.26%
Orthopedics	\$1,808,963	225	33	\$14,840,230	\$449,704	5.42%
Physician - Family/Pediatric/General Practice	\$4,921,493	336	10	\$4,182,135	\$418,214	1.53%
Physicians - Others	\$27,438,141	2681	235	\$114,545,969	\$487,430	41.87%
Physicians Assistant	\$320,420	261	6	\$2,676,000	\$446,000	0.98%
Psychiatry	\$1,962,320	3081	7	\$1,440,000	\$205,714	0.53%
Radiology/Imaging Center	\$4,090,327	240	31	\$14,935,272	\$481,783	5.46%
Other	\$927,590	2124	24	\$4,157,028	\$173,210	1.52%
Total	\$73,723,004	29,675	607	\$273,556,950	\$450,670	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

2009 - 2013 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	3	\$247,860	\$82,620	0.05%
APRN/RN	7	\$4,863,750	\$694,821	0.93%
Chiropractor	6	\$54,765	\$9,128	0.01%
Dentist	2	\$48,500	\$24,250	0.01%
Emergency Services/Call Center/Ambulance Service	15	\$21,264,280	\$1,417,619	4.06%
Freestanding Surgical Center/Rehab Hospital	3	\$1,810,000	\$603,333	0.35%
Gynecology/OB-GYN	38	\$26,471,333	\$696,614	5.05%
Hospital - General	637	\$413,437,666	\$649,039	78.85%
Hospital - Others	24	\$10,321,005	\$430,042	1.97%
Medical Group/Other Corporate Group Practice	13	\$7,118,500	\$547,577	1.36%
Orthopedics	10	\$4,452,699	\$445,270	0.85%
Physician - Family/Pediatric/General Practice	1	\$90,000	\$90,000	0.02%
Physicians - Others	81	\$32,048,794	\$395,664	6.11%
Physicians Assistant	1	\$7,000	\$7,000	0.00%
Psychiatry	2	\$405,000	\$202,500	0.08%
Radiology/Imaging Center	11	\$1,674,601	\$152,236	0.32%
Total	854	\$524,315,753	\$613,953	100.0%

(4)=(3)/(2)

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

Wednesday, April 30, 2014

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Connecticut Department of Insurance

Disposition of Claims For All Insurers

2009 - 2013 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	345	23.6%	8	21	4	\$136,374	\$5,057
Claims Settled Before Trial	1043	71.4%	19	63	6	\$652,940	\$100,500
Claims Settled During Trial	12	0.8%	12	64	6	\$672,745	\$134,161
Claims Settled After Trial	27	1.8%	22	77	6	\$771,672	\$169,567
Total Settled	1427	97.7%	17	53	6	\$530,465	\$79,015
Judgement for Plaintiff	29	2.0%	26	84	7	\$791,462	\$249,341
Judgement for Plaintiff On Appeal	5	0.3%	10	91	5	\$3,589,365	\$466,184
Total Court Dispositions	34	2.3%	24	85	6	\$1,202,919	\$281,229
Total	1461	100.0%	17	54	6	\$546,114	\$83,721
In Favor of Defendant							
Claims Closed Before Litigation	598	34.8%	13	29	4		\$5,673
Claims Closed Before Trial	808	47.0%	23	59	6		\$34,475
Claims Closed After Trial	98	5.7%	24	62	6		\$62,870
Total Settled	1504	87.4%	19	47	5		\$24,873
Judgement for Defendant	199	11.6%	23	69	5		\$125,407
Judgement for Defendant On Appeal	17	1.0%	23	94	7		\$159,475
Total Court Dispositions	216	12.6%	23	71	6		\$128,088
Total	1720	100.0%	20	50	5		\$37,835

(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>
2009	612	\$68,125,205	\$111,316	\$242,155,226	\$395,678	\$206,897,822	\$338,068
2010	691	\$63,830,259	\$92,374	\$215,213,033	\$311,452	\$200,905,901	\$290,747
2011	699	\$70,677,551	\$101,112	\$186,430,157	\$266,710	\$177,833,903	\$254,412
2012	552	\$58,307,779	\$105,630	\$176,356,861	\$319,487	\$198,527,754	\$359,652
2013	627	\$155,691,701	\$248,312	\$150,883,097	\$240,643	\$201,100,150	\$320,734
Total	3181	\$416,632,495	\$130,975	\$971,038,374	\$305,262	\$985,265,530	\$309,735

(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>
2009	317	\$29,567,817	\$93,274	\$97,645,338	\$308,029	\$75,083,282	\$236,856
2010	377	\$34,480,906	\$91,461	\$93,610,693	\$248,304	\$77,202,714	\$204,782
2011	374	\$31,556,658	\$84,376	\$71,869,015	\$192,163	\$64,015,338	\$171,164
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
Total	1712	\$149,885,220	\$87,550	\$403,994,802	\$235,978	\$349,848,317	\$204,351

(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>
2009	295	\$38,557,388	\$130,703	\$144,509,888	\$489,864	\$131,814,540	\$446,829
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	294	\$128,038,672	\$435,506	\$81,866,041	\$278,456	\$149,303,189	\$507,834
Total	1469	\$266,747,275	\$181,584	\$567,043,572	\$386,007	\$635,417,213	\$432,551

(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)
2009	188	\$73,081,334	\$16,202,325	\$56,879,009
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
Total	783	\$379,791,415	\$130,091,023	\$249,700,392

(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)
2009	96	\$39,678,375	\$13,227,651	\$26,450,724
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
Total	391	\$182,822,302	\$60,696,615	\$122,125,687

(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> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2009	92	\$33,402,959	\$2,974,674	\$30,428,285
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
Total	392	\$196,969,113	\$69,394,408	\$127,574,705

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

**Connecticut Medical Malpractice Annual Report – 2014
(Business of 2013)**

Appendix 2

**Calendar Year Premium and Losses
From 2009 to 2013**

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)
2009			
Commercial Insurers	\$124,570,314	\$76,150,750	\$68,061,425
Captives	\$185,896,655	\$102,212,864	\$147,535,382
Self Insurers	\$47,554,582	\$15,978,104	\$15,384,247
Totals	\$358,021,551	\$194,341,718	\$230,981,054
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

**Connecticut Medical Malpractice Annual Report – 2014
(Business of 2013)**

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
2004	\$225,677,066	\$121,984,350	\$221,117,278	\$125,938,599	32,199,115	\$90,253	\$12,206,430	\$5,634,756
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

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
2004	57.0%	14.6%	8.1%	10.0%	22.2%
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%	N/A	N/A

* 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
2004	\$142,253,757	\$95,141,353	\$137,856,539	\$62,876,139	\$24,593,405	\$90,253	\$9,295,362	\$3,316,909
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

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2004	69.0%	45.6%	17.8%	9.2%
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%	9.1%
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%

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
2004	\$30,958,196	\$685,253	\$31,062,193	\$20,583,862	\$496,643	\$0	\$2,655,036	\$192,741
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	\$103,897	\$534,941	\$0	\$3,346,095	\$81,627

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2004	2.2%	66.3%	1.6%	9.2%
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%	0.5%	2.4%	15.5%

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 Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2004	\$52,465,113	\$26,157,744	\$52,196,636	\$42,503,573	\$4,969,287	\$0	\$256,032	\$2,125,106
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

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2004	50.1%	81.4%	9.5%	4.6%
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%

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

Top 15 in 2012 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	44,381,290	56,301,708	0	19,263,312	20,876,810	40,578,988	114,368,621	6,965,541	5,961,359	26,756,105	4,408,976	1,032,316
MCIC VT Inc RRG	VT	36,216,679	36,216,679	0	0	28,229,902	-6,104,269	150,825,172	6,619,094	1,914,315	15,508,457	51,734	1,452,771
Connecticut Medical Ins Co	CT	28,142,266	27,469,311	0	40,684,087	12,852,198	-20,625,673	79,094,812	4,093,961	152,872	21,213,795	1,176,506	282,973
Continental Cas Co	IL	13,739,837	13,733,074	0	619,586	5,069,507	8,142,707	47,588,938	2,178,903	1,675,167	3,419,218	518,048	278,168
Darwin Select Ins Co	AR	5,508,435	4,639,764	0	3,205,681	3,738,919	807,617	7,520,731	1,032,032	922,642	3,180,894	1,290,511	1,769
Medical Protective Co	IN	3,315,902	3,329,297	0	1,780,443	14,889,397	3,975,397	7,314,000	357,380	847,108	1,928,355	296,571	65,526
American Cas Co Of Reading PA	PA	3,209,076	3,222,342	0	1,325,379	436,182	140,231	3,539,821	164,114	203,601	1,790,669	1,268,145	60,811
Applied Medico Legal Solutions RRG	AZ	3,056,826	3,090,308	0	1,335,704	730,000	2,003,535	3,273,489	490,800	869,330	870,336	540,804	122,273
Ironshore Specialty Ins Co	AZ	2,532,069	2,920,713	0	2,110,897	110,000	1,095,156	3,204,207	39,941	153,351	357,193	428,331	95
National Union Fire Ins Co Of Pitts	PA	2,410,331	2,504,813	0	1,149,271	2,088,404	634,101	5,382,116	961,850	521,197	923,482	511,889	48,217
Star Ins Co	MI	2,400,170	2,574,712	0	930,277	0	-27,947	657,393	75,371	163,589	497,724	403,187	35,212
Homeland Ins Co of NY	NY	2,358,007	2,402,023	0	1,113,572	0	859,553	2,525,208	104,559	124,482	141,481	330,714	0
Health Care Industry Liab Recip Ins	DC	1,791,361	1,761,509	0	1,129,056	481,109	1,139,627	4,005,039	37,186	505,372	1,580,995	481,489	71,654
Evanston Ins Co	IL	1,628,547	1,798,154	0	-309,519	265,248	745,164	3,113,179	417,392	-60,709	1,617,207	238,133	1,418
Preferred Physicians Medical RRG	MO	1,463,785	1,469,664	0	70,336	0	1,563,126	7,390,607	263,888	407,901	1,693,552	0	58,551

Top 15 Total

152,154,581 = 88.1% of total 2012 Direct Premiums Written of \$172,801,837

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Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2013</u>	<u>2012</u>
Proselect Ins Co	\$767,788	\$769,876
Connecticut Medical Ins Co	\$14,138,481	\$15,592,882
MCIC VT Inc RRG	\$523,159	\$657,651
Continental Cas Co	\$1,726,217,257	\$1,795,383,295
Medical Protective Co	\$151,236,042	\$129,297,534
American Cas Co Of Reading PA	\$8,247,940	\$1,956,492
Ironshore Specialty Ins Co	\$24,733,038	\$19,039,270
Darwin Select Ins Co	\$1,447,852	\$2,854,607
Homeland Ins Co of NY	\$1,387,676	\$15,222,181
Star Ins Co	\$30,658,156	\$27,361,987
Health Care Industry Liab Recip Ins	\$228,064	\$336,282
Arch Specialty Ins Co	\$7,019,206	\$10,974,369
Lexington Ins Co	\$1,292,955,086	\$1,137,539,803
Physicians Specialty Ltd RRG	\$344,167	\$346,128
Preferred Physicians Medical RRG	\$5,392,835	\$6,158,560

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.

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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 – 2014

Appendix 5

Medical Malpractice Closed Claim Data Collection Application Users Guide



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION

Introduction:

Public Act 05-275 (the “Act”) requires Medical Malpractice insurance providers to report closed claims data to the Connecticut Department of Insurance (the “Department”) and authorizes the Department to establish a reporting format to capture this data. The reporting requirement applies to all admitted and non-admitted insurers, risk retention groups, captives, and self-insured entities. A quarterly report is required to be sent to the Department not later than 10 days after the close of the quarter in which the claim is closed.

Public Act No. 07-25

Effective October 1, 2007 Public Act No. 07-25¹ (the “Act”) expanded the scope of closed medical malpractice claims required to be reported to the Insurance Department to include data for all “medical professionals”. Users will need to review the Department Medical Malpractice notice issued on October 11, 2007 which further defines medical professionals. Please note that this list is in addition to the physician, surgeon, physician assistant and advanced practice registered nurse closed claims companies were previously reporting to the Department.

The link can be found at the following URL address:

www.ct.gov/cid/lib/cid/notMM07-25.pdf

The Act requires that all insurers report, among other information, the costs of defending medical malpractice claims, and paying judgments and settlements for their insured health care professionals and health care entities. The closed claim report must be submitted via the Department’s web based on-line Medical Malpractice reporting tool.

While submitting information via the Department’s web based reporting tool, users can access this [Medical Malpractice Closed Claims Data Collection Application User Guide](#) for instructions. If you need assistance or have questions regarding an insurer’s closed claim reporting obligations, you may contact the Department at (860) 297-3867 or via e-mail at cid.pc@ct.gov. Subject matter should reference Medical Malpractice Closed Claim database: Attention – George Bradner

¹ Public Act No. 07-25 can be accessed at: <http://www.cga.ct.gov/2007/ACT/PA/2007PA-00025-R00SB-00249-PA.htm>

Definitions and Terms:

Claim: “Claim” means a request for indemnification filed by a physician, surgeon, hospital, advanced practice registered nurse or physician assistant pursuant to a professional liability policy **for a loss for which an insurer has established a reserve amount.**

Closed Claim: “Closed Claim” means a claim that has been settled, or otherwise disposed of through judicial process, where the insurer has made all indemnity **and expense payments** on the claim.

The Department understands that some insurers may define a claim as closed when the final indemnity amount has been established. The statute clearly defines a "closed claim" as one “where the insurer has made all indemnity **and expense payments** on a claim”. In order to accommodate this situation the Department request that companies delay submission of such claims until the next quarterly report in order to capture all paid expenses.

For those insurers who don't mark claims as closed until all expenses are paid they will be required to report based on the calendar quarter the claim was closed.

Insured: The term “insured” includes those individuals and entities for which an insurer provides coverage for medical malpractice liability claims.

Insurer: “Insurer” means an insurer that insures a physician, surgeon, hospital, advanced practice registered nurse or physician assistant against professional liability. "Insurer" includes, but is not limited to, admitted and non-admitted insurers, risk retention groups, captives, and self-insured entities.

Captive Domicile:

The jurisdiction where the captive has obtained its original license and under whose laws it is organized as a legal entity.

Captive License #:

The license number given to the captive by the regulators in the captive domicile.

Non-Hospital Healthcare Provider:

A long-term care facility; a physician group practice.

Self-Insured Trust:

A trust maintained by a health care provider in which liability is accrued and assets held for the payment of professional liability claims.

Voluntary Attending Physician:

A credentialed member of a health care facility's medical staff who is not employed by the health care facility.

Yearly Reporting Financial Terms & Definitions:

Commercial Insurer

Paid Losses (including ALAE): This should be the losses and ALAE paid during the calendar year for the Specialty Group.

Incurred Losses (including ALAE): This should be the losses and ALAE, excluding Incurred But Not Reported (“IBNR”) reserves, incurred during the calendar year for this Specialty Group.

Hospital/Captive:

Hospital/Captive without Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

The premium paid to a captive insurer for that portion of the exposure that is net retained. No general liability (GL) premium should be included.

Hospital Net Retained Paid Professional Liability Losses –

Those paid claims and associated loss adjustment expenses paid by the captive within the amount of net retained exposure (exclusive of any excess insurance or reinsurance). Exclude GL losses.

Hospital Net Retained Incurred Professional Liability Losses – The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end. Exclude GL losses.

Hospital/Captive with Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

The premium paid to a captive insurer for that portion of the exposure that is net retained. No general liability (GL) premium should be included.

Hospital Net Retained Paid Professional Liability Losses –

Those paid claims and associated loss adjustment expenses paid by the captive within the amount of net retained exposure (exclusive of any excess insurance or reinsurance). Exclude GL losses.

Hospital Net Retained Incurred Professional Liability Losses –

The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end. Exclude GL losses.

Hospital/Self Insured Trust

Trust Net Retained Professional Liability Losses Paid - Those paid claims and associated loss adjustment expenses paid by the trust within the amount of net retained exposure (exclusive of any excess insurance or reinsurance).

Trust Net Retained Professional Liability Losses Incurred - The total of all paid claims and associated loss adjustment expenses plus all remaining loss and expense claim reserves (excluding IBNR) at year end minus the loss and expense claim reserves from the prior year end.

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.

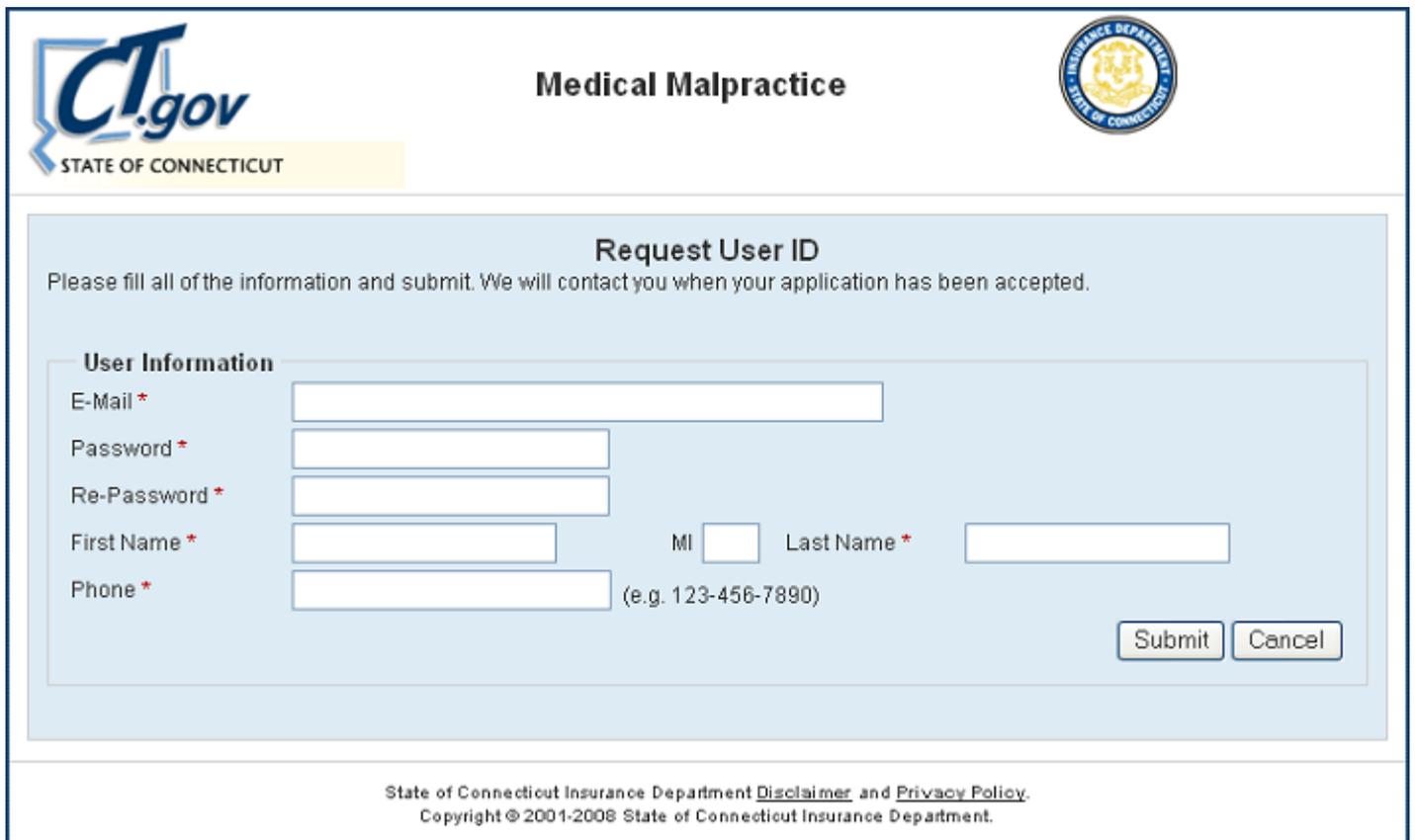
Request a User ID

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 main heading is 'Medical Malpractice'. Below it is a 'Login' section with 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 main heading is 'Medical Malpractice'. Below it is the 'Request User ID' section with the instruction: 'Please fill all of the information and submit. We will contact you when your application has been accepted.' The form includes a 'User Information' section with input fields for 'E-Mail *', 'Password *', 'Re-Password *', 'First Name *', 'MI' (with a dropdown), '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



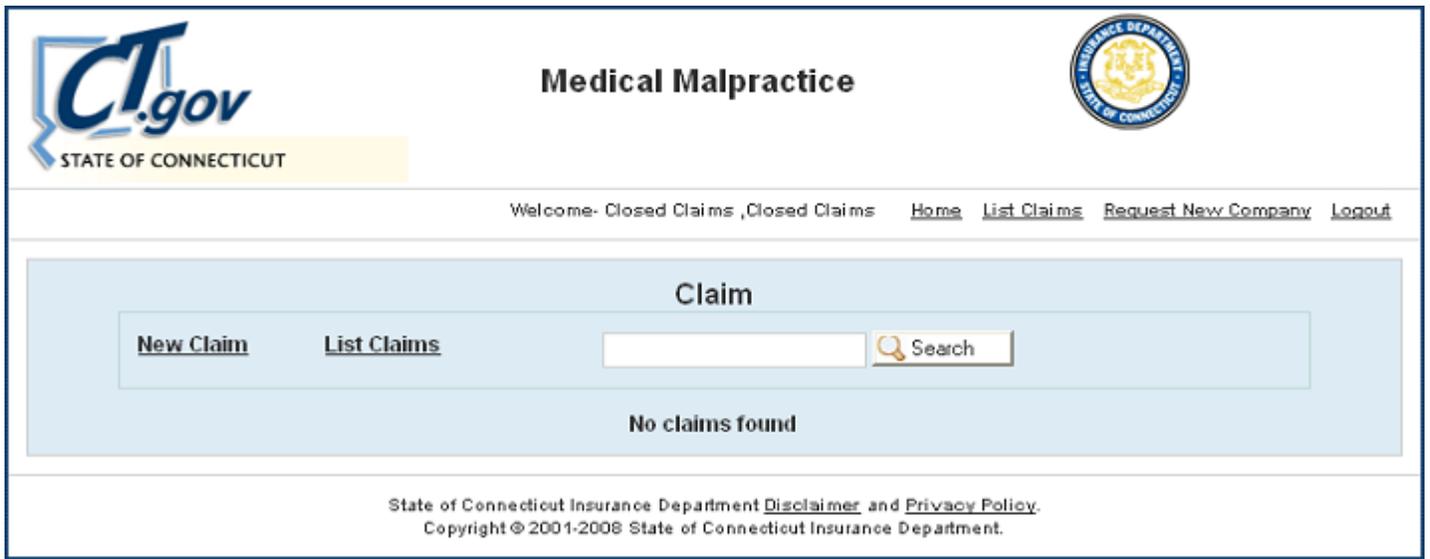
What do you want to do now?

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

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Copyright © 2001-2008 State of Connecticut Insurance Department.

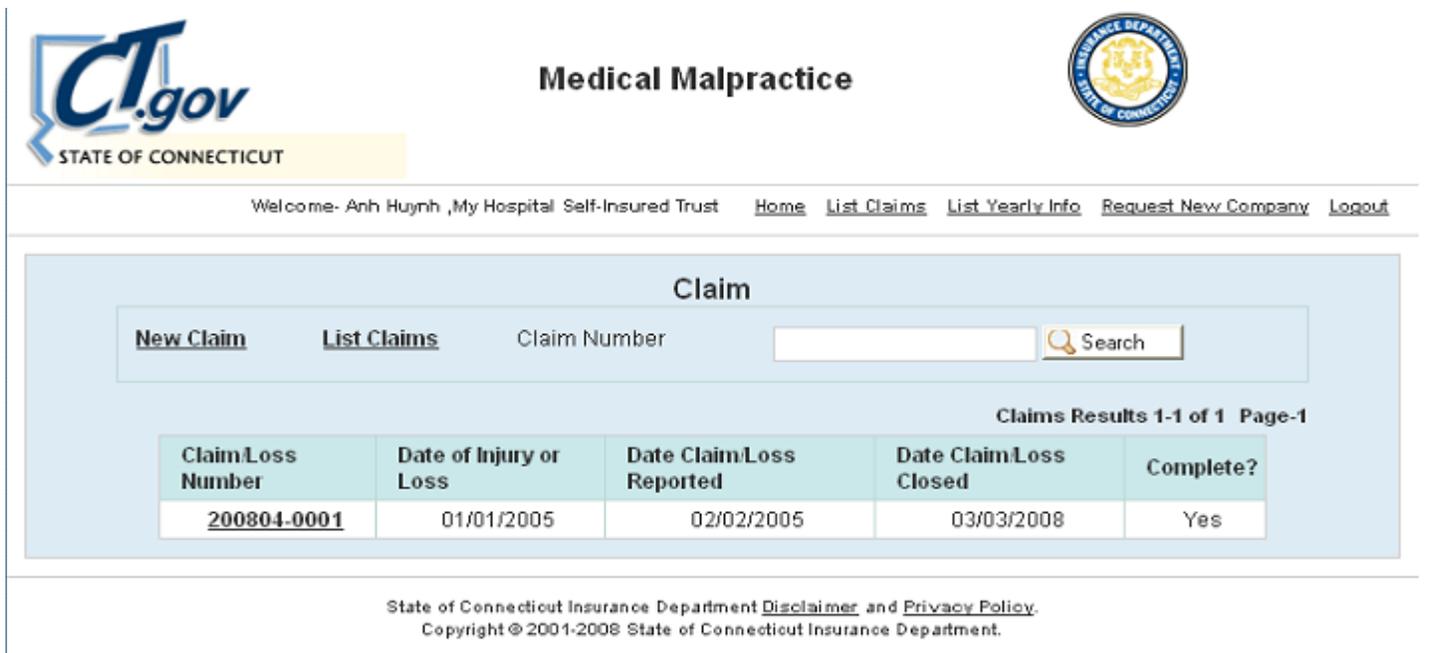
Closed Claim reporting

- 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. The header includes the CT.gov logo and the State of Connecticut seal. The main navigation bar contains links for Home, List Claims, Request New Company, and Logout. The central content area is titled 'Claim' and features a search bar with a search button. Below the search bar, the text 'No claims found' is displayed. At the bottom, there is a disclaimer and copyright notice for the 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. The header and navigation bar are the same as in the previous screenshot. The central content area is titled 'Claim' and features a search bar with a search button. Below the search bar, the text 'Claims Results 1-1 of 1 Page-1' is displayed. A table with the following data is shown:

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

At the bottom, there is a disclaimer and copyright notice for the 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 pre-filled 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" value=""/>
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 *	<input style="width: 95%;" type="text"/>
Address1 *	<input style="width: 95%;" type="text"/>
Address2	<input style="width: 95%;" type="text"/>
City *	<input style="width: 95%;" type="text"/>
State *	<input style="width: 95%;" type="text" value="Connecticut"/>
Zip Code *	<input style="width: 95%;" type="text"/>
Policy Number *	<input style="width: 95%;" type="text"/>
Specialty *	<input style="width: 95%;" type="text" value="-Select Specialty-"/>
Insured Policy Limits *	<input style="width: 95%;" type="text" value="-Select Insured Policy Limits-"/>

Initial Indemnity and Expense Reserve *	<input style="width: 95%;" type="text"/>
Final Indemnity and Expense Reserve *	<input style="width: 95%;" type="text"/>
Loss Adjustment Expenses paid to Defense Counsel *	<input style="width: 95%;" type="text"/>
All Other Allocated Loss Adjustment Expenses Paid *	<input style="width: 95%;" type="text"/>
Close Date	<input style="width: 95%;" type="text"/>

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.

The screenshot shows a form titled "Judgment/Settlement Information". It has two main sections: "Outcome Information" and "Trial Information".

Outcome Information:

- Radio buttons: Judgment (checked), Settlement, Withdrawn, Abandon.
- Text: "Were Other Companies Involved *".
- Radio buttons: No (checked), Yes.

Trial Information:

- Radio buttons: Judgment by Jury, Judgment by Court, Withdrawn, Dismissed.

At the bottom right, there are three buttons: "<< Back", "Proceed >>", and "Cancel".

- 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.

The screenshot shows a form titled "Judgment/Settlement Information". It has two main sections: "Outcome Information" and "Trial Information".

Outcome Information:

- Radio buttons: Judgment (checked), Settlement, Withdrawn, Abandon.
- Text: "Were Other Companies Involved *".
- Radio buttons: No (checked), Yes.

Trial Information:

- Radio buttons: Judgment by Jury, Judgment by Court, Withdrawn (checked), Dismissed.
- Text: "Date Withdrawn" followed by a date input field.

At the bottom right, there are three buttons: "<< Back", "Proceed >>", and "Cancel".

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 *

-Select 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) *

Hospital Net Retained Paid Professional Liability Losses *

Hospital Net Retained Incurred Professional Liability Losses *

Voluntary Attending Physicians Professional Liability Premium *

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *

No. Of Voluntary Attending Physicians Covered *

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) *

Hospital Net Retained Paid Professional Liability Losses *

Hospital Net Retained Incurred Professional Liability Losses *

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) *

HCP Net Retained Paid Professional Liability Losses *

HCP Net Retained Incurred Professional Liability Losses *

Voluntary Attending Physicians Professional Liability Premium *

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *

No. Of Voluntary Attending Physicians Covered *

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 *