



STATE OF CONNECTICUT INSURANCE DEPARTMENT

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Connecticut Medical Malpractice Closed Claim Report

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Connecticut Medical Malpractice Annual Report – 2007

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Connecticut Medical Malpractice Annual Report – 2007

I. Introduction

Pursuant to Section 14 of Public Act 05-275, codified as Connecticut General Statute Section 38a-395, the Connecticut Insurance Department (the “Department”) hereby submits its first annual report to the General Assembly. The report summarizes the Connecticut medical malpractice liability closed claim data received by the Department for calendar year 2006 and the fourth quarter of calendar year 2005. In addition, it provides a summary of rate filing activity for 2006, premium information by medical provider specialty and calendar year experience for 2005 and 2006.

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. The details of the requirements for the claim information to be reported are provided in 38a-395 of the CGS, Section (c). A copy of 38a-395 is attached as Appendix 1.

The Act further stipulated that the Insurance Commissioner establish an electronic database composed of the closed claim information pursuant to 38a-395. Insurance Department staff developed a format for collecting the required information and a software application insurers could utilize to submit the data. The Medical Malpractice Closed Claim Data Collection Application software can be downloaded from the Department’s website and, after being populated by the closed claims for the quarter, sent back to the Department for inclusion in the database. When preparing claim data for submission, insurers can access the Medical Malpractice Closed Claim Data Collection Application Users Guide which is also on the Department’s website. A copy of the Users Guide is attached as Appendix 2.

The individual closed claim data collected by the Department, as required by 38a-395, is kept confidential and is not subject to public record requests. As a result, this report summarizes data in order to maintain the confidentiality of the specific claim information filed by each reporting entity.

III. Data Collection

The data elements captured in the application software 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. For this first year of data collection, the Department granted exceptions to this reporting deadline in order to complete the development of the

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

We received data from 62 insuring entities, which included 24 admitted insurance companies, 14 surplus lines carriers, 4 captives or risk retention groups and 20 self-insured hospitals or hospital groups. Despite some delays in providing the closed claim information, compliance with the data submission requirements by insurers was generally good. The exception to this was with respect to compliance by some risk retention groups. Several risk retention groups have contended that they are regulated under the Federal Liability Risk Retention Act and are therefore exempted from the claim reporting requirements of the Public Act in Connecticut. The most prominent of these groups is MCIC Vermont, Inc. (MCIC) which is the third leading writer of medical malpractice liability insurance in the state by premium volume. In response to letters from the Department, we were contacted in early March by representatives of the three hospitals in Connecticut that are insured by MCIC. The hospitals have now agreed to comply with the reporting requirements. However, they have not done so at the time of this report and as such, their claim and other information are not included in this year's report. We will include their information in next year's report.

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 in Appendix 3, 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 self-insureds and captives was combined. Readers of this report should keep in mind that

when comparing the two years displayed in the closed claim exhibits that there is only one quarter of data in 2005 and four quarters in 2006.

This first annual report provides a foundation in our analysis of medical malpractice claims in Connecticut. As we have only five quarters of claim data, the overall statistical credibility of the data is limited and therefore, caution should be exercised in drawing any definitive conclusions at this time. Subsequent annual reports will build on this foundation, allowing trends to emerge and allowing for additional detail in the analysis.

Appendix 4 includes an exhibit displaying full calendar year premiums and losses for 2005 and 2006, as well as information on rate filings for 2006. It should be noted that the losses displayed in Appendix 4 are not comparable to the closed claim data provided in Appendix 3. The paid losses in Appendix 4 include partial payments on claims that are still open and the incurred losses include reserve estimates on open cases.

In Appendix 5, we have provided annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2005 and 2006 we have displayed premium, loss, expense and investment income data for insurers writing medical malpractice insurance in Connecticut. It does not include data for captives or self-insurers.

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. 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. As such, the quality of the analysis is dependent on the accuracy of the data submitted by the 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 five calendar quarters, 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 exhibits in Appendix 3.

- **Total Claims:** A total of 742 closed claims were reported for the 4th quarter of 2005 and the four quarters of 2006. Commercial Insurers reported more than half of the claims, or 424. Self-insurers and captives combined reported 318 claims.

- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. A majority of medical malpractice claims resulted in no indemnity payments. Over half (56%) of the claims, 414, had no indemnity payments, while the remainder, 328, closed with an indemnity payment. The total amount paid to claimants was \$180.9 million, an average of \$551,386 each 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 80%, or 603, generated legal expenses to defend the claim. These expenses totaled \$25.4 million, an average of \$42,192 per claim. Of these, over half (333) had no payments to claimants, averaging \$28,929 for legal expenses.
- **Indemnity Payments and Size of Claims:** There were 38 claims over \$1 million in size, which represented 11.6% of the total claims with indemnity payments. However, the total payments for these claims were \$112.8 million or 62% of the indemnity payments for all claims reported.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 328 claims that closed with an indemnity payment, 37 closed within one year of being reported and had an average paid indemnity of \$98,713. That average figure rose to \$152,370 for 37 claims closing in their second year, and to \$485,021 for 74 claims closing in their third year. The largest average value of \$1,246,558 was for the 52 claims that closed between 60 and 90 months from being reported.
- **Defense Counsel Payments and Age of Claim:** Defense counsel payments also increased with the age of claim, starting with an average of \$3,165 for claims that closed in their first year, and rising to \$7,352 and \$29,716 for claims in their second and third years, respectively. For claims closing five or more years after being reported, the average was \$88,227.
- **Claim Outcomes:** Of the 742 reported claims, 328 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 96.3% were settled, with 91.7% settled before trial began. The remaining 414 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 92.0% were settled, with 91.0% settled before trial began.

VII. Detailed Findings

This discussion corresponds to the exhibits attached as Appendix 3. The reader is encouraged to review those exhibits for full details.

Claims by Insurer (Reports 1, 2 and 3)

Of the total of 742 claims, 328, or 44% had indemnity payments to a claimant at an average value of \$551,386. Commercial Insurers reported a greater number of claims than captives/self-insurers and a slightly lower proportion of claims with indemnity payments (42% versus 47%). However, the average claim size was much greater for Commercial Insurers, \$741,490 versus \$320,179 for captives/self-insurers.

Of the total 742 claims, approximately four-fifths 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. However, Commercial Insurers average legal expenses were much higher per claim (approximately \$52,000 versus \$28,000). On claims with indemnity payments, the average payment for legal costs was \$65,395 for Commercial Insurers compared to only \$47,450 for captives/self-insurers.

When other ALAE is included with defense counsel payments, the total of \$31.5 million represents the amount expended to defend and investigate claims. This represents approximately 17% of the total indemnity payments. Commercial Insurers and captives/self-insurers expend approximately the same percentage, although there were differences in the proportions for 2005 compared to 2006.

Claims by Size (Reports 4 and 5)

Of the total 742 claims, 328 had indemnity payments. Of these, 38, or 11.6%, had payments greater than \$1 million. Indemnity payments for these claims totaled \$112.8 million, or 62% of the total claim payments. Claims greater than \$500,000, but less than \$1 million total another 45 claims (13.7%) with \$34.9 million of payments. Thus, the 83 claims greater than \$500,000 represent approximately one quarter of the claims, but 82% of the total paid indemnity. On the other hand, almost two fifths of legal defense costs (37.9%) are expended to defend claims where there are no indemnity payments. Legal defense costs for the \$1 million and above claims represents 15% of the total.

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. The majority of claims with indemnity payments, approximately 60%, closed between two and five years of being reported. Overall, it took a little over three and one half years from the report date to close claims with indemnity payments. The time from the date of incident to closure was approximately five years, which suggests claims are reported roughly 16 months after injury. Average payments generally increased as the claim aged, with the exception of claims that closed after seven and one half years. However, there were only seven such claims so very little statistical credibility should be assigned to that value.

The greater the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within one year, 42% had defense counsel payments. For claims closing after five years, but less than ten, the percentage rises to 92%. As with indemnity costs, the average legal cost associated with a claim increased as the claim

aged. Claims closed in the first year averaged legal costs of \$3,165 while those closing five or more years after being reported averaged \$88,227.

Severity of Injury (Report 7)

Of the 742 claims reported as closed, 62, or 19% were due to the death of the injured party, with average paid indemnity of \$681,122. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity of \$1,951,390, approximately three and one half times the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. Although these 42 severe “permanent injury” claims were only 13% of the total number, they accounted for 45% of the total payments.

Likewise, the average legal costs associated with the 42 most serious non-death claims were significantly higher than the overall average. For those claims, 37 of which had defense counsel costs, the average was \$116,609 compared to \$58,550 for all claims with defense counsel costs.

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 OB-GYN. The majority (over 85%) of the Hospital claims were reported by the captives/self-insurers, while Commercial Insurers reported the most in the OB-GYN category.

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. In reviewing the Report 8 exhibits, the reader should be aware that five quarters of data is not sufficient to properly measure differences in claim costs by specialty. As additional years of data are gathered, these exhibits will become more informative.

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 self-insurers and captives.

Claims by Outcome (Report 9)

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

- Of the 742 closed claims, 56% resulted in no payment to the plaintiff. Of these, 92% were settled and virtually all cases were resolved either before litigation began (40.8%) or before trial (50.2%). Claims closed before a lawsuit was filed tended to be less serious and closed within approximately two years of the incident date on average. Of the claims

that were not settled, the average time to final resolution was 21 months longer than for settled cases.

- The remaining 44% of closed claims resulted in indemnity payments to the plaintiff. Of these, approximately 96% were settled, with most of those being settled before trial. Only 12 of the 328 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 27% resulted in payments to the plaintiff. For cases that were settled, 45% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$527,379 with additional expenses for total ALAE of \$56,895 per claim. For cases that had court dispositions, the average payment was \$1,183,556 with \$154,464 of ALAE per claim.
- The “average severity of injury rating” column measures the seriousness of the claim by averaging the severity rating (e.g., major permanent, death, etc.) for the claims in each category. This simply shows that the less serious claims, whether settled in favor of the plaintiff or the defendant, are the ones closed before litigation.

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 that point 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 more than 240% understated. The captives and self-insurers did relatively better with their initial estimates as their final payments were roughly two and one half times higher compared to almost four times higher for Commercial Insurers. On the other hand, the final reserve amounts were overstated by roughly 19%, with Commercial Insurers somewhat higher at an approximate 22% overestimate, and captives and self-insurers at 11%. These large differences in the estimates versus the final payments highlights the difficulty 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 approximately one half of the cases, 163, 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 70% of the payments were for non-economic damages. Commercial Insurers provided the split on 55% of the claims reported and 67% of those payments were for non-economic damages. Captives and self-insurers provided the split on 45% of reported claims and had a greater proportion allocated to non-economic damages at 76%.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings for Professional Liability (Appendix 4)

There were no rate filings received or approved by the Department during 2006 for physicians and surgeons, hospitals, advanced practice registered nurses or physician assistants.

Calendar Year Premium and Losses (Appendix 4, Report 12)

Report 12 displays calendar year earned premium and losses for 2005 and 2006, separately for Commercial Insurers, captives and self-insurers. This information is compiled from data submissions by insuring entities that responded to the data call and does not include all insurers listed in Appendix 5. It should be noted that the paid losses included in this exhibit are not comparable to the amounts shown in the closed claim reports in Appendix 3. 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 claims and thus are not comparable to the industry numbers displayed in Appendix 5.

While only two years of data is not enough to determine trends, we do observe when comparing the two years that the 2006 premium is down slightly from 2005 and that relatively more business was written by captives. However, this comparison is distorted by the exclusion of MCIC VT, Inc. data as they are the third leading writer in the state.

Industry Data from the NAIC (Appendix 5)

In Appendix 5, we display industry data compiled from 2005 and 2006 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 are not included in the Connecticut-specific data call.

Written premiums declined by 10% from 2005 to 2006 with all of the top 5 writers showing decreases. The market is concentrated with 87% of the premium written by the top 10 insurers and 50% by the top 2, Connecticut Medical Insurance Company and ProSelect Insurance Company. The third leading writer, MCIC, is a hospital risk retention group and has almost 20 % of the premium. Non-admitted carriers (i.e., surplus lines and risk retention groups) are writing approximately 36% of the business.

In addition, we have provided 2005 and 2006 investment income earnings for the 15 leading insurers in the state. Combined, these companies write more than 90% of the statewide premium. These 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. They also reflect total earnings for all insurance companies in a group, not just the company writing business in Connecticut. While investment income for this group of insurers decreased slightly in 2006 compared to 2005, the two leading writers of medical malpractice liability insurance in the state (CMIC and ProSelect) showed more significant declines.

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Appendix 1

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

Sec. 38a-395. (Formerly Sec. 38-370d). Medical malpractice data: Closed claims reports. Database. Annual report. (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 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 against professional liability. "Insurer" includes, but is not limited to, a captive insurer or a self-insured person.

(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 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, advanced practice registered nurses or physician assistants, 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, 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 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.

(P.A. 86-365, S. 4, 5; P.A. 05-275, S. 14.)

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Appendix 2

**Medical Malpractice Closed Claim Data
Collection Application Users Guide**

MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION
UNDER CONNECTICUT PUBLIC ACT 05-275

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.

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 providers and health care entities. The closed claim report must be submitted to the Department on the Medical Malpractice Closed Claim Data Collection Application software that can be downloaded through the Department’s website. The reporting obligation commences with claims closed during the fourth quarter of 2005 (subject to the noted exception below) and each calendar quarter thereafter. This quarterly information is required to be submitted to the Department not later than 10 days after the last day of the quarter in which a claim is closed.

While submitting information via the Department’s application, 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) 297-3998 or via e-mail at ctinsdept.propcasualty@ct.gov. Subject matter should reference Medical Malpractice Closed Claim database: Attention- George Bradner

The definitions of certain terms used in the Data Application Software are as follows:

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.

• **Health Care Provider/Entity Classifications:**

For purposes of closed claim reporting, the Department intends to capture closed claim data for physicians and surgeons under the following categories:

- Advanced Practice Registered Nurse
- Anesthetist
- Gynecology
- Obstetrics/Gynecology (“OB-GYN”)
- Physician - Family, Pediatric or General Practice
- Physician - Family, Pediatric or General Practice with OB
- Physician - Other
- Physician Assistant
- Surgery - Cardiovascular
- Surgery - Plastic
- General Surgery
- Neurosurgery
- Surgery Other
- Urology
- Other

Health care entity closed claim data will be captured for the following categories:

- Hospital - Children's
- Hospital - Chronic Disease
- Hospital - General
- Hospital - Maternity
- Hospital - Mentally Ill Persons

MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION
APPLICATION USER GUIDE

When initially accessing the report the user will have the option of selecting either the “*yearly reporting*” or “*quarterly closed claim reporting*” function. As provided in the Department’s Data Call and supplemental notices of October 26, 2005 and December 16, 2005, insurers are required to provide both quarterly closed claim data as well as certain other information on a calendar year basis. The following pages of this User Guide provide instructions on quarterly closed claim reporting. Yearly reporting instructions are discussed at the end of this Guide.

Quarterly Reporting of Closed Claim

Important Information Regarding Multiple Claimants:

A separate record is required to be entered for each insured that is covered in the closed claim. If one claim file is created with multiple insureds, the insurer is to enter the claim data for each insured under the same claim number as provided in the software. For example, if one closed claim involved three physicians insured by you, we anticipate that three records will be entered, but only under the one claim number. A record is not entered into the database until the insurer has closed the claim according to their business practices. In the example of three physicians, if the insurer opens one claim number with a sub-claim record for each physician, then the insurer should only report the closed claim data to the Department when all three physicians sub-claims are closed. However, if the insurer creates a separate claim file and identifying number for each physician, then a closed claim record is required to be reported after **each** claim is closed.

To begin the application, click on “Quarterly Closed Claim Report”.



Quarterly Reporting Option—General Information Tab

Once in the application, the user will first need to complete the “General Information Tab” screen that requests “Company Information” and “Contact Information”. This screen will need to be completed once each quarter when new closed claim data is reported.

General Information:

The user will first need to select the “*Business Type*” based on whether they are a Commercial Insurer, Hospital or Non-Hospital healthcare provider. Depending on the selection the user will be required to fill in information specific to their business under each tab. While information is being input under each topic heading the user will be permitted to navigate among the different tabs to validate information and make any necessary corrections. Once all closed claim records have been input for all the fields within each tab, the user must then click on the “save” button on the top of the screen to save their closed claim record.

Note: If any required fields are left blank a message will appear advising the user the data is incomplete. Any required fields will then be highlighted in “red”. Once the “save” feature is clicked, no further modification will be permitted to be made.

Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

If you are a *Hospital* or *Non-Hospital healthcare provider* you will need to select whether you are a “*self insured trust*” or a “*Captive*” with or without “*voluntary attending physicians*”. If the insurer is a *Captive*, provide the *Captive Code* assigned by the regulatory authority in which the *Captive* is domiciled and its location.

If a “*Self- insured*”, provide the name of the self-insured entity.

Contact Information and Company Information:

The Department requests a single point of contact within your organization should we have questions regarding closed claim records submitted by your organization. Enter the name, phone number and e-mail address of the responsible individual. After you have input the necessary information under contact information and company information, then proceed to the “*Injured Party Tab*”.

INJURED PARTY INFORMATION

Fully complete this screen and enter the company unique claim number assigned to the insured. We understand that this number in many instances may not be unique to an insured but may in fact be assigned to multiple insureds being covered under the claim. Next, provide the date of injury or loss, date claim reported and date claim closed. Then provide the total claim expenses paid by the insurer. In subsequent screens, you will be asked to provide detailed information regarding indemnity, loss adjustment and legal expense payments.

This screen requires the number of insured(s) or entities involved in the claim. If more than “1”, the user will need to complete the “*Insured/Policyholder tab*” information for each insured after they have fully completed the closed claim data for the first insured/policyholder/entity entered. This is to be used only when the insurer has multiple insureds covered under the same claim number.

Multiple Insured’s or entities:

When 2 or more insured’s or entities are indicated as involved under the claim the next field for “total closed claim/loss expenses” needs to reflect the “**total expenses**” (excluding indemnity) for **all** the insured’s or entities involved under the claim number.

The “Date claim/loss closed” should also be the date when the claim/loss file is finally closed for **all** insured’s or entities being represented under the claim/loss by the insurer.

Note: The individual “claim expenses” (excluding indemnity) and “claim closed” date for each insured or entity represented under the claim file will be captured separately under the “insured/policyholder Information screen.

Enter the name, gender and date of birth of the injured party. If the injured party is under 1 year of age check the “less than 1 year of age at time of injury” box. If 1 year of age or older, the system will calculate the age at the time the injury or loss occurred. Once age is input hit the “tab” key or click on the “name of institution where loss/injury occurred” and the age will “pre-fill”.

Enter the name of the institution where the loss/injury occurred. Then select from the drop down list the “Type of location where loss/injury occurred”, “Act or Omission Type” and the “Act or Omission Description”. Then select from the drop down list the “injury severity rating”, which is based on nationally recognized codes developed by the National Association of Insurance Commissioners (NAIC). After you have input the necessary information, proceed to the “*Insured/Policyholder Tab*”.

Injured Party Information Screen:

Medical Malpractice

Please make sure all entries are correct before saving.

Court award
Injured Party Information
Insured/Policyholder Information
Court Data

Claim/Loss Number:

Date of Injury or Loss:

Date Claim/Loss Reported:

Last Name: First Name: Middle Initial:

Male Female Birthday (mm/dd/yyyy):

Less than 1 year of age at time of injury

Number of Insureds (including entities) involved in this claim:

Total Closed Claim/Loss Expenses:

Date Claim/Loss Closed:

If older than 1 year of age at time of injury, please enter the Injured Party's Age at time of injury:

Name of Institution where loss/injury occurred:

Type of location where loss/injury occurred:

Act or Omission Type:

Act or Omission Description:

Injury severity rating (NAIC):

Injured Party's Attorney Or "None":

Attorney's Law Firm:

	Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

INSURED/POLICYHOLDER INFORMATION

For this screen, enter the insured name. Depending on the number of insureds/entities covered under the claim, the screen will need to be completed to report information for each insured and/or entity. You will be required to enter the *Name*, *address*, *license number* and *specialty* of each insured. For entities, enter the location and policy information.

If you do not have the physician's license number this information can be obtained through the Department of Public Health web site at: www.dph.state.ct.us/MD_Profile/hlthprof.htm. Select "Professional license status", then select Physicians and Surgeons and input the insured's name to locate their license number.

If the exact specialty is not listed, select the specialty that most closely matches.

Next, select whether the insurer for the claim is providing the insured with the *primary* or *excess* coverage. A self-insurer with a self-insured retention limit should indicate "primary" for the layer of the claim that is retained under their self-insured retention limit.

Next, enter the policy number, policyholder name and address, and identify whether the policy is an "*occurrence*" or "*claims-made*" policy.

Next, utilize the drop-down box to denote the per claim and aggregate policy limits or if the amounts are not shown, select "other", then type them in the "pop-up" box which will appear.

Next, enter the insurer's *initial indemnity and expense reserve* for this insured. This should be the amount the insurer determined the reserve should be after its initial analysis of the claim. Enter whole dollar amounts. Do not use the dollar symbol.

The *final indemnity and expense reserve* should be the last reserve amount set for the claim prior to the final claim resolution.

Next, enter the *final indemnity amount paid* on the claim.

Enter the *loss adjustment expenses paid* to defense counsel. Then enter the all other "allocated loss adjustment expenses" ("ALAE") paid. The sum of these two should represent all loss adjustment expenses associated with this claim.

The *date claim file closed* is intended to capture the date the file was closed for this insured.

Insured/Policyholder Information Screen:

Medical Malpractice

Save Please make sure all entries are correct before saving. View Search entry by Claim/Loss Number

Court award

General Information Injured Party Information **Insured/Policyholder Information** Court Data

Information on Insured/Entity:

Name of Insured: Last: First: MI:

Name of Entity (if applicable):

Address of Insured/Entity:

Insured/Entity License Number:

Insured Specialty:

Policy Number:

Policyholder's Name:

Policyholder's Address:

Insured Policy Limits:

Initial Indemnity and Expense Reserve:

Final Indemnity and Expense Reserve:

Final Indemnity Paid:

Loss Adjustment Expenses paid to Defense Counsel:

All Other Allocated Loss Adjustment Expenses Paid:

Date Claim or Loss Closed: 4 /12/2006

Is Insurer/Entity

Primary

Excess

Occurrence (O)

Claims-made (C)

	Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

After all data is input, proceed to the “*Court/Settlement Tab*”. If multiple Insureds/Entities are involved in the claim, this screen will need to be completed for each additional insured/entity.

COURT/SETTLEMENT DATA

This screen will need to be completed after the “*Injured party*” and “*the Insured/Policyholder information*” screens have been completed and will pertain to each insured/entity depending on the number of insureds or entities involved in the claim.

The screenshot shows a software window titled "Medical Malpractice" with a "Court Data" tab selected. The interface includes several input fields and sections:

- Buttons:** "Save", "View", and "Search entry by Claim/Loss Number". A message says "Please make sure all entries are correct before saving."
- General Information:** "Lawsuit Filed" with radio buttons for "Yes" and "No".
- Settlement Information:** "Judgment" and "Settlement" radio buttons, "Date of Settlement" (dropdown: 4 /12/2006), and "Settlement Code" (dropdown).
- Lawsuit Information:** "Name of Court Suit Filed in:" (dropdown), "Docket Number:" (text input), "Trial Date From:" (dropdown: 4 /12/2006), and "Trial Date To:" (dropdown: 4 /12/2006).
- Jury or Court Trial:** "Jury" and "Court Trial" radio buttons, and "Date Award" (dropdown: 4 /12/2006).
- Appeal Filed:** "Yes" and "No" radio buttons, "Date Appeal Filed:" (dropdown: 4 /12/2006), "Date Appeal Decided:" (dropdown: 4 /12/2006), and "Appeal Resolution:" (dropdown).
- Lawsuit Outcome:** A dropdown menu with a list: 1 - Judgment for Plaintiff, 2 - Judgment for Defendant, 3 - Withdrawn, 4 - Closed without payment, 5 - Dismissed.
- Table:** A table with columns: Last Name, First Name, Date Closed, Prim/Exc, O/C, J/S.

Next, depending upon whether “Lawsuit Filed” is answered *Yes* or *No*, different data fields will be required to be completed and a different screen flow will follow.

Note: If the lawsuit is settled before the docket number is assigned input “None”, otherwise, input the court assigned docket number.

If *No* is selected, then Settlement Code: “1-Settled before trial” will appear by default. Codes 2 and 3 are discussed further below. Enter the Date of Settlement.

Once this screen is completed proceed to the “*Court award*”, “*Jury award*” or “*Settlement award*” screen which will appear depending upon your initial selections.

SETTLEMENT DATA

Settlement Award Information

Last Name	First Name	Date Closed	Prim/Exc	O/C	J/S

Enter the “*Number of Other Parties included in Settlement*”. This is for parties that are **not** being reported under **this closed claim** but are included in the settlement.

The “total settlement” should include the total amount being paid by ***all parties covered by the settlement*** not just the individual insurer’s settlement amount for their insured(s)/physician(s).

In the insurer section on line 2, the insurer captures its share of the total settlement amount. This amount should be the insurer’s total amount without any consideration given to reinsurance.

Line 3 is for capturing the insured’s payments due to deductibles or settlements in excess of policy limits not covered by insurance.

On lines 5 and 6, the insurer is required to estimate the amounts allocated to economic and non-economic damages. If this amount is “unknown”, please type in “Unknown”. Otherwise if the amount is known please input the respective dollar amounts for Economic and Non-economic Damages.

Line 7 will be required when Code 3 - *Settlement after Judgment*, is selected on the Court data screen.

LAWSUIT FILED AND JUDGMENT RENDERED—NO SETTLEMENT

Court Award Information

If a *Court Trial* is indicated on the “Court Data” screen and a Judgment is rendered, the user will be prompted to complete the appropriate fields and will then need to proceed to the “Court Award” screen.

Court Award Data:

First, enter the “*Number of Other Defendants Covered by Court’s Award*”. This is for the Healthcare Providers that are **not** being reported under **this closed claim** but are involved in the lawsuit and represented by another insurer.

The next section of this screen pertains to the “*Total Court Award*” information.

- In line 1 “*Total Amount of Initial Award*” this should include ***all defendants in the lawsuit*** not just each individual insurer’s judgment against its insured(s).
- In Line 2, “*Interest Awarded*” this is the amount of interest which has been awarded by the court due to failure to accept an offer of judgment or compromise.
- In Line 4 provide all amounts paid by other insurers, and Line 5 is the amount paid by other defendants (e.g. deductibles or payments which are made in excess of the insured’s policy limits).

The screenshot displays the 'Medical Malpractice' software interface. At the top, there are buttons for 'Save', 'View', and a search field labeled 'Search entry by Claim/Loss Number'. Below these are four tabs: 'General Information', 'Injured Party Information', 'Insured/Policyholder Information', and 'Court/Settlement Data'. The 'Court Award' section is active, showing a form with the following fields:

- Number of Other Defendants Covered by Court's Award: [input field]
- Total Court Award
 - 1. Total Amount of Initial Award: [input field]
 - 2. Interest Awarded (Due to a failure to accept an offer of judgment or compromise): [input field]
 - 3. Total Award (line 1 plus line 2): [input field]
 - 4. Amount of Line 3 Payable by Other Insurers: [input field]
 - 5. Amount of Line 3 Payable by Other Defendants: [input field]
- Insurer Information
 - 6. Amount of Total Award (Line 3 above) payable: [input field]
 - 7. Amount of Total Award payable by Defendant Insured (due to a deductible or Judgment in excess of policy limits): [input field]
 - 8. Total of Line 6 and Line 7: [input field]
 - 9. Amount of Line 8 allocated to Economic Damages: [input field]
 - 10. Amount of Line 8 allocated to Non-economic Damages: [input field]

At the bottom of the form, there is a table with the following columns: Last Name, First Name, Date Closed, Prim/Exc, O/C, and J/S.

The next section of the screen pertains to the “*Insurer Information*”. In this section, the insurer should only input their portion of the total award amount.

Jury Award Information

If a *Jury Trial* is indicated on the “Court/settlement Data” screen and a Judgment is rendered, the user will need to proceed to the “Jury Award” screen.

Medical Malpractice

Save Please make sure all entries are correct before saving. View Search entry by Claim/Loss Number

General Information Injured Party Information Insured/Policyholder Information Court/Settlement Data

Jury Award

Number of Other Defendants Covered by Jury's Award

Total Jury Award

1. Total Amount of Initial Jury Award

1a. Reduction by Court (Remittitur)

1b. Addition by Court (Additur)

1c. Final Amount

2. Interest Awarded (Due to a failure to accept an offer or judgment or compromise)

3. Total Award (line 1c. plus line 2.)

4. Amount of Line 3 Payable by Other Insurers

5. Amount of Line 3 Payable by Other Defendants

Insurer Information

6. Amount of Total Award (Line 3 above) Payable

7. Amount of Total Award Payable by Defendant Insured
(due to a deductible or Judgment in excess of policy limits)

8. Total of Line 6 and Line 7

9. Amount of Line 8 allocated to Economic Damages

10. Amount of Line 8 allocated to Non-economic Damages

Last Name	First Name	Date Closed	Prim/Exc	D/C	J/S

On the “Jury Award” screen the user will first enter the “*Number of Other Defendants Covered by Court’s Award*”. This is for the Healthcare Providers that are **not** being reported under **this closed claim** but are involved in the claim and represented by another insurer.

As with the “*Court Award Information*” screen, the first section of the “*Jury Award Information*” screen needs to be completed based upon the “*Total Award*” information.

The “*Insurer Information*” section should then be completed taking into account only the portion of the award the insurer was responsible for.

Click on “Save” when completed and you will be brought back to the insured/policyholder Information screen to input information for a different insured or entity if there was more than one involved in the Closed Claim. If there was only one insured you covered under this Closed Claim, you will be ready to enter the next “new” closed claim record for the quarterly reporting period and will be brought back to the Injured Party Information screen.

Yearly Reporting of Closed Claims

Completion of this screen will only be necessary once the insurer has compiled its annual reporting for the previous calendar year reporting cycle. The Yearly report must be submitted no later than March 1st each year.



When "Yearly Report" is selected the user will need to select the "Business Type" as was required for the quarterly report. Depending on the selection, the user will be required to fill in information specific to their business.

Commercial Insurer Data

If you select “*Commercial Insurer*”, Complete the necessary Contact and Company Information fields then click on the “*yearly Information*” tab. You will be required to complete this *yearly information* fields for ***each*** medical malpractice specialty field the insurer writes. Once **all** data has been completed click “save” to save your information.

Premium And Loss Data - Yearly Information

Your Business Type

- Commercial Insurer
- Hospital
- Non Hospital Healthcare Provider

Hospital/Non-Hospital

- Are you a Self Insured Trust?
- Are you a Captive?

Save

General Information

Yearly Information

Contact Information

Last Name: First Name: Middle Initial:

Phone Number: Ext.: E-mail Address:

Company Information

NAIC Number:

Name of Insurer:

Yearly Information Screen:

Yearly Information Screen:

Your Business Type:

- Commercial Insurer
- Hospital
- Non Hospital Healthcare Provider

Hospital/Non-Hospital:

- Are you a Self Insured Trust?
- Are you a Captive?

Save

General Information | Yearly Information

Insurer Premium And Loss Data By Specialty:

Year: 2006

Base Premium: []

Earned Premium: []

Paid Losses (Including ALAE): []

Incurred Losses (Include ALAE): []

Type of Specialty: []

Number of Providers In Specialty: []

Add Specialty

Base Prem	Earned Pren	Paid Losses	Incurred Los	Specialty	Number in S
\$1,000,000.	\$1,000,000.	\$1,000,000.	\$1,000,000.	Advanced F	2

Select the “Calendar Year” being reported.

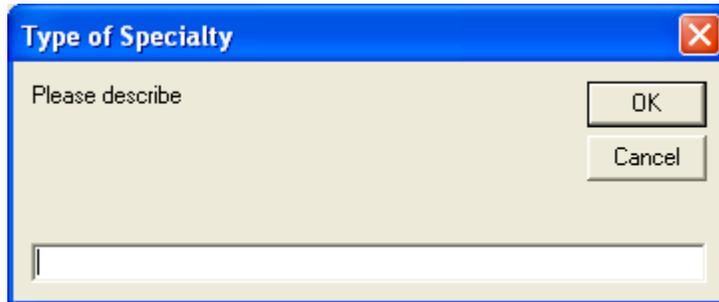
Enter the total “*Base Premium*” for the Specialty Group being reported.

Enter the total “*Earned Premium*” for the Specialty Group being reported.

Enter the total “*Paid Losses (including ALAE)*” for the Specialty Group being reported. These should be the losses and ALAE paid during the calendar year for the Specialty Group.

Enter the total “*Incurred Losses (including ALAE)*” for the Specialty group being reported. These should be the losses and ALAE, excluding Incurred But Not Reported (“IBNR”) reserves, incurred during the calendar year for this Specialty Group.

From the drop down selection choose the “Type of Specialty” that is being reported. If “Other” is selected the following screen will pop-up to type in the “Other Specialty type”.



Next, enter the “Number of Providers In Specialty” that were insured by you during the Calendar Year being reported.

If there are more Specialty Groups to be reported, click on “*Next Specialty*” and follow the instructions above.

After completing all information for insureds (including entities), click on “Save” and you will return to the “*Quarterly Reporting*” screens.

Hospital/Captive General Information Screen:

If you select “hospital”, you will chose between a captive or self-insured trust. If you select “captive”, you will input the required general information, then proceed to the Yearly Information tab.

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information | Yearly Information

Contact Information

Last Name: First Name: Middle Initial:

Phone Number: Ext.: E-mail Address:

Company Information

Captive License #: Captive Domicile:

Name of Captive:

Name of Hospital:

Hospital/Captive Yearly information Screen

On the yearly information screen the user will then need to select if the Hospital/Captive underwrites Voluntary Attending Physicians or not. Depending on this selection the user will be prompted to complete the necessary financial information.

Hospital/Captive without Voluntary Attending Physicians screen:

Yearly Information

Do you underwrite Voluntary Attending Physicians through the Captive? No Yes

Year: 2006

Hospital's Name:

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:

Number of Voluntary Attending Physicians Covered:

Definitions:

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.

Click “save” and you can then return to the “Quarterly Reporting” screens to begin input of your closed claim data.

Hospital/Captive with Voluntary Attending Physicians Yearly Information screen:

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Hospital With Voluntary Attending Physicians

Do you underwrite Voluntary Attending Physicians through the Captive?

No Yes

Year: 2006

Hospital's Name:

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:

Number of Voluntary Attending Physicians Covered:

If you select “yes” to providing coverage for Voluntary Attending Physicians under the captive, you will need to input the required loss and premium data separately for the hospital exposures and the Voluntary Attending Physicians exposures, including the number of attending physicians covered. The definitions for the required premium and loss fields are as follows:

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.

Click “save” and you can then return to the “Quarterly Reporting” screens to begin input of your closed claim data.

Hospital/Self Insured Trust General Information Screen:

If you select Hospital and “Self-insured Trust”, you will be asked to complete the general information screen, and then proceed to the Yearly Information tab.

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Contact Information

Last Name: First Name: Middle Initial:

Phone Number: Ext.: E-mail Address:

Company Information

Name of Self-Insured:

Hospital/Self Insured Trust Yearly Information Screen:

For Self-insured Trusts, we require the name of the trust and for the most recent calendar year, the amount of funding for that year.

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Self Insured Trust

Year: 2006

Name of Self-Insured Trust:

Provide Most Recent Year Funding:

Trust Net Retained Professional Liability Losses Paid:

Trust Net Retained Professional Liability Losses Incurred:

For Trust the following definitions for losses apply:

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.

Non Hospital Healthcare Provider General Information Screen:

If you are a Non Hospital Healthcare Provider, complete the general information depending on whether you are insured through a captive or a self-insured trust and then proceed to the yearly information tab.

Premium And Loss Data - Yearly Information

Your Business Type

Commercial Insurer

Hospital

Non Hospital Healthcare Provider

Hospital/Non-Hospital

Are you a Self Insured Trust?

Are you a Captive?

Save

General Information

Yearly Information

Contact Information

Last Name: First Name: Middle Initial:

Phone Number: Ext.: E-mail Address:

Company Information

Captive License #: Captive Domicile:

Name of Captive:

Name of Healthcare Provider:

Depending on whether you are a Non Hospital HCP captive (with or without voluntary attending physicians) or a Non HCP self-insured trust, refer to the appropriate instructions for “Hospitals” to complete the information for a Non Hospital Healthcare Provider. After entering the necessary data, you can return to the “Quarterly Reporting” screens.

Non Healthcare Provider/Captive without attending physicians *Yearly Information* screen:

Premium And Loss Data - Yearly Information

Your Business Type:
 Commercial Insurer
 Hospital
 Non Hospital Healthcare Provider

Hospital/Non-Hospital:
 Are you a Self Insured Trust?
 Are you a Captive?

Save

General Information | **Yearly Information**

Captive Premium And Loss Data

Do you underwrite Voluntary Attending Physicians through the Captive?
 No Yes

Year: 2006

Healthcare Provider (HCP) Name: _____

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: _____

Number of Voluntary Attending Physicians Covered: _____

Non Healthcare Provider Captive with voluntary attending Physicians *Yearly Information* screen:

Premium And Loss Data - Yearly Information

Your Business Type:
 Commercial Insurer
 Hospital
 Non Hospital Healthcare Provider

Hospital/Non-Hospital:
 Are you a Self Insured Trust?
 Are you a Captive?

Save

General Information | **Yearly Information**

Hospital With Voluntary Attending Physicians

Do you underwrite Voluntary Attending Physicians through the Captive?
 No Yes

Year: 2006

Healthcare Provider (HCP) Name: _____

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: _____

Number of Voluntary Attending Physicians Covered: _____

Non Hospital/Self Insured Trust General Information screen:

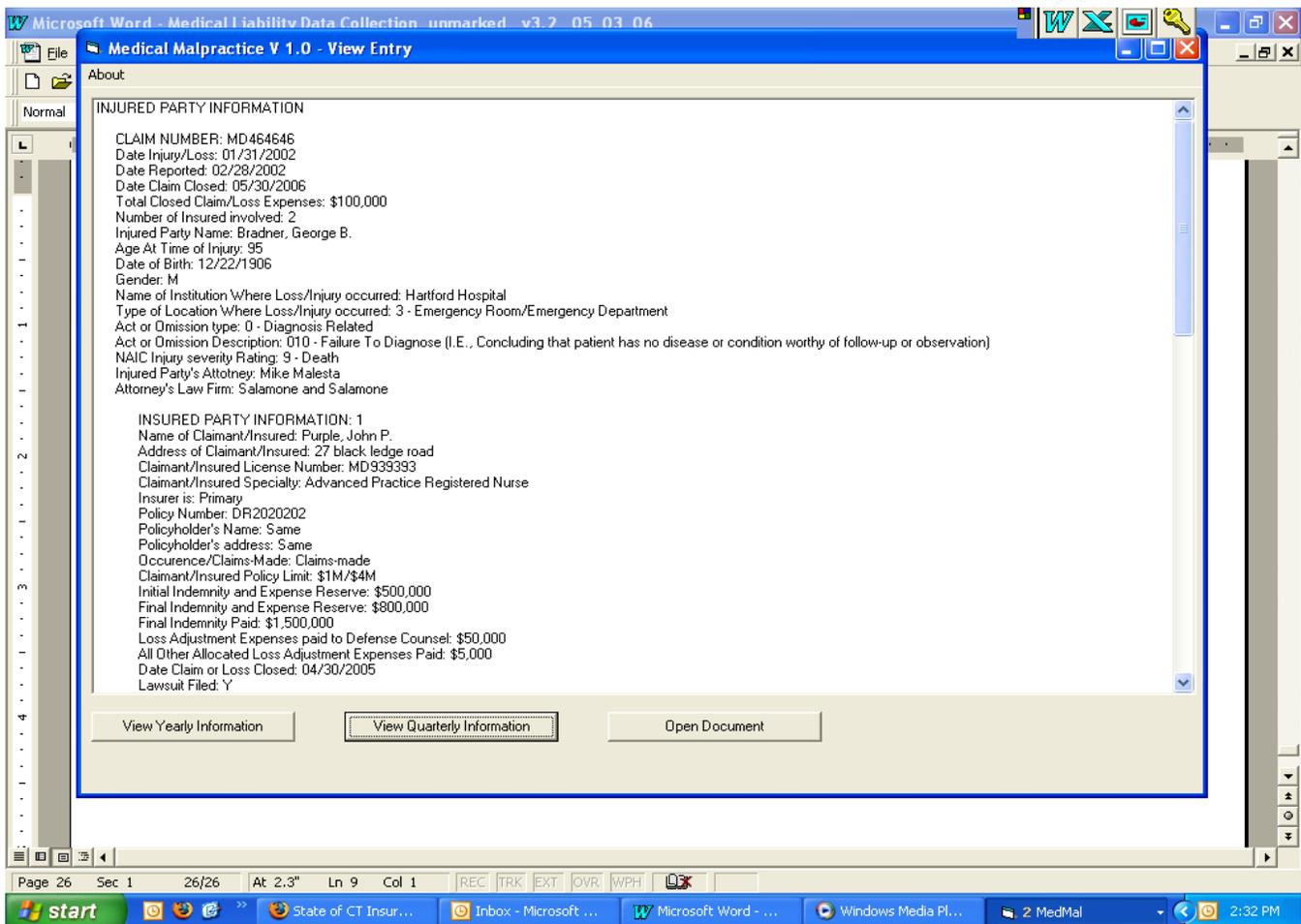
The screenshot shows a software window titled "Premium And Loss Data - Yearly Information". At the top left, there are two sections: "Your Business Type" with radio buttons for "Commercial Insurer", "Hospital", and "Non Hospital Healthcare Provider" (which is selected); and "Hospital/Non-Hospital" with radio buttons for "Are you a Self Insured Trust?" (selected) and "Are you a Captive?". A "Save" button is located at the top right. The main area is divided into two tabs: "General Information" (active) and "Yearly Information". Under "General Information", there are two sub-sections: "Contact Information" with fields for "Last Name", "First Name", "Middle Initial", "Phone Number", "Ext.", and "E-mail Address"; and "Company Information" with a field for "Name of Self-Insured".

Non Hospital/Self Insured Trust Yearly Information screen:

The screenshot shows the same software window, but with the "Yearly Information" tab active. The "Self Insured Trust" section is visible, containing fields for "Year" (with "2006" entered), "Name of Self-Insured Trust", "Provide Most Recent Year Funding:", "Trust Net Retained Professional Liability Losses Paid:", and "Trust Net Retained Professional Liability Losses Incurred:". The "Save" button remains at the top right.

Viewing Report function:

This feature is available for both the *yearly reporting* information, and the *Quarterly reporting* information. In order to use this feature the user must save their data once this is done the user can view the data that has been input. The user can have the data transferred to a word document by simply clicking on the “open document” button.

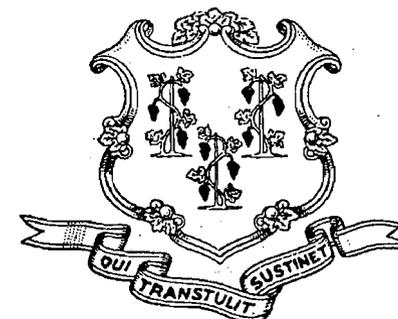


Connecticut Medical Malpractice Annual Report – 2007

Appendix 3

Closed Claim Analysis Reports

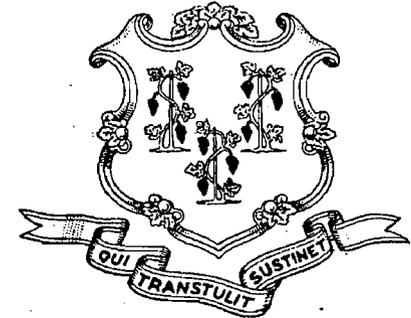
Connecticut Department of Insurance
Indemnity Payments
All Insurers



<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>
2005	168	84	84	\$35,552,674	\$423,246
2006	574	244	330	\$145,301,909	\$595,500
Total	742	328	414	\$180,854,583	\$551,386

(6)=(5)/(3)

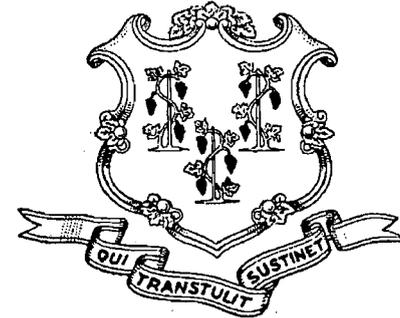
Connecticut Department of Insurance
Indemnity Payments
Commercial Insurers



<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2005	101	41	60	\$28,299,444	\$690,230
2006	323	139	184	\$105,168,685	\$756,609
Total	424	180	244	\$133,468,129	\$741,490

(6)=(5)/(3)

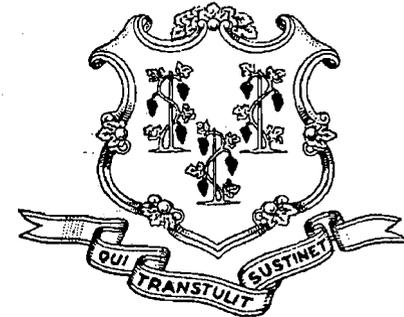
Connecticut Department of Insurance
Indemnity Payments
Captives and Self Insureds



<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>
2005	67	43	24	\$7,253,230	\$168,680
2006	251	105	146	\$40,133,224	\$382,221
Total	318	148	170	\$47,386,454	\$320,179

$(6)=(5)/(3)$

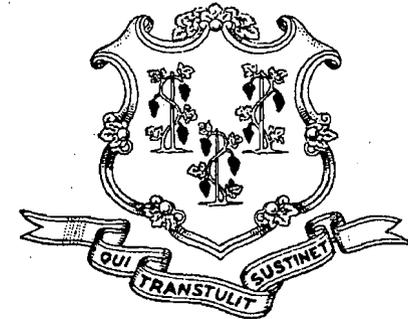
Connecticut Department of Insurance
Defense Counsel Payments
All Insurers



Year	Total Number of Closed Claims	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims	Total Payment	Number of Claims	Average Payment	Number of Claims	Average Payment
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2005	168	128	\$5,455,437	62	\$29,982	66	\$54,493
2006	574	475	\$19,986,146	271	\$28,688	204	\$59,862
Total	742	603	\$25,441,583	333	\$28,929	270	\$58,550

(3)=(5)+(7)

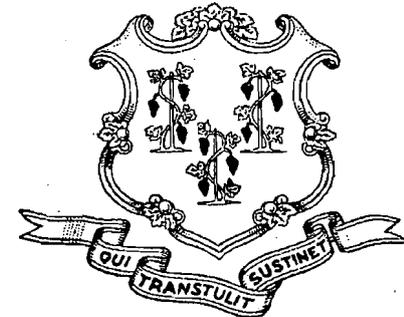
Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers



Year	Total Number of Closed Claims	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims	Total Payment	Number of Claims	Average Payment	Number of Claims	Average Payment
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2005	101	86	\$3,530,106	47	\$6,806	39	\$55,948
2006	323	264	\$14,828,825	136	\$11,327	128	\$68,274
Total	424	350	\$18,358,931	183	\$10,166	167	\$65,395

(3)=(5)+(7)

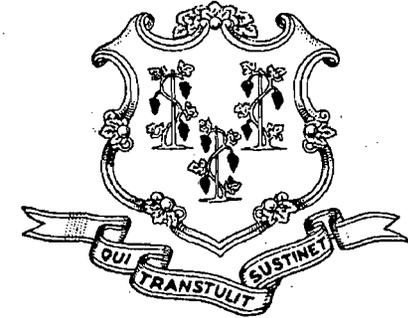
Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insureds



Year	Total Number of Closed Claims	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims	Total Payment	Number of Claims	Average Payment	Number of Claims	Average Payment
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2005	67	42	\$1,925,331	15	\$34,050	27	\$52,392
2006	251	211	\$5,157,321	135	\$12,478	76	\$45,694
Total	318	253	\$7,082,652	150	\$14,635	103	\$47,450

(3)=(5)+(7)

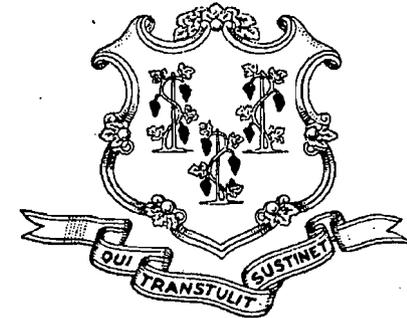
Connecticut Department of Insurance
Allocated Loss Adjustment Expenses (ALAE) as
a Percent of Indemnity Payments
All Insurers



<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>
2005	168	135	\$35,552,674	\$5,455,437	\$1,419,575	19.3%
2006	574	496	\$145,301,909	\$19,986,146	\$4,658,258	17.0%
Total	742	631	\$180,854,583	\$25,441,583	\$6,077,833	17.4%

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

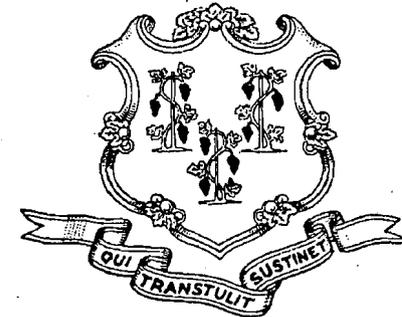
Connecticut Department of Insurance
Allocated Loss Adjustment Expenses (ALAE) as a
Percent of Indemnity Payments
Commercial Insurers



<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>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>
2005	101	87	\$28,299,444	\$3,530,106	\$1,074,535	16.3%
2006	323	279	\$105,168,685	\$14,828,825	\$4,017,385	20.5%
Total	424	366	\$133,468,129	\$18,358,931	\$5,091,920	17.6%

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

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



<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>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>
2005	67	48	\$7,253,230	\$1,925,331	\$345,040	31.3%
2006	251	217	\$40,133,224	\$5,157,321	\$640,873	14.4%
Total	318	265	\$47,386,454	\$7,082,652	\$985,913	17.0%

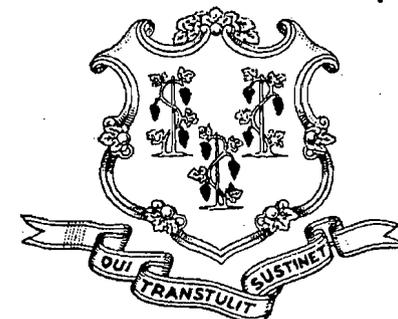
$(7)=(5)+(6)/(4)$

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2005 - 2006 Aggregate



<i>Indemnity Payment</i> (1)	<i>Number of Claims with Indemnity Payments</i> (2)	<i>Percent of Claims with Indemnity Payments</i> (3)	<i>Total Indemnity Payments</i> (4)	<i>Average Indemnity of Paid Claims</i> (5)	<i>Percent of Total Indemnity Payments</i> (6)
\$1 - \$99,999	148	45.1%	\$5,121,521	\$34,605	2.8%
\$100,000 - \$199,999	38	11.6%	\$5,425,938	\$142,788	3.0%
\$200,000 - \$299,999	19	5.8%	\$5,507,500	\$289,868	3.0%
\$300,000 - \$399,999	19	5.8%	\$6,419,167	\$337,851	3.5%
\$400,000 - \$499,999	21	6.4%	\$10,627,664	\$506,079	5.9%
\$500,000 - \$599,999	12	3.7%	\$6,744,874	\$562,073	3.7%
\$600,000 - \$699,999	7	2.1%	\$5,024,923	\$717,846	2.8%
\$700,000 - \$799,999	10	3.0%	\$8,300,718	\$830,072	4.6%
\$800,000 - \$899,999	11	3.4%	\$9,215,144	\$837,740	5.1%
\$900,000 - \$999,999	5	1.5%	\$5,643,499	\$1,128,700	3.1%
\$1,000,000 and Over	38	11.6%	\$112,823,635	\$2,969,043	62.4%
Total	328	100.0%	\$180,854,583	\$551,386	100.0%

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

(5)=(4)/(2)

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

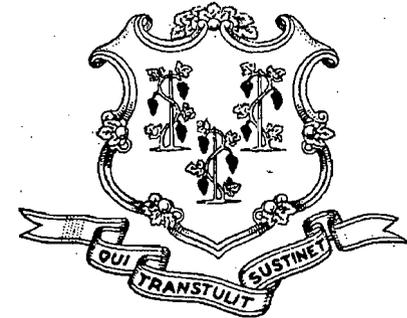
Tuesday, April 03, 2007

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Connecticut Department of Insurance
Defense Counsel Payments by Indemnity Payment
All Insurers

2005 - 2006 Aggregate



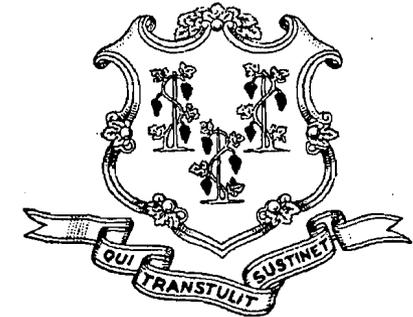
<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
\$0	414	333	\$9,633,210	\$28,929	37.9%
\$1 - \$99,999	148	101	\$3,672,727	\$36,364	14.4%
\$100,000 - \$199,999	38	34	\$1,584,514	\$46,603	6.2%
\$200,000 - \$299,999	19	18	\$989,936	\$54,996	3.9%
\$300,000 - \$399,999	19	18	\$991,667	\$55,093	3.9%
\$400,000 - \$499,999	21	19	\$946,166	\$49,798	3.7%
\$500,000 - \$599,999	12	12	\$1,106,848	\$92,237	4.4%
\$600,000 - \$699,999	7	7	\$564,570	\$80,653	2.2%
\$700,000 - \$799,999	10	10	\$1,003,419	\$100,342	3.9%
\$800,000 - \$899,999	11	10	\$701,306	\$70,131	2.8%
\$900,000 - \$999,999	5	5	\$470,610	\$94,122	1.8%
\$1,000,000 and Over	38	36	\$3,776,610	\$104,906	14.8%
Total	742	603	\$25,441,583	\$42,192	100.0%

(5)=(4)/(3)

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

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

2005 - 2006 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>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
0 - 6 MTHS	60	8.1%	23	7.0%	20	3.3%
6 - 12 MTHS	48	6.5%	14	4.3%	25	4.1%
12 - 18 MTHS	64	8.6%	20	6.1%	43	7.1%
18 - 24 MTHS	88	11.9%	17	5.2%	75	12.4%
24 - 36 MTHS	166	22.4%	74	22.6%	148	24.5%
36 - 60 MTHS	207	27.9%	121	36.9%	191	31.7%
60 - 90 MTHS	91	12.3%	52	15.9%	83	13.8%
90 - 120 MTHS	12	1.6%	6	1.8%	12	2.0%
120 MTHS and Over	6	0.8%	1	0.3%	6	1.0%
Total	742	100.0%	328	100.0%	603	100.0%
Average Length of Claims	2.35 YEARS		3.66 YEARS		3.66 YEARS	

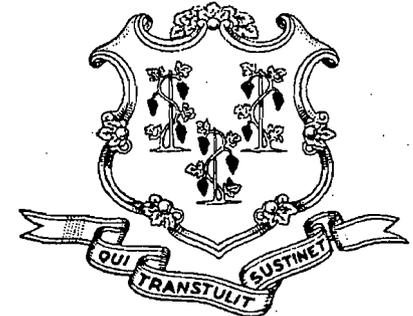
(3)=(2) for each range/(2) total

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

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

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

2005 - 2006 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 MTHS	60	23	38.3%	\$763,402	0.4%	\$33,191
6 - 12 MTHS	48	14	29.2%	\$2,888,995	1.6%	\$206,357
12 - 18 MTHS	64	20	31.3%	\$3,119,969	1.7%	\$155,998
18 - 24 MTHS	88	17	19.3%	\$2,517,725	1.4%	\$148,101
24 - 36 MTHS	166	74	44.6%	\$35,891,585	19.8%	\$485,021
36 - 60 MTHS	207	121	58.5%	\$67,933,711	37.6%	\$561,436
60 - 90 MTHS	91	52	57.1%	\$64,821,022	35.8%	\$1,246,558
90 - 120 MTHS	12	6	50.0%	\$2,868,174	1.6%	\$478,029
120 MTHS and Over	6	1	16.7%	\$50,000	0.0%	\$50,000
Total	742	328	44.2%	\$180,854,583	100.0%	\$551,386

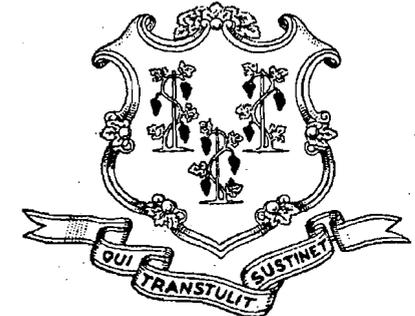
(4)=(3)/(2)

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

(7)=(5)/(3)

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

2005 - 2006 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 MTHS	60	20	33.3%	\$61,600	0.2%	\$3,080
6 - 12 MTHS	48	25	52.1%	\$80,815	0.3%	\$3,233
12 - 18 MTHS	64	43	67.2%	\$320,555	1.3%	\$7,455
18 - 24 MTHS	88	75	85.2%	\$546,996	2.2%	\$7,293
24 - 36 MTHS	166	148	89.2%	\$4,397,908	17.3%	\$29,716
36 - 60 MTHS	207	191	92.3%	\$11,122,807	43.7%	\$58,235
60 - 90 MTHS	91	83	91.2%	\$7,248,193	28.5%	\$87,328
90 - 120 MTHS	12	12	100.0%	\$1,225,676	4.8%	\$102,140
120 MTHS and Over	6	6	100.0%	\$437,033	1.7%	\$72,839
Total	742	603	81.3%	\$25,441,583	100.0%	\$42,192

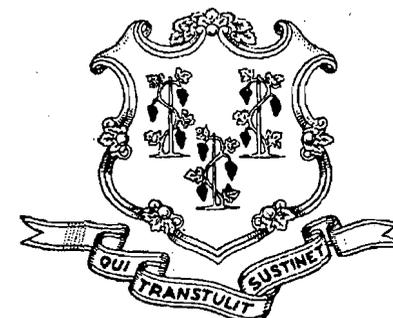
$(4)=(3)/(2)$

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

$(7)=(5)/(3)$

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

2005 - 2006 Aggregate



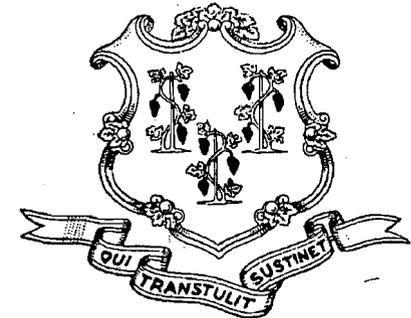
<i>Injury Date to Report Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 MTHS	290	39.1%	126	38.4%
6 - 12 MTHS	83	11.2%	39	11.9%
12 - 18 MTHS	66	8.9%	32	9.8%
18 - 24 MTHS	112	15.1%	55	16.8%
24 - 36 MTHS	146	19.7%	59	18.0%
36 - 60 MTHS	31	4.2%	14	4.3%
60 - 90 MTHS	9	1.2%	2	0.6%
90 - 120 MTHS	3	0.4%	0	0.0%
120 MTHS and Over	2	0.3%	1	0.3%
Total	742	100.0%	328	100.0%
Average Length of Claims	1.44 YEARS		1.27 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
 Claims
 All Insurers

2005 - 2006 Aggregate



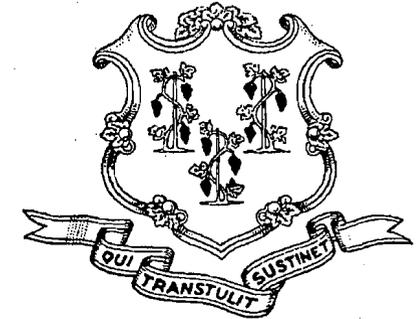
<i>Injury Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 MTHS	14	1.9%	8	2.4%
6 - 12 MTHS	27	3.6%	13	4.0%
12 - 18 MTHS	33	4.4%	7	2.1%
18 - 24 MTHS	65	8.8%	17	5.2%
24 - 36 MTHS	123	16.6%	37	11.3%
36 - 60 MTHS	215	29.0%	112	34.1%
60 - 90 MTHS	204	27.5%	102	31.1%
90 - 120 MTHS	48	6.5%	29	8.8%
120 MTHS and Over	13	1.8%	3	0.9%
Total	742	100.0%	328	100.0%
Average Length of Claims	4.97 YEARS		4.93 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

2005 - 2006 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	11	3.4%	\$1,850,650	\$168,241	1.0%
Insignificant Temporary	31	9.5%	\$589,320	\$19,010	0.3%
Minor Temporary	60	18.3%	\$4,742,445	\$79,041	2.6%
Major Temporary	41	12.5%	\$21,112,138	\$514,930	11.7%
Minor Permanent	39	11.9%	\$5,807,172	\$148,902	3.2%
Significant Permanent	42	12.8%	\$22,564,870	\$537,259	12.5%
Major Permanent	24	7.3%	\$47,403,480	\$1,975,145	26.2%
Grave Permanent	18	5.5%	\$34,554,923	\$1,919,718	19.1%
Death	62	18.9%	\$42,229,585	\$681,122	23.4%
Total	328	100.0%	\$180,854,583	\$551,386	100.0%

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

(5)=(4)/(2)

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

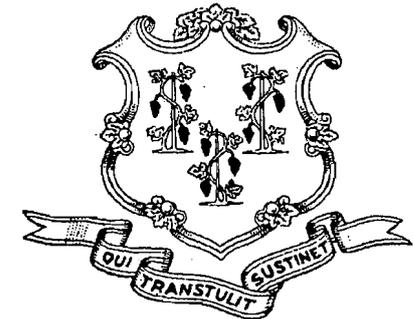
Tuesday, April 03, 2007

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

2005 - 2006 Aggregate

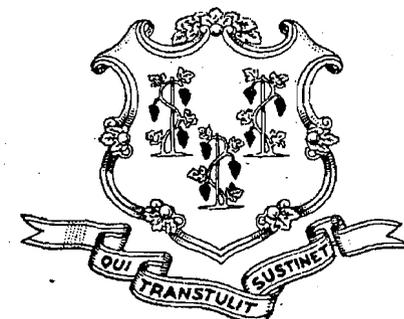


<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Number of Claims with Indemnity and Defense Counsel Payments</i>	<i>Total Payment to Defense Counsel for Claims in (3)</i>	<i>Average Payment to Defense Counsel for Claims in (3)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Emotional Only	11	8	\$210,322	\$26,290
Insignificant Temporary	31	20	\$421,905	\$21,095
Minor Temporary	60	41	\$1,642,852	\$40,070
Major Temporary	41	30	\$1,346,703	\$44,890
Minor Permanent	39	36	\$1,559,460	\$43,318
Significant Permanent	42	38	\$2,417,999	\$63,632
Major Permanent	24	22	\$3,167,454	\$143,975
Grave Permanent	18	15	\$1,147,062	\$76,471
Death	62	60	\$3,894,616	\$64,910
Total	328	270	\$15,808,373	\$58,550

(5)=(4)/(3)

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

2005 - 2006 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	43	32	\$374,284	\$11,696
Insignificant Temporary	54	41	\$385,521	\$9,403
Minor Temporary	82	57	\$1,157,218	\$20,302
Major Temporary	33	25	\$784,577	\$31,383
Minor Permanent	47	41	\$1,280,589	\$31,234
Significant Permanent	60	57	\$1,163,371	\$20,410
Major Permanent	18	17	\$1,066,803	\$62,753
Grave Permanent	8	7	\$187,612	\$26,802
Death	69	56	\$3,233,235	\$57,736
Total	414	333	\$9,633,210	\$28,929

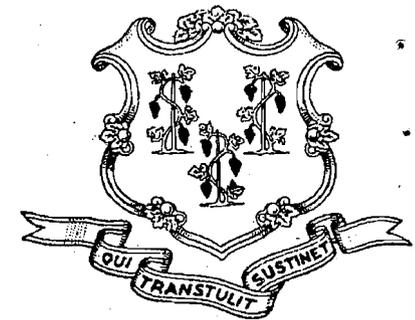
$(5)=(4)/(3)$

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2005 - 2006 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>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
Other	5	\$975,500	\$195,100
Advanced Practice Registered Nurse	1	\$498,000	\$498,000
Anesthesiologists	2	\$850,000	\$425,000
Anesthetist	2	\$3,850,000	\$1,925,000
Assisted Living Facilities	1	\$10,000	\$10,000
Bariatric	1	\$82,500	\$82,500
Cardiovascular Disease	1	\$250,000	\$250,000
Dentist - General	22	\$1,824,500	\$82,932
Dermatology	2	\$355,000	\$177,500
Diagnostic Radiology	1	\$5,000	\$5,000
Emergency Medicine	3	\$2,389,500	\$796,500
Freestanding Surgical Center/rehab Hospital	1	\$250,000	\$250,000
Gastroenterology	1	\$180,000	\$180,000
Gynecology	2	\$870,000	\$435,000
Hematology	1	\$250,000	\$250,000
Hospital - Children's	4	\$2,492,500	\$623,125
Hospital - General	146	\$85,894,003	\$588,315
Hospital - Maternity	1	\$330,000	\$330,000
Hospital - Mentally Ill Persons	5	\$980,400	\$196,080
Hospital - Rehab	1	\$120,000	\$120,000
Medical Group	1	\$425,000	\$425,000

(4)=(3)/(2)

<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>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
Miscellaneous Medical Employee	1	\$4,000	\$4,000
Neurology	2	\$160,000	\$80,000
Neurosurgery	1	\$175,000	\$175,000
OB-GYN	26	\$19,646,287	\$755,626
Oncology	1	\$435,000	\$435,000
Ophthalmology	2	\$577,500	\$288,750
Orthopedic	6	\$1,973,718	\$328,953
Other Corporate Group Practice	3	\$11,311,666	\$3,770,555
Pathology	1	\$121,250	\$121,250
Pediatric Emergency Department	1	\$492,500	\$492,500
Pediatrics - NS	1	\$475,000	\$475,000
Pediatrician	1	\$875,000	\$875,000
Physician - Family/Pediatric/General Practice	11	\$7,391,250	\$671,932
Physician - Internal Medicine	15	\$9,487,500	\$632,500
Physician - Other	8	\$4,466,250	\$558,281
Radiology	5	\$2,910,800	\$582,160
Surgery - General	11	\$3,985,000	\$362,273
Surgery - Other	18	\$10,825,435	\$601,413
Surgery - Plastic	9	\$2,629,524	\$292,169
Vascular	1	\$30,000	\$30,000
Total	328	\$180,854,583	\$551,386

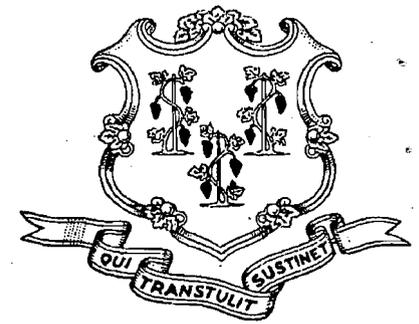
$(4)=(3)/(2)$

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2005 - 2006 Aggregate



<i>Medical Provider Specialty</i>	<i>Base Premium</i>	<i>Number of Medical Providers</i>	<i>Number of Claims with Indemnity Payments</i>	<i>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>
Other	\$21,101,468	7019	4	\$935,500	\$233,875
Advanced Practice Registered Nurse	\$2,995,041	3894	1	\$498,000	\$498,000
Ambulance Call Center/Ambulance Service	\$0	0	0	\$0	\$0
Anesthesia Practice Group	\$0	0	0	\$0	\$0
Anesthesiologists	\$212,277	363	2	\$850,000	\$425,000
Anesthetist	\$1,648,770	106	2	\$3,850,000	\$1,925,000
Assisted Living Facilities	\$28,644	16	1	\$10,000	\$10,000
Cardiovascular Disease	\$2,093,275	280	1	\$250,000	\$250,000
Chiropractor	\$8,039	149	0	\$0	\$0
Colon & Rectal	\$515,784	16	0	\$0	\$0
Dentist - General	\$6,397,053	2379	22	\$1,824,500	\$82,932
Dermatology	\$1,011,708	244	2	\$355,000	\$177,500
Emergency Medicine	\$878,478	54	1	\$739,500	\$739,500
Endocrinology	\$818,300	74	0	\$0	\$0
Freestanding Surgical Center/rehab Hospital	\$0	0	1	\$250,000	\$250,000
Gastroenterology	\$4,559,517	318	1	\$180,000	\$180,000
Gynecology	\$2,531,765	101	2	\$870,000	\$435,000
Hand - Major Surgery	\$560,388	32	0	\$0	\$0
Hematology	\$1,983,312	140	1	\$250,000	\$250,000
Hospital - Children's	\$1,041,262	3	3	\$2,352,500	\$784,167
Hospital - General	\$8,764,794	1120	21	\$43,356,085	\$2,064,575

(6)=(5)/(4)

<i>Medical Provider Specialty</i>	<i>Base Premium</i>	<i>Number of Medical Providers</i>	<i>Number of Claims with Indemnity Payments</i>	<i>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>
Hospital - Maternity	\$0	0	1	\$330,000	\$330,000
Hospital - Mentally Ill Persons	\$145,523	22	3	\$962,400	\$320,800
Infectious Disease	\$150,484	28	0	\$0	\$0
Naturopath	(\$3,160)	1	0	\$0	\$0
Nephrology	\$974,954	109	0	\$0	\$0
Neurology	\$3,466,726	174	2	\$160,000	\$80,000
Neurosurgery	\$3,289,722	29	1	\$175,000	\$175,000
OB-GYN	\$19,293,891	193	23	\$19,539,288	\$849,534
Oncology	\$60,082	46	1	\$435,000	\$435,000
Ophthalmology	\$2,167,754	107	2	\$577,500	\$288,750
Orthopedic	\$5,570,791	415	6	\$1,973,718	\$328,953
Other Corporate Group Practice	\$1,371,415	256	3	\$11,311,666	\$3,770,555
Pathology	\$1,852,763	150	1	\$121,250	\$121,250
Pediatric Emergency Department	\$87,400	18	1	\$492,500	\$492,500
Pediatrics - NS	\$47,840	114	1	\$475,000	\$475,000
Pediatrician	\$0	0	1	\$875,000	\$875,000
Psychiatry	\$845,735	202	0	\$0	\$0
Physician - Family/Pediatric/General Practice	\$22,519,218	1694	10	\$6,966,250	\$696,625
Physician - Internal Medicine	\$46,862,695	1859	15	\$9,487,500	\$632,500
Physician - Other	\$27,145,859	2539	8	\$3,316,250	\$414,531
Physician Assistant	\$671,862	374	0	\$0	\$0
Podiatry	\$22,705	216	0	\$0	\$0
Radiation Oncology	\$25,192	42	0	\$0	\$0
Radiology	\$6,219,984	507	5	\$2,910,800	\$582,160
Rehab Hospital	\$0	0	0	\$0	\$0
Surgery - Cardiovascular	\$770,813	30	0	\$0	\$0
Surgery - General	\$4,099,158	293	8	\$3,410,000	\$426,250
Surgery - Other	\$3,089,083	343	16	\$10,763,923	\$672,745

(6)=(5)/(4)

<i>Medical Provider Specialty</i> (1)	<i>Base Premium</i> (2)	<i>Number of Medical Providers</i> (3)	<i>Number of Claims with Indemnity Payments</i> (4)	<i>Total Indemnity Payments</i> (5)	<i>Average Indemnity of Paid Claims</i> (6)
Surgery - Plastic	\$2,241,878	129	7	\$2,613,999	\$373,428
Urology	\$2,498,750	165	0	\$0	\$0
Vascular	\$749,253	28	0	\$0	\$0
Walk-in Center/Urgent Care	\$0	0	0	\$0	\$0
Total	\$213,388,245	26391	180	\$133,468,129	\$741,490

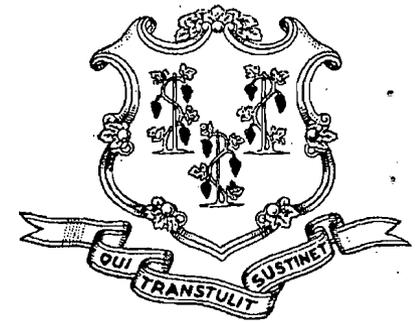
(6)=(5)/(4)

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Captives and Self-Insurers

2005 - 2006 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>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>
Other	1	\$40,000	\$40,000
Bariatric	1	\$82,500	\$82,500
Diagnostic Radiology	1	\$5,000	\$5,000
Emergency Medicine	2	\$1,650,000	\$825,000
Hospital - Children's	1	\$140,000	\$140,000
Hospital - General	125	\$42,537,918	\$340,303
Hospital - Mentally Ill Persons	2	\$18,000	\$9,000
Hospital - Rehab	1	\$120,000	\$120,000
Medical Group	1	\$425,000	\$425,000
Miscellaneous Medical Employee	1	\$4,000	\$4,000
OB-GYN	3	\$106,999	\$35,666
Physician - Family/Pediatric/General Practice	1	\$425,000	\$425,000
Physician - Other	0	\$1,150,000	\$0
Surgery - General	3	\$575,000	\$191,667
Surgery - Other	2	\$61,512	\$30,756
Surgery - Plastic	2	\$15,525	\$7,763
Vascular	1	\$30,000	\$30,000
Total	148	\$47,386,454	\$320,179

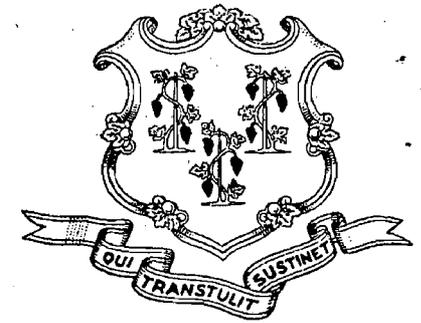
(4)=(3)/(2)

Connecticut Department of Insurance

Disposition of Claims

All Insurers

2005 - 2006 Aggregate



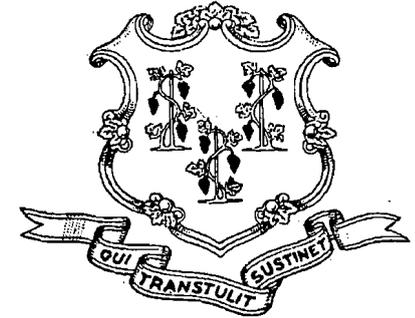
Disposition (1)	Claim Reports		Average Months		Average Severity of Injury Rating (6)	Average paid	
	Number (2)	Percent (3)	Incident to Report (4)	Incident to Disposition (5)		Indemnity (7)	ALAE (8)
In Favor of Plaintiff							
Claims Settled Before Litigation	69	21.0%	7	25	4	\$90,400	\$8,260
Claims Settled Before Trial	232	70.7%	17	65	6	\$576,633	\$61,837
Claims Settled During Trial	9	2.7%	24	82	7	\$1,725,000	\$255,017
Claims Settled After Trial	6	1.8%	13	64	4	\$1,851,758	\$127,893
Total Settled	316	96.3%	15	57	6	\$527,379	\$56,895
Judgement for Plaintiff	11	3.4%	13	62	6	\$1,229,795	\$146,572
Judgement for Plaintiff After Appeal	1	0.3%	9	64	3	\$674,923	\$241,273
Total Court Dispositions	12	3.7%	13	63	5	\$1,183,556	\$154,464
Total Claim Dispositions	328	100.0%	15	57	6	\$551,386	\$60,464
In Favor of Defendant							
Claims Closed Before Litigation	169	40.8%	7	27	4		\$2,350
Claims Closed Before Trial	208	50.2%	28	82	7		\$34,272
Claims Closed During Trial	3	0.7%	17	63	5		\$79,505
Claims Closed After Trial	1	0.2%	30	60	3		\$33,394
Total Settled	381	92.0%	19	58	6		\$20,466
Judgement for Defendant	26	6.3%	24	77	7		\$122,657
Judgement for Defendant After Appeal	7	1.7%	21	85	6		\$100,068
Total Court Dispositions	33	8.0%	24	79	7		\$117,865
Total Claim Dispositions	414	100.0%	19	59	6		\$28,230

(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



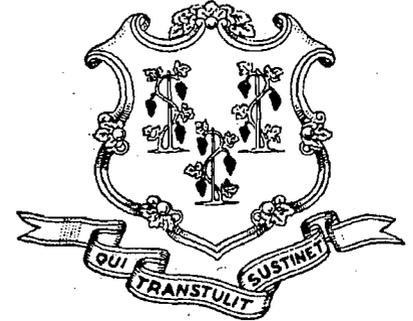
<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity 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>
2005						
168	\$15,945,337	\$94,913	\$52,190,246	\$310,656	\$42,427,686	\$252,546
2006						
574	\$46,076,266	\$80,272	\$200,822,545	\$349,865	\$169,946,313	\$296,074
Totals						
742	\$62,021,603	\$83,587	\$253,012,791	\$340,988	\$212,373,999	\$286,218

(3)=(2)/(1)

(5)=(4)/(1)

(7)=(6)/(1)

Connecticut Department of Insurance
Reserves
Commercial Insurers



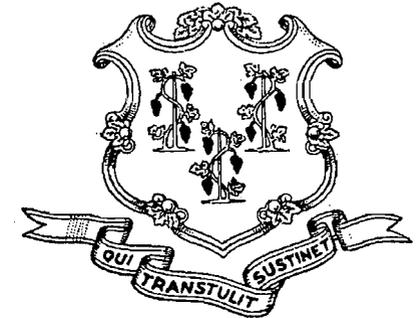
<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity 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>
2005						
101	\$13,203,595	\$130,729	\$42,247,841	\$418,295	\$32,904,085	\$325,783
2006						
323	\$26,543,405	\$82,178	\$149,126,093	\$461,691	\$124,014,895	\$383,947
Totals						
424	\$39,747,000	\$93,743	\$191,373,934	\$451,354	\$156,918,980	\$370,092

(3)=(2)/(1)

(5)=(4)/(1)

(7)=(6)/(1)

Connecticut Department of Insurance
Reserves
Captives and Self-Insurers



<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>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2005						
67	\$2,741,742	\$40,922	\$9,942,405	\$148,394	\$9,523,601	\$142,143
2006						
251	\$19,532,861	\$77,820	\$51,696,452	\$205,962	\$45,931,418	\$182,994
Totals						
318	\$22,274,603	\$70,046	\$61,638,857	\$193,833	\$55,455,019	\$174,387

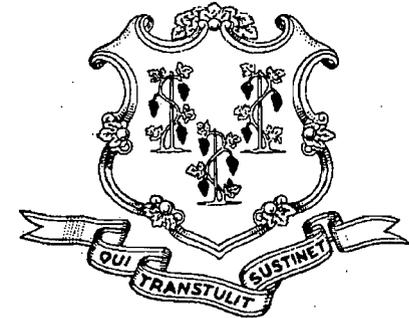
(3)=(2)/(1)

(5)=(4)/(1)

(7)=(6)/(1)

Connecticut Department of Insurance
Yearly Information Report
All Insurers

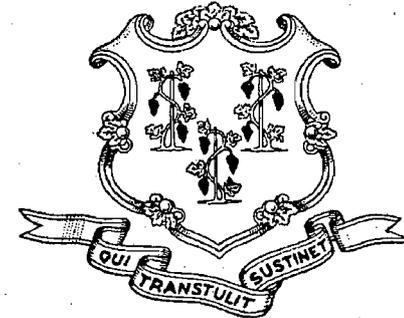
2005 - 2006 Aggregate



<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)
2005	28	\$4,096,400	\$713,570	\$3,352,830
2006	137	\$80,448,591	\$21,519,910	\$55,296,463
Total	165	\$84,544,991	\$22,233,480	\$58,649,293

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

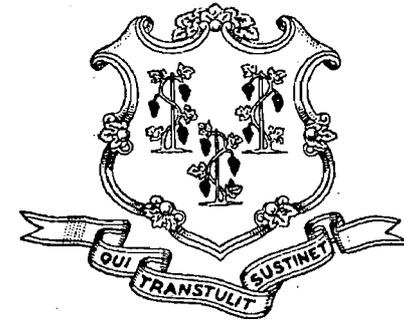
Connecticut Department of Insurance
Yearly Information Report
Commercial Insurers
 2005 - 2006 Aggregate



<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)
2005	15	\$3,171,000	\$708,570	\$2,432,430
2006	84	\$59,625,958	\$17,101,257	\$39,586,201
Total	99	\$62,796,958	\$17,809,827	\$42,018,631

(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
 2005 - 2006 Aggregate



<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)
2005	13	\$925,400	\$5,000	\$920,400
2006	53	\$20,822,633	\$4,418,653	\$15,710,262
Total	66	\$21,748,033	\$4,423,653	\$16,630,662

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

Connecticut Medical Malpractice Annual Report – 2007

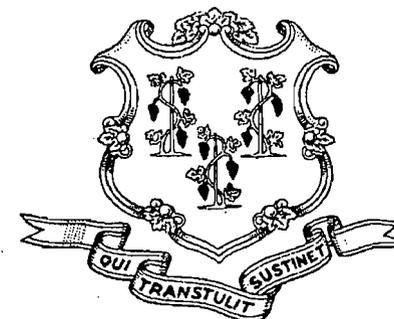
Appendix 4

**Calendar Year Premium and Losses
for 2005 and 2006**

Connecticut Department of Insurance

Yearly Information Report

All Insurers



<i>Type</i> (1)	<i>Earned Premium</i> (2)	<i>Paid Losses</i> (3)	<i>Incurred Losses</i> (4)
<u>2005</u>			
Commercial Insurers	\$165,932,616	\$124,077,820	\$111,569,528
Captives	\$68,008,456	\$20,427,411	\$35,211,254
Self Insureds	\$39,406,840	\$24,408,244	\$30,600,304
<i>Totals</i>	\$273,347,912	\$168,913,475	\$177,381,086
<u>2006</u>			
Commercial Insurers	\$155,053,413	\$123,847,348	\$84,452,226
Captives	\$76,529,945	\$30,006,994	\$63,460,722
Self Insureds	\$29,646,080	\$26,917,453	\$24,679,992
<i>Totals</i>	\$261,229,438	\$180,771,795	\$172,592,940

(3) and (4) include all ALAE

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

Connecticut Medical Malpractice Annual Report – 2007

Appendix 5

Insurance Industry Financial Data for 2005 and 2006

Detail - Property & Casualty Summary By Line of Business

[Help](#) [E-Mail](#)

Selected Criteria - **Year:** 2005 **State:** CT **Codelist Basis:** Business Written **Round by Thousands:** Yes
Include Zero Companies: No **Line of Business:** 11 - Medical malpractice

Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
1154	10638	Proselect Ins Co	MA	63,538	59,333	0	27,322	25,042	43,605	94,958	4,281	20,023	34,104	5,741	1,453
	15890	Connecticut Medical Ins Co	CT	52,729	32,729	0	39,606	32,558	23,370	240,961	0	1,836	33,865	313	953
	10697	MCIC VT Inc RRG	VT	52,328	52,328	0	0	26,646	38,472	123,057	5,675	11,447	10,246	50	2,145
218	20443	Continental Cas Co	IL	19,722	19,456	0	1,304	13,490	18,832	57,418	1,251	2,573	6,533	402	372
12	19437	Lexington Ins Co	DE	12,379	9,940	0	6,798	12	1,568	14,739	401	587	1,398	972	10
1279	21199	Arch Speciality Ins Co	WI	6,918	5,924	0	3,822	60	3,129	8,446	11	489	1,597	142	0
218	20427	American Cas Co Of Reading PA	PA	2,587	2,524	0	1,076	160	826	2,856	143	229	715	1,016	-8
1129	31267	York Ins Co of ME	ME	2,493	2,367	0	1,926	5	1,081	3,532	0	-4	32	256	0
12	19445	National Union Fire Ins Co Of Pitts	PA	2,291	2,277	0	1,162	1,528	2,650	3,341	323	435	267	415	49
212	16535	Zurich American Ins Co	NY	2,216	4,554	0	155	0	2,361	4,557	10	427	805	92	87

Detail - Property & Casualty Summary By Line of Business

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
501	10328	Capitol Specialty Ins Corp	WI	1,942	2,171	0	553	147	1,106	1,030	68	563	530	563	0
31	11843	Medical Protective Co	IN	1,672	4,056	0	262	630	2,387	13,542	1,247	2,131	4,961	133	16
785	35378	Evanston Ins Co	IL	1,672	2,174	0	-370	408	-25	2,611	3	26	1,131	293	2
626	27960	Illinois Union Ins Co	IL	1,660	658	0	1,136	0	370	750	0	49	52	108	0
508	44121	Oms Natl Ins Co Rrg	IL	1,571	1,666	0	983	450	188	1,134	230	436	2,204	110	0
508	10801	Fortress Ins Co	IL	1,450	1,409	0	790	25	84	407	80	623	1,203	145	28
1129	21970	OneBeacon Ins Co	PA	1,342	1,228	0	580	0	217	953	0	-1	10	161	32
2638	15865	NCMIC Ins Co	IA	1,297	1,207	82	538	0	207	1,001	27	232	791	17	20
	11598	Applied Medico Legal Solutions RRG	AZ	1,282	1,112	0	285	0	34	34	26	122	95	212	5
	11795	Connecticut Hlth Care Partners RRG	VT	1,229	1,229	0	0	173	803	1,665	106	39	21	0	49
		Health Care													

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
	11832	Industry Liab Recip Ins	DC	1,198	984	0	669	0	503	590	8	168	160	298	0
761	21857	American Ins Co	NE	1,169	1,144	0	551	49	479	654	272	206	131	252	41
3504	14460	Podiatry Ins Co Of Amer A Mut Co	IL	1,138	977	10	727	79	19	684	39	-183	439	0	24
218	31127	Columbia Cas Co	IL	1,060	1,260	0	342	1,050	44	1,883	182	181	255	76	-12
761	22810	Chicago Ins Co	IL	1,030	1,147	0	408	586	954	1,320	132	207	684	274	21
31	11967	General Star Natl Ins Co	OH	895	900	0	223	0	283	369	0	121	159	133	21
	44083	Preferred Physicians Medical RRG	MO	892	861	0	78	0	910	2,273	41	242	496	0	36
501	33138	Landmark Amer Ins Co	OK	880	604	0	453	0	190	494	0	43	104	135	0
626	22667	Ace American Ins Co	PA	722	611	0	286	28	1,349	1,518	78	48	50	161	15
761	22829	Interstate Fire & Cas Co	IL	527	447	0	246	0	80	95	0	61	71	88	0
	10115	Eastern Dentists Ins Co RRG	VT	403	415	0	206	340	419	436	506	548	225	1	16

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
361	19720	American Alt Ins Corp	DE	402	483	0	200	0	222	343	5	30	32	90	14
831	34487	Professional Undrwtrs Liab Ins Co	UT	394	417	0	8	0	27	494	28	38	270	37	0
831	34495	Doctors Co An Interins Exchn	CA	367	604	0	121	1,672	3,117	12,721	678	-210	3,016	31	-12
350	34207	Westport Ins Corp	MO	346	340	0	64	0	-662	1,686	0	-232	162	73	10
866	13196	Western World Ins Co	NH	299	300	0	100	0	-66	731	0	-59	323	66	0
	44105	Ophthalmic Mut Ins Co RRG	VT	276	269	10	107	0	-31	227	66	84	197	0	6
	36234	Preferred Professional Ins Co	NE	271	222	0	50	0	36	73	0	13	27	0	2
	10232	American Assoc Of Othodontists RRG	VT	264	266	12	136	218	90	229	17	19	255	46	11
38	44792	Executive Risk Speciality Ins Co	CT	226	4,799	0	166	290	5,503	10,368	254	269	1,692	30	26
501	16624	Darwin Natl Assur Cp	DE	163	43	0	120	0	19	19	0	10	10	36	-15

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
31	20079	National Fire & Marine Ins Co	NE	150	105	0	44	0	84	102	0	21	25	21	0
98	24856	Admiral Ins Co	DE	130	110	0	124	0	-78	6,815	137	90	1,171	23	0
12	19380	American Home Assur Co	NY	118	112	0	54	0	45	1115	0	4	9	17	2
501	18619	Platte River Ins Co.	NE	111	135	0	24	0	60	63	0	31	33	30	0
	11513	Physicians Specialty Ltd RRG	SC	107	428	0	0	0	-19	175	11	-30	110	0	4
12	23809	Granite State Ins Co	PA	104	123	0	51	175	161	528	93	97	42	29	2
3494	12203	James River Ins Co	OH	77	276	0	34	0	-49	106	0	-15	33	12	0
	11710	Allied Professionals Ins Co RRG	AZ	72	64	0	34	0	1	8	0	0	0	13	0
785	39020	Essex Ins Co	DE	61	69	0	22	0	11	45	0	6	23	0	0
	10752	Novus Ins Co RRG	SC	49	19	0	30	0	13	13	0	0	0	2	1
761	21865	Associated Ind Corp	CA	40	59	0	20	40	-74	26	158	132	22	10	2
761	21881	National Surety Corp	IL	23	32	0	11	34	173	252	96	69	18	5	1
761	21873	Firemans	CA	22	23	0	10	168	-70	285	280	260	24	6	1

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		Fund Ins Co													
3548	25658	Travelers Ind Co	CT	20	141	0	0	288	51	2,603	88	129	193	0	1
775	13714	Pharmacists Mut Ins Co	IA	17	16	0	8	0	0	4	0	0	1	0	0
163	24732	General Ins Co Of Amer	WA	15	15	0	7	200	74	232	42	69	107	3	0
	18767	Church Mut Ins Co	WI	14	9	0	10	0	12	15	0	4	5	0	0
38	35181	Executive Risk Ind Inc	DE	9	1,750	0	0	125	-159	1,112	5	78	338	-1	1
140	11991	National Cas Co	WI	7	10	0	1	0	1	3	0	0	1	2	0
212	26387	Steadfast Ins Co	DE	5	12	0	-7	5,129	-97	3,543	259	261	514	0	0
3548	24767	St Paul Fire & Marine Ins Co	MN	4	4	0	0	30,555	16,472	37,731	4,150	-233	2,505	0	6
140	23779	Nationwide Mut Fire Ins Co	OH	3	3	0	0	0	0	1	0	0	1	0	0
	11941	Green Hills Ins Co RRG	VT	2	2	0	1	0	1	1	0	0	0	0	0
176	25143	State Farm Fire And Cas Co	IL	2	2	0	1	0	0	0	0	0	0	0	0
3548	43117	American Equity Ins	AZ	0	0	0	0	0	0	0	0	0	0	0	0

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		Co													
3548	42811	Gulf Underwriters Ins Co	CT	0	0	0	0	0	-26	148	0	-1	8	0	0
553	41807	Royal Surplus Lines Ins Co	CT	0	0	0	0	0	-2	1	0	-1	0	0	0
12	20796	AIG Premier Ins Co	PA	0	0	0	0	0	0	-1	0	0	0	0	0
3548	24775	St Paul Guardian Ins Co	MN	0	0	0	0	0	-1	-1	0	0	0	0	0
31	26522	Mount Vernon Fire Ins Co	PA	0	0	0	0	25	-1	0	12	9	0	0	0
158	25534	TIG Ins Co	CA	0	0	0	0	739	215	1,787	36	91	200	0	0
218	20478	National Fire Ins Co Of Hartford	CT	0	0	0	0	0	40	275	5	14	10	0	-3
626	20702	Ace Fire Underwriters Ins Co	PA	0	0	0	0	0	-6	-31	11	49	67	0	0
350	34916	First Specialty Ins Corp	MO	0	711	0	0	0	-385	484	0	-74	42	0	0
626	22748	Pacific Employers Ins Co	PA	0	0	0	0	0	-1	13	5	6	3	0	0
		Lumbermens													

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108	22977	Mut Cas Co	IL	0	0	0	0	0	-1	2	0	0	0	0	0
38	20281	Federal Ins Co	IN	0	0	0	0	0	-140	110	0	-113	92	0	0
1129	20621	OneBeacon America Ins Co	MA	0	0	0	0	0	-344	290	0	-3	7	0	0
163	19704	American States Ins Co	IN	0	0	0	0	0	0	0	0	0	0	0	0
158	21105	North River Ins Co	NJ	0	0	0	0	0	0	0	0	0	0	0	0
	12260	Campmed Cas & Ind Co Inc MD	MD	0	0	0	0	0	-1	0	0	0	0	0	0
	10808	Cassatt RRG Inc	VT	0	0	0	0	0	-865	813	0	-87	91	0	0
12	19429	Insurance Co Of The State Of PA	PA	0	0	0	0	0	0	0	0	0	0	0	0
3416	37273	Axis Ins Co	IL	0	0	0	0	0	0	0	0	0	0	0	0
3548	25887	US Fidelity & Guaranty Co	MD	0	0	0	0	0	0	0	0	0	0	0	0
158	25445	TIG Specialty Ins Corp	CA	0	0	0	0	0	20	154	-17	-43	17	0	0
553	24902	Security Ins Co Of Hartford	CT	0	3	0	0	0	-138	38	12	-34	13	0	0

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626	20710	Century Ind Co	PA	0	0	0	0	0	0	71	5	0	9	0	0
108	27138	Kemper Cas Ins Co	IL	0	0	0	0	0	0	0	0	0	0	0	0
3548	19038	Travelers Cas & Surety Co	CT	0	0	0	0	0	-45	230	0	-16	41	0	0
626	22713	Insurance Co Of North Amer	PA	0	0	0	0	0	0	0	0	0	2	0	0
961	34266	Frontier Ins Co	NY	0	0	0	0	57	0	80	50	-3	-22	0	0
626	21121	Westchester Fire Ins Co	NY	0	0	0	0	0	0	0	0	0	0	0	0
212	21709	Truck Ins Exch	CA	0	0	0	0	9,838	11,341	13,978	1,649	332	1,700	0	0
1210	34231	Medical Liability Mut Ins Co	NY	0	5	0	0	0	8	2,021	7	1	503	0	1
626	18279	Bankers Standard Ins Co	PA	0	0	0	0	0	0	0	0	0	0	0	0
31	37362	General Star Ind Co	CT	0	0	0	0	0	-11	12	0	-5	5	0	0
3548	19070	Standard Fire Ins Co	CT	0	0	0	0	0	-41	137	11	-29	65	0	0
761	21849	American Automobile Ins Co	MO	0	3	0	0	0	31	69	0	-102	28	32	-13

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
181	29874	North American Specialty Ins Co	NH	0	0	0	0	0	-114	7,319	115	170	67	0	0
218	35289	Continental Ins Co	SC	0	0	0	0	-10	-10	0	3	3	0	0	0
761	39640	Firemans Fund Ins Co Of OH	OH	0	0	0	0	0	0	197	0	0	0	0	0
163	11100	Safeco Surplus Lines Ins Co	WA	0	0	0	0	0	0	1	0	-2	0	0	0
761	22837	Interstate Ind Co	IL	0	0	0	0	0	0	0	0	0	0	0	0
158	21113	United States Fire Ins Co	DE	0	0	0	0	0	-1	2	0	1	1	0	0
12	26883	American Intl Specialty Lines Ins Co	AK	0	0	0	0	0	0	1	0	0	0	0	0
158	25496	TIG Ind Co	CA	0	0	0	0	0	0	1	0	-1	0	0	0
38	20397	Vigilant Ins Co	NY	0	0	0	0	0	-55	43	0	-45	36	0	0
1210	42226	Princeton Ins Co	NJ	0	0	0	0	0	-7	0	0	-2	0	0	0
91	19682	Hartford Fire In Co	CT	0	0	0	0	0	1	1	7	8	1	0	0
		Nationwide													

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140	23787	Mut Ins Co	OH	0	0	0	0	0	-1	1	0	0	1	0	0
1125	39152	American Healthcare Ind Co	DE	0	35	0	51	5,962	4,099	10,720	864	697	792	0	37
3548	24791	St Paul Mercury Ins Co	MN	0	0	0	0	57	-470	204	30	-136	95	0	0
3548	25674	Travelers Property Cas Co Of Amer	CT	-174	-119	0	0	0	-270	49	0	-110	11	0	-119
	115	Companies in Report		246,228	229,592	114	93,719	159,028	184,182	707,196	24,312	45,413	118,378	13,172	5,341

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Selected Criteria - **Year:** 2006 **State:** CT **Codelist Basis:** Business Written **Round by Thousands:** Yes
Include Zero Companies: No **Line of Business:** 11 - Medical malpractice

Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
1154	10638	Proselect Ins Co	MA	60,653	58,095	0	28,230	15,900	41,464	120,523	5,730	8,846	37,220	5,332	1,387
	15890	Connecticut Medical Ins Co	CT	48,418	48,093	0	40,325	33,378	16,941	224,524	7,331	3,802	30,370	390	819
	10697	MCIC VT Inc RRG	VT	46,710	46,710	0	0	37,696	55,692	141,052	5,015	9,887	15,118	43	1,913
218	20443	Continental Cas Co	IL	14,249	14,117	0	1,437	4,191	-9,862	43,364	1,976	285	4,842	324	319
12	19437	Lexington Ins Co	DE	10,142	11,938	0	5,003	341	3,172	17,570	567	1,029	1,861	669	20
1129	31267	York Ins Co of ME	ME	3,120	3,188	0	1,858	0	1,582	5,113	0	29	62	331	0
1279	21199	Arch Speciaity Ins Co	NE	2,874	6,059	0	636	-10	155	8,612	99	1,359	2,858	196	0
218	20427	American Cas Co Of Reading PA	PA	2,769	2,677	0	1,168	340	97	2,613	274	339	781	1,086	5
501	24319	Darwin Select Ins Co	AR	2,642	2,133	0	509	0	915	915	0	471	471	478	0
12	19445	National Union Fire Ins Co Of Pitts	PA	2,421	2,441	0	1,141	7,088	7,830	4,082	336	559	490	437	73

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212	16535	Zurich American Ins Co	NY	2,385	2,266	0	273	2,000	2,474	5,031	-5	218	1,028	103	27
626	27960	Illinois Union Ins Co	IL	1,886	1,753	0	1,269	0	1,300	2,050	0	28	80	140	0
785	35378	Evanston Ins Co	IL	1,843	1,945	0	-473	45	-342	2,223	0	-292	839	435	1
508	44121	Oms Natl Ins Co Rrg	IL	1,648	1,602	0	1,029	118	393	1,352	166	475	2,512	106	66
	11795	Connecticut Hlth Care Partners RRG	VT	1,580	1,580	0	0	0	519	2,184	75	146	92	0	63
508	10801	Fortress Ins Co	IL	1,562	1,482	0	870	786	1,206	734	243	379	1,339	169	27
761	21857	American Ins Co	NE	1,363	1,265	0	648	39	488	1,103	355	347	123	300	31
2638	15865	NCMIC Ins Co	IA	1,304	1,290	90	553	20	239	1,219	68	240	963	0	20
31	11843	Medical Protective Co	IN	1,280	1,247	0	296	4,919	1,948	10,571	1,341	220	3,840	106	46
	11598	Applied Medico Legal Solutions RRG	AZ	1,216	1,173	0	328	0	419	454	15	46	117	205	0

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	11832	Health Care Industry Liab Recip Ins	DC	1,157	1,205	0	621	2	475	1,063	53	422	529	184	46
	44083	Preferred Physicians Medical RRG	MO	1,125	1,111	0	93	0	175	2,448	51	225	670	0	45
3504	14460	Podiatry Ins Co Of Amer A Mut Co	IL	1,112	1,082	27	757	105	-43	493	63	113	382	0	39
761	22810	Chicago Ins Co	IL	1,031	1,029	0	410	21	31	1,330	122	106	669	275	20
218	31127	Columbia Cas Co	IL	762	660	0	444	0	49	1,932	12	-29	214	64	1
626	22667	Ace American Ins Co	PA	730	727	0	289	1,000	231	750	68	40	22	159	15
501	33138	Landmark Amer Ins Co	OK	601	728	0	326	33	411	872	37	135	202	114	0
361	19720	American Alt Ins Corp	DE	544	413	0	331	15	216	544	24	6	15	146	5
	11513	Physicians Specialty Ltd RRG	SC	512	512	0	0	0	229	404	15	93	189	0	20
	36234	Preferred Professional Ins Co	NE	508	475	0	82	0	207	280	0	76	103	0	9

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31	11967	General Star Natl Ins Co	OH	440	395	0	269	0	-26	343	0	-46	113	65	9
	10115	Eastern Dentists Ins Co RRG	VT	412	426	0	192	365	477	548	683	961	461	2	10
831	34495	Doctors Co An Interins Exchn	CA	390	399	0	112	3,396	-924	8,401	1,070	1,184	3,130	16	-21
501	16624	Darwin Natl Assur Co	DE	380	306	0	194	0	123	143	-1	61	75	101	19
761	22829	Interstate Fire & Cas Co	IL	327	541	0	32	0	84	180	0	13	83	57	0
831	34487	Professional Undrwtrs Liab Ins Co	UT	301	267	0	42	0	26	520	72	12	209	33	0
866	13196	Western World Ins Co	NH	288	287	0	101	0	-35	696	0	-47	276	64	0
	44105	Ophthalmic Mut Ins Co RRG	VT	267	262	0	112	0	357	584	67	55	185	0	6
	10232	American Assoc Of Othodontists RRG	VT	254	270	9	119	0	42	270	1	43	297	47	11
501	10328	Capitol Specialty Ins Corp	WI	214	559	0	209	0	236	1,266	4	125	651	62	0

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
31	20079	National Fire & Marine Ins Co	NE	194	181	0	58	0	33	134	0	8	34	19	0
98	24856	Admiral Ins Co	DE	148	153	0	120	9,725	3,040	130	138	-922	110	26	0
12	19380	American Home Assur Co	NY	127	124	0	58	0	54	169	0	11	20	18	4
12	23809	Granite State Ins Co	PA	111	110	0	52	-24	520	1,072	153	240	129	30	4
	11710	Allied Professionals Ins Co RRG	AZ	109	97	0	0	0	7	16	0	0	0	29	7
1129	21970	OneBeacon Ins Co	PA	96	599	0	78	0	210	1,163	0	6	16	25	88
	10752	Novus Ins Co RRG	SC	79	75	0	34	0	-9	4	0	0	0	7	3
212	26387	Steadfast Ins Co	DE	69	2	0	60	1	-436	3,105	81	10	443	12	0
3494	12203	James River Ins Co	OH	58	58	0	34	0	-139	37	0	-43	11	9	0
163	24732	General Ins Co Of Amer	WA	31	32	0	6	140	-32	60	15	-50	42	6	1
775	13714	Pharmacists Mut Ins Co	IA	22	19	0	10	0	0	5	0	0	1	0	0
140	11991	National Cas Co	WI	18	12	0	7	0	6	8	0	2	3	4	1
		Church Mut													

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
	18767	Ins Co	WI	15	14	0	11	0	-2	13	0	0	5	0	0
	11941	Green Hills Ins Co RRG	VT	9	7	0	3	0	1	1	0	0	1	0	0
761	21881	National Surety Corp	IL	8	18	0	1	105	145	293	171	181	28	2	0
761	21865	Associated Ind Corp	CA	6	25	0	1	0	38	64	75	56	3	1	0
761	21873	Firemans Fund Ins Co	CA	6	14	0	1	110	86	261	128	135	31	2	0
	10770	Clinical Trials Reciprocl Ins Co RRG	AZ	4	1	0	3	0	0	1	0	1	0	-1	0
501	18619	Platte River Ins Co.	NE	3	26	0	0	0	0	63	13	0	20	1	0
176	25143	State Farm Fire And Cas Co	IL	2	2	0	1	0	0	0	0	0	0	0	0
244	10677	Cincinnati Ins Co	OH	0	0	0	0	0	9	9	0	0	0	0	0
3548	25674	Travelers Property Cas Co Of Amer	CT	0	0	0	0	0	55	104	0	7	18	0	0
140	23779	Nationwide Mut Fire Ins Co	OH	0	0	0	0	0	0	0	0	0	1	0	0
163	11100	Safeco Surplus	WA	0	0	0	0	0	-1	0	0	0	0	0	0

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
		Lines Ins Co													
3548	19070	Standard Fire Ins Co	CT	0	0	0	0	0	-29	109	11	-21	33	0	0
140	41297	Scottsdale Ins Co	OH	0	0	0	0	0	0	0	0	0	0	0	0
158	25534	TIG Ins Co	CA	0	0	0	0	122	-482	1,183	8	-165	27	0	0
553	41807	Royal Surplus Lines Ins Co	DE	0	0	0	0	0	-1	0	0	0	0	0	0
12	20796	AIG Premier Ins Co	PA	0	0	0	0	0	0	-1	0	0	0	0	0
163	24724	First Natl Ins Co Of Amer	WA	0	0	0	0	0	0	0	0	0	0	0	0
158	21113	United States Fire Ins Co	DE	0	0	0	0	0	2	4	0	-1	0	0	0
761	39640	Firemans Fund Ins Co Of OH	OH	0	0	0	0	0	-197	0	0	0	0	0	0
785	39020	Essex Ins Co	DE	0	35	0	-13	0	-12	33	0	-6	17	0	0
158	25445	TIG Specialty Ins Corp	CA	0	0	0	0	0	-137	17	0	-5	12	0	0
3548	24775	St Paul Guardian Ins Co	MN	0	0	0	0	0	1	0	0	0	0	0	0
961	34266	Frontier Ins Co	NY	0	0	0	0	200	0	-120	115	5	-132	0	0

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
108	27138	Kemper Cas Ins Co	IL	0	0	0	0	0	0	0	0	0	0	0	0
1129	20621	OneBeacon America Ins Co	MA	0	0	0	0	0	-121	168	0	0	7	0	52
38	20397	Vigilant Ins Co	NY	0	0	0	0	0	-43	0	0	-36	0	0	0
163	24740	Safeco Ins Co Of Amer	WA	0	0	0	0	0	0	0	0	0	0	0	0
	10808	Cassatt RRG Inc	VT	0	0	0	0	0	-362	487	0	-36	54	0	0
163	19704	American States Ins Co	IN	0	0	0	0	0	0	0	0	0	0	0	0
12	26883	American Intl Specialty Lines Ins Co	AK	0	0	0	0	0	0	0	0	0	0	0	0
553	24902	Security Ins Co Of Hartford	DE	0	0	0	0	161	185	62	42	50	21	0	-2
12	19429	Insurance Co Of The State Of PA	PA	0	0	0	0	0	0	0	0	0	0	0	0
626	22748	Pacific Employers Ins Co	PA	0	0	0	0	0	-1	12	0	-2	1	0	0
3548	25658	Travelers Ind Co	CT	0	0	0	0	366	-7	2,230	79	19	134	-2	0

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181	34916	First Specialty Ins Corp	MO	0	0	0	0	0	-473	11	1	-40	1	0	0
218	20478	National Fire Ins Co Of Hartford	IL	0	0	0	0	150	187	311	38	60	31	0	0
38	44792	Executive Risk Speciality Ins Co	CT	0	119	0	48	197	1,601	11,771	31	97	1,757	0	0
158	25496	TIG Ind Co	CA	0	0	0	0	0	-1	0	0	0	0	0	0
31	37362	General Star Ind Co	CT	0	0	0	0	0	-11	1	0	-5	0	0	0
140	23787	Nationwide Mut Ins Co	OH	0	0	0	0	0	0	1	0	0	1	0	0
3548	24767	St Paul Fire & Marine Ins Co	MN	0	0	0	0	22,324	19,942	35,350	3,441	2,405	1,469	0	0
91	30104	Hartford Underwriters Ins Co	CT	0	0	0	0	2	15	13	0	0	0	0	0
626	20702	Ace Fire Underwriters Ins Co	PA	0	0	0	0	0	-8	-39	0	-17	50	0	0
626	21121	Westchester Fire Ins Co	NY	0	0	0	0	0	0	0	0	0	0	0	0
218	35289	Continental Ins Co	PA	0	0	0	0	0	0	0	0	0	0	0	0

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Group Code	Cocode	Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves Unearned	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
91	19682	Hartford Fire In Co	CT	0	0	0	0	0	-1	0	0	-1	0	0	0
1125	39152	American Healthcare Ind Co	DE	0	0	0	0	5,370	-91	5,259	628	416	580	0	-2
181	29874	North American Specialty Ins Co	NH	0	0	0	0	670	-4,065	2,583	19	46	95	0	0
108	22918	American Motorists Ins Co	IL	0	0	0	0	0	11	11	0	5	5	0	0
1210	34231	Medical Liability Mut Ins Co	NY	0	0	0	0	0	0	2,021	32	0	471	0	2
626	20710	Century Ind Co	PA	0	0	0	0	0	0	71	3	0	6	0	0
38	20281	Federal Ins Co	IN	0	0	0	0	0	-110	0	0	-92	0	0	0
3548	42811	Gulf Underwriters Ins Co	CT	0	0	0	0	0	0	148	0	-3	5	0	0
158	21105	North River Ins Co	NJ	0	0	0	0	0	1	1	0	0	0	0	0
108	22977	Lumbermens Mut Cas Co	IL	0	0	0	0	0	-2	0	0	0	0	0	0
626	18279	Bankers Standard Ins	PA	0	0	0	0	0	0	0	0	0	0	0	0

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		Co													
3548	24791	St Paul Mercury Ins Co	MN	0	0	0	0	23	-176	5	38	-23	33	0	0
38	35181	Executive Risk Ind Inc	DE	0	0	0	0	0	596	1,708	0	43	381	0	0
212	21709	Truck Ins Exch	CA	0	0	0	0	6,985	2,502	9,495	2,707	2,457	1,450	0	0
626	22713	Insurance Co Of North Amer	PA	0	0	0	0	0	0	0	0	-2	0	0	0
3548	19038	Travelers Cas & Surety Co	CT	0	0	0	0	0	-1	229	0	-3	38	0	0
3548	43117	American Equity Ins Co	AZ	0	0	0	0	0	0	0	0	0	0	0	0
761	21849	American Automobile Ins Co	MO	-2	-2	0	0	30	-7	32	0	5	33	0	0
181	34207	Westport Ins Corp	MO	-25	39	0	0	450	-466	770	38	-117	7	-5	0
	117	Companies in Report		222,508	224,468	126	90,408	158,895	150,795	699,004	33,932	36,636	120,984	12,422	5,209

Database: DSSPROD

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03/26/2007

Connecticut Medical Malpractice Annual Report – 2007

Investment Income – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2006</u>	<u>2005</u>
ProSelect Insurance Co.	\$1,173,676	\$1,558,196
Connecticut Medical Insurance C.	\$17,395,374	\$21,094,206
MCIC Vermont, Inc. RRG	\$3,092,196	\$2,559,988
Continental Casualty Co.	\$1,525,641,797	\$1,953,360,214
Lexington Insurance Co.	\$435,188,080	\$367,410,722
York Insurance Co. of Maine	\$1,205,802	\$1,532,383
Arch Specialty Insurance Co.	\$15,482,987	\$10,598,336
American Casualty Co. of Reading, PA	\$2,682,274	\$2,900,103
Darwin Select Insurance Co.	\$950,450	\$526,419
National Union Fire Ins. Co. of Pittsburg	\$797,887,595	\$792,242,134
Zurich American Insurance Co.	\$960,068,107	\$739,872,811
Illinois Union Insurance Co.	\$6,784,017	\$6,204,353
Evanston Insurance Co.	\$94,553,126	\$77,780,235
Oms National Insurance Co. RRG	\$6,173,253	\$5,429,158
Connecticut Health Care Partners RRG	\$251,033	\$148,511

Source: National Association of Commissioners Database

Note: Investment earnings are from the companies' Annual Financial Statements, page 4, line 11 and are for all lines of business written by the company in all states.