



State of Connecticut Insurance Department

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Connecticut Medical Malpractice Annual Report

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I. Introduction

Pursuant to Section 14 of Public Act 05-275, codified as C.G.S. section 38a-395, the Connecticut Insurance Department (the “Department”) hereby submits its 2010 annual report to the General Assembly. The report summarizes the Connecticut medical malpractice liability closed claim data received by the Department for the fourth quarter of 2005 and calendar years 2006 through 2009. In addition, it provides a summary of rate filing activity for 2009, premium information by medical provider specialty for 2009 and industry calendar year experience for 2005 through 2009. Copies of prior year reports are available on the Department’s website at www.ct.gov/cid.

II. Background

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

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

III. Data Collection

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

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

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

We received data from 102 insuring entities, which included 45 admitted insurance companies, 25 surplus lines insurers, 6 risk retention groups (RRG's) and 26 hospitals or hospital groups that are either self-insured or insured with a captive. While there are still some delays in providing the closed claim information, compliance with the data submission requirements by insurers was generally good. As was the case last year, some of the risk retention groups continue to assert that the Federal Liability Risk Retention Act provides them an exemption from having to report claim data to Connecticut or any other state. Fortunately, most of the RRG's have relatively small market shares, with the exception of MCIC Vermont, Inc. (MCIC), which is now the leading writer of medical malpractice liability insurance in the state. MCIC, although continuing to assert the exemption, agreed to supply summarized claim information to the Department again this year.

The Department recently requested an opinion from Attorney General Blumenthal as to the extent to which the Department can use its regulatory authority to compel RRG's to supply this data for our analysis. Depending on the Attorney General's response, the Department may have more information to supply the legislature in future years.

Since the publication of last year's report, we have received additional closed claim data from a number of entities that were unable to meet the prior year's filing deadline. In addition, we uncovered a number of data errors as part of our reasonability checking process. As a result of these additional submissions and data corrections, there were an additional 22 claims reported as closing in calendar year 2008 that were not included in last year's report. As such, any comparisons of this year's report to last year's published report will be distorted.

IV. Description of Analysis

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

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

- **Paid indemnity:** The amount of compensation paid to a claimant or plaintiff on behalf of each defendant.
- **Allocated Loss Adjustment Expenses (ALAE):** These are expenses associated with defending the case. They are comprised of payments to defense counsel for legal services, and other expenses incurred by

the insuring entity to handle a specific claim, such as investigations or fees for expert witnesses.

In this analysis, as displayed on the reports in Appendix 1, we organized and summarized the data to reflect the types of medical malpractice claims, the age and size of these claims and the type of insurer. For purposes of this report, we define Commercial Insurer (“Commercial Insurer”) to include admitted insurers and surplus lines carriers. Also, experience for captives, RRG’s and self-insurers (captives/self-insurers) was combined. Readers of this report should keep in mind that when comparing the four years displayed in the closed claim exhibits that there is only one quarter of data in 2005 and four quarters in 2006 through 2009.

This report contains more data for our analysis as in the past (seventeen quarters). The overall statistical credibility of the data is still somewhat limited and therefore, caution should be exercised in drawing any definitive conclusions at this time. Subsequent annual reports will continue to add more data, eventually allowing trends to emerge and the opportunity for additional detail in the analysis.

Appendix 2 also includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2005 through 2009. It should be noted that the losses displayed in Report 12 are not comparable to the closed claim data provided in the reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open and the incurred losses include reserve estimates on open cases. The Appendix 1 reports include only payments on claims that have reached final closure.

In Appendix 3, we have provided annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2008 and 2009 we have displayed premium, loss, expense and investment income data individually for the top 15 insurers writing medical malpractice insurance in Connecticut. In addition, we have provided similar data for all companies combined for calendar years 2001 – 2009. These exhibits do not include data for captives or self-insurers, but do include RRG’s.

V. Limitations of Analysis

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

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

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

VI. Key Findings

While the data is limited in that it only includes claims closed in seventeen 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 reports and charts in Appendix 1.

- **Total Claims:** A total of 2,839 closed claims were reported for the seventeen quarters included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,500. Captives/self-insurers reported 1,339 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. A majority of medical malpractice claims resulted in no indemnity payments. A little over half (52%) of the claims, 1,463, had no indemnity payments, while the remainder, 1,376, closed with an indemnity payment. The total amount paid to claimants was \$850.0 million, an average of \$617,722 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages. Fewer claims were reported as closed in 2009 compared to 2008 and the average indemnity payment decreased from approximately \$608,000 in 2008 to \$545,000 in 2009.
- **Defense Counsel Payments:** Over half of the claims closed with no payments to claimants, yet 79%, or 2,242, generated legal expenses to defend the claim. These expenses totaled \$125.1 million, an average of \$55,810 per claim. Of these, 50% (1,119) were for incidents that had no payments to claimants, averaging \$40,267 for legal expenses. Legal defense costs continued to rise year over year with a significant increase from an average of approximately \$58,000 last year to \$70,000 in 2009.
- **Indemnity Payments and Size of Claims:** Claims with indemnity payments increased 30%, from 1,060 to 1,376. No one category in Report 12 saw an increase in the number of claims that was dramatically different. More than half of all claims that have an indemnity payment have a payments of less than \$200,000. But million dollar plus claims, with only 16.4% of all claim counts represent 69% of all indemnity payments, nearly \$587 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,376 claims that closed with an indemnity payment, 173 closed within one year of being reported and had an average paid indemnity of \$18,091. That average figure rose to \$279,841 for 185 claims closing in their second year, and to \$631,929 for 301 claims closing in their third year. The 205 claims that closed between 60 and 90 months from being reported averaged \$1,145,833.
- **Defense Counsel Payments and Age of Claim:** Defense counsel payments also increased with the age of claim, starting with an average of \$4,283 for claims that closed in their first year, and rising to \$14,306 and \$40,931 for claims in their second

and third years, respectively. For claims closing five or more years after being reported, the average was \$114,676.

- **Claim Outcomes:** Of the 2,839 reported claims, 1,376 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 97.6% were settled, with 93.9% settled before trial began. The remaining 1,463 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 86.7% were settled, with 83.3% of those settled before trial began.

VII. Detailed Findings

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

Claims by Insurer (Reports 1, 2 and 3)

Of the total of 2,202 claims, 1,043, or 47% had indemnity payments to a claimant at an average value of \$667,418. While Commercial Insurers reported a greater number of claims in total, captives/self-insurers actually had more claims with indemnity payments (547 to 496). This disparity occurs because captives/self-insurers had a greater proportion of their claims with indemnity payments (53% versus 42%). However, the average claim size continues to be much greater for Commercial Insurers; \$795,431 versus \$551,342 for captives/self-insurers. Slightly more claims were reported as closing in 2008 compared to 2007 and the average indemnity payment increased from approximately \$607,000 in 2007 to \$698,000 in 2008, reversing the decrease seen last year. The increase in average values was seen for both Commercial Insurers and captives/self-insurers.

Of the total 2,202 claims, approximately four out of five had payments to defense counsel. There was little difference between Commercial Insurers and captives/self-insurers in the proportion of claims with legal defense costs. For the seventeen quarters of data combined, Commercial Insurers average legal expenses were higher per claim (approximately \$55,000 versus \$49,000) than captives/self-insurers. However, for 2008 claims, captives/self-insurers showed a significant increase in average payments over 2007 and in comparison to Commercial Insurers. Legal defense costs in 2008 increased over 2007 from an average of approximately \$56,000 to \$59,000, driven entirely by the increase for captives/self-insurers.

When other ALAE are included with defense counsel payments, the total of \$111.5 million represents the amount expended to defend and investigate claims. This represents approximately 16% of the total indemnity payments and is the same percentage as in last year's report. Commercial Insurers expended a higher percentage (17.2% versus 14.5%) than captives/self-insurers. Although the other ALAE dollars expended in 2008 increased over 2007, the percentages decreased when compared to much higher indemnity payments in the most recent year.

Claims by Size (Reports 4 and 5)

Of the total 2,839 claims, 1,376 had indemnity payments. The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,376 claims, 226, or 16.4% of claims with indemnity payments, were for amounts greater than \$1 million. In 2009 we received 51 new claims that were greater than \$1 million. Indemnity payments for these claims totaled \$586.2 million, or 69% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million represented another 197 claims (14.3%) with \$142.8 million of payments. Thus, the 423 claims greater than \$500,000 represent approximately 31% of the claims, but 82% of the total paid indemnity.

On the other hand, 36% of legal defense costs are expended to defend claims where there are no indemnity payments. The distribution of the defense counsel payments by size of loss is shown on Report 5 and Chart 5-1. Legal defense costs for the \$1 million and above claims represent 24.4 % of the total. And, the average amount of defense costs per claim generally increases as the claims get larger.

Age of Claim (Report 6)

These exhibits display claims by age at the time of closing from both report date and injury date and provide the average length of time to closure. The majority of claims with indemnity payments, almost 60%, closed between two and five years of being reported. Overall, it took a little less than three and one half years from the report date to close claims with indemnity payments. The time from the date of incident to report was almost two years, which suggests claims are closed, on average, roughly five years after injury. Average payments increased as the claim aged, with claims closing after five years averaging approximately \$1.2 million per claim. The distribution of claims and payments by age can be seen on Report 6, Parts 1 and 2 and Charts 6-1 and 6-2.

The older the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within one year, 40% had defense counsel payments. For claims closing after five years, the percentage rises to 96%. 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 \$4,283 while those closing five or more years after being reported averaged \$119,992. The distribution of defense counsel payments by age of claim are displayed on Report 6, Part 3 and Chart 6-3. Report 6, Part 4 displays data from injury date to report date and Report 6, Part 5 shows data from injury date to

date of final closure. In Report 6, Part 5 we note that over 40% of claims with an indemnity payment take at least 5 years from date of injury to finally close

Severity of Injury (Report 7)

Of the 1,376 claims reported as closed with an indemnity payment, 359, or 26% were due to the death of the injured party, with average paid indemnity of \$883,200. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity of \$1,915,581, which was over three times the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 148 severe “permanent injury” claims, when combined with the death cases, comprise over 70% of the total indemnity payments. The average payments by injury type are shown on Report 7, Part 1 and Chart 7-1.

Likewise, the average legal costs associated with the 148 most serious non-death claims were significantly higher than the overall average. For those claims, 135 of which had defense counsel costs, the average was \$133,416 compared to \$74,270 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2. For claims where no indemnity payment was made, approximately 76% had defense counsel payments that averaged \$37,285. However, for the most serious non-death permanent injury claims, 91% required legal defense at an average cost of \$82,599. Details of legal costs for these claims by injury type are displayed on Report 7, Part 3 and Chart 7-3

Claims by Physician Specialty (Report 8)

These exhibits show the medical provider specialties for which claims were reported that had indemnity payments. Hospitals-General had the most claims followed by the Physicians-Other category. The majority (over 90%) of the Hospital claims were reported by the captives/self-insurers, while Commercial Insurers reported the most in the Physicians-other category.

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. For the Hospitals-General category, which had almost 50% of the claims, the average indemnity payment was \$646,430, or slightly above the overall average. The anesthesiology and gynecology/OB-GYN specialties had the highest average claim sizes over \$1.1 million. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. We note that four of the specialty areas have less than 10 claims over this seventeen month period. As additional years of data are gathered, these exhibits will become more statistically reliable.

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

Claims by Outcome (Report 9)

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

- Of the 2,839 closed claims, 52% resulted in no payment to the plaintiff. Of these, 86.7% were settled and virtually all cases were resolved either before litigation began (31.8%) or before trial (51.5%). Claims closed before a lawsuit was filed tended to be less serious and closed within approximately two and one half years of the incident date on average. Of the claims that were not settled, the average time to final resolution was 19 months longer than for settled cases.
- The remaining 48% of closed claims resulted in indemnity payments to the plaintiff. Of these, 97.6% were settled, with most of those being settled before trial. Only 33 of the 1,376 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 14% resulted in payments to the plaintiff. For cases that were settled, 51% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$590,980 with additional expenses for total ALAE of \$65,516 per claim. For cases that had court dispositions, the average payment was \$1.7 million with \$231,697 of ALAE per claim.
- The “average severity of injury rating” column measures the seriousness of the claim by averaging the severity rating (e.g., a death claim is a 9, a grave permanent claim is an 8, and so on) for the claims in each category.

Claim Reserves (Report 10)

These exhibits display combined final indemnity and all ALAE payments with the initial and final reserves for those claims. The reserve amounts represent the insurer’s best estimate at two points in time of what they believe the ultimate payment will be when the claim finally closes. A comparison of the initial reserves to the final payments shows that the first estimates were significantly understated – only 31% of the average final payment. There is little difference between the Commercial Insurers and the captives/self-insurers in the degree of understatement in initial estimates.

The final reserve amounts were much closer to the final payments. They were overstated by roughly 10%, with Commercial Insurers somewhat higher at an approximate 12% overestimate, and captives/self-insurers at 8%. While these values represent averages for all seventeen quarters of data combined, these differences in the estimates versus the final payments highlight the difficulty all insurers have in accurately assessing what the ultimate payout will be for a particular claim. This is especially true in the early stages of claim development when details related to the incident are still incomplete.

Economic and Non-Economic Damages (Report 11)

Reporting entities were asked to split the final indemnity payment into economic and non-economic damages. Economic damages are usually defined as objectively verifiable

monetary losses such as medical expenses, loss of earnings, burial costs, etc. Non-economic damages typically refer to subjective non-monetary losses such as pain, suffering, inconvenience, emotional distress, etc. For about one half of the cases, or 684, 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 71% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$580,156, or approximately 6% lower than the overall average for all claims with indemnity payments. Commercial Insurers provided the split on 62% of the claims reported and 70% of those payments were for non-economic damages. Captives/self-insurers provided the split on only 39% of reported claims and had about the same proportion allocated to non-economic damages at 73%.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings for Professional Liability

There were no rate filings received by the Department during 2009 for physicians and surgeons, hospitals, advanced practice registered nurses or physician assistants.

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

Report 12 displays calendar year earned premium and losses for 2005 through 2009 separately for Commercial Insurers, captives (including RRG's) and self-insurers. This information is compiled from data submissions provided by insuring entities that responded to the data call. As such, it includes data from captives and self insurers that are not included in the industry data in Appendix 3. It should be noted that the paid losses included in this report are not directly comparable to the amounts shown in the closed claim reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open. It should also be noted that the incurred losses in Report 12 do not include reserves for incurred but not reported (IBNR) claims.

While only five years of data has limited value in determining long term trends, we do observe that captives and self-insurers have gradually increased their share of premiums over this period of time. Correspondingly, the share of premiums for Commercial Insurers has declined steadily since 2005.

Industry Data from the NAIC (Appendix 3)

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

The first four exhibits provide historical industry premium, loss and expense experience from 2001 to 2009. Exhibit 1 displays experience for all companies combined and also includes profitability ratios from the NAIC Report on Profitability by Line by State (Profitability Report). Ratios are shown separately for underwriting profit (premiums less losses and expenses as a percent of earned premium) and profit on the insurance transaction (underwriting profit plus investment earnings less federal income taxes as a percent of earned premium). These results show that after two very bad years in 2001 and 2002, the industry was profitable through 2006; then experienced a 3.4% loss on the insurance transaction in 2007; then showed profitability again in 2008. While the NAIC profitability report is not yet available for 2009, the continued low incurred loss ratios for 2009 suggests that profitability is likely to continue in 2009.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, surplus lines companies, and risk retention groups. The reserve take downs observed last year by the surplus lines companies continue in 2009 to a smaller degree. The nine years of history generally shows much more volatile incurred loss experience for the surplus lines and risk retention groups, while licensed companies' experience is more stable, with gradual improvement over the latest five years.

Exhibits 5 and 6 provide premium, loss and expense experience for 2008 and 2009 separately for the top fifteen writers in 2009. The written premium decline that we observed last year continues in 2009. The market remains concentrated with over 90% of the premium written by the top 15 insurers. MCIC, VT, Inc., an RRG covering several hospitals in Connecticut, ProSelect Insurance Company and Connecticut Medical Insurance Company continue as the top three writers with over 70% of total direct written premium. Non-admitted carriers (i.e., surplus lines and RRG's) are writing over 40% of the business in 2009, and continue to increase their market share

In addition, we have provided Exhibit 7 which displays investment income for 2008 and 2009 for the 15 leading insurers in the state. As noted above, these companies write 90% of the statewide premium. Meaningful comparisons are limited since investment earnings are not specific to medical malpractice insurance or to policies written just in Connecticut as they are derived from all assets held by the companies. 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.

Connecticut Medical Malpractice Annual Report – 2010

Appendix 1

Closed Claim Analysis Reports

Connecticut Department of Insurance

Indemnity Payments

All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2005	208	106	102	\$60,879,766	\$574,337
2006	714	317	397	\$229,840,071	\$725,048
2007	636	300	336	\$181,992,707	\$606,642
2008	666	337	329	\$204,916,837	\$608,062
2009	615	316	299	\$172,355,955	\$545,430
Total	2839	1376	1463	\$849,985,336	\$617,722

(6)=(5)/(3)

Friday, June 04, 2010

Report 1 - Part 1

Connecticut Department of Insurance

Indemnity Payments

Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2005	105	48	57	\$37,734,786	\$786,141
2006	365	162	203	\$140,088,394	\$864,743
2007	362	150	212	\$105,179,414	\$701,196
2008	349	141	208	\$89,847,687	\$637,218
2009	319	136	183	\$58,841,929	\$432,661
Total	1500	637	863	\$431,692,210	\$677,696

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payment</i>	<i>Number of Claims without Indemnity Payment</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
2005	103	58	45	\$23,144,980	\$399,051
2006	349	155	194	\$89,751,677	\$579,043
2007	274	150	124	\$76,813,293	\$512,089
2008	317	196	121	\$115,069,150	\$587,088
2009	296	180	116	\$113,514,026	\$630,633
Total	1339	739	600	\$418,293,126	\$566,026

(6)=(5)/(3)

Friday, June 04, 2010

Report 1 - Part 3

Connecticut Department of Insurance
Defense Counsel Payments
All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2005	208	161	\$7,487,384	80	\$33,701	81	\$59,152
2006	714	591	\$26,560,157	323	\$27,741	268	\$65,671
2007	636	519	\$29,123,912	265	\$44,893	254	\$67,824
2008	666	506	\$29,254,423	238	\$45,265	268	\$68,961
2009	615	465	\$32,701,522	213	\$50,389	252	\$87,177
Total	2839	2242	\$125,127,398	1119	\$40,267	1123	\$71,299

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2005	105	89	\$3,819,601	46	\$26,765	43	\$60,195
2006	365	304	\$16,980,763	158	\$39,581	146	\$73,472
2007	362	304	\$17,833,136	167	\$44,265	137	\$76,210
2008	349	274	\$14,491,499	147	\$42,118	127	\$65,355
2009	319	248	\$11,907,051	135	\$46,197	113	\$50,181
Total	1500	1219	\$65,032,050	653	\$41,815	566	\$66,655

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i>	<i>Total Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>	<i>Number of Claims</i>	<i>Average Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2005	103	72	\$3,667,783	34	\$43,085	38	\$57,971
2006	349	287	\$9,579,394	165	\$16,403	122	\$56,335
2007	274	215	\$11,290,776	98	\$45,962	117	\$58,004
2008	317	232	\$14,762,924	91	\$50,347	141	\$72,208
2009	296	217	\$20,794,471	78	\$57,644	139	\$117,254
Total	1339	1023	\$60,095,348	466	\$38,098	557	\$76,018

(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	208	168	\$60,879,766	\$7,487,384	\$1,475,183	14.7%
2006	714	617	\$229,840,071	\$26,560,157	\$5,323,075	13.9%
2007	636	549	\$181,992,707	\$29,123,912	\$5,509,973	19.0%
2008	666	538	\$204,916,837	\$29,254,423	\$7,847,516	18.1%
2009	615	492	\$172,355,955	\$32,701,522	\$5,558,416	22.2%
Total	2839	2364	\$849,985,336	\$125,127,398	\$25,714,163	17.7%

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

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

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2005	105	90	\$37,734,786	\$3,819,601	\$1,130,143	13.1%
2006	365	322	\$140,088,394	\$16,980,763	\$4,642,696	15.4%
2007	362	324	\$105,179,414	\$17,833,136	\$4,592,021	21.3%
2008	349	292	\$89,847,687	\$14,491,499	\$4,653,299	21.3%
2009	319	270	\$58,841,929	\$11,907,051	\$4,334,302	27.6%
Total	1500	1298	\$431,692,210	\$65,032,050	\$19,352,461	19.5%

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

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

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Total Number of Closed Claims with ALAE</i>	<i>Total Indemnity Payments</i>	<i>Total Payment to Defense Counsel</i>	<i>Total Payment to Other ALAE</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
2005	103	78	\$23,144,980	\$3,667,783	\$345,040	17.3%
2006	349	295	\$89,751,677	\$9,579,394	\$680,379	11.4%
2007	274	225	\$76,813,293	\$11,290,776	\$917,952	15.9%
2008	317	246	\$115,069,150	\$14,762,924	\$3,194,217	15.6%
2009	296	222	\$113,514,026	\$20,794,471	\$1,224,114	19.4%
Total	1339	1066	\$418,293,126	\$60,095,348	\$6,361,702	15.9%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2005 - 2009 Aggregate

<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	535	38.9%	\$18,156,579	\$33,938	2.1%
\$100,000 - \$199,999	168	12.2%	\$22,821,034	\$135,839	2.7%
\$200,000 - \$299,999	99	7.2%	\$23,330,799	\$235,665	2.7%
\$300,000 - \$399,999	86	6.3%	\$28,564,775	\$332,149	3.4%
\$400,000 - \$499,999	65	4.7%	\$28,129,251	\$432,758	3.3%
\$500,000 - \$599,999	43	3.1%	\$22,095,000	\$513,837	2.6%
\$600,000 - \$699,999	34	2.5%	\$21,535,370	\$633,393	2.5%
\$700,000 - \$799,999	48	3.5%	\$35,628,218	\$742,255	4.2%
\$800,000 - \$899,999	42	3.1%	\$35,231,988	\$838,857	4.1%
\$900,000 - \$999,999	30	2.2%	\$28,289,238	\$942,975	3.3%
\$1,000,000 and Over	226	16.4%	\$586,203,084	\$2,593,819	69.0%
Total	1376	100.0%	\$849,985,336	\$617,722	100.0%

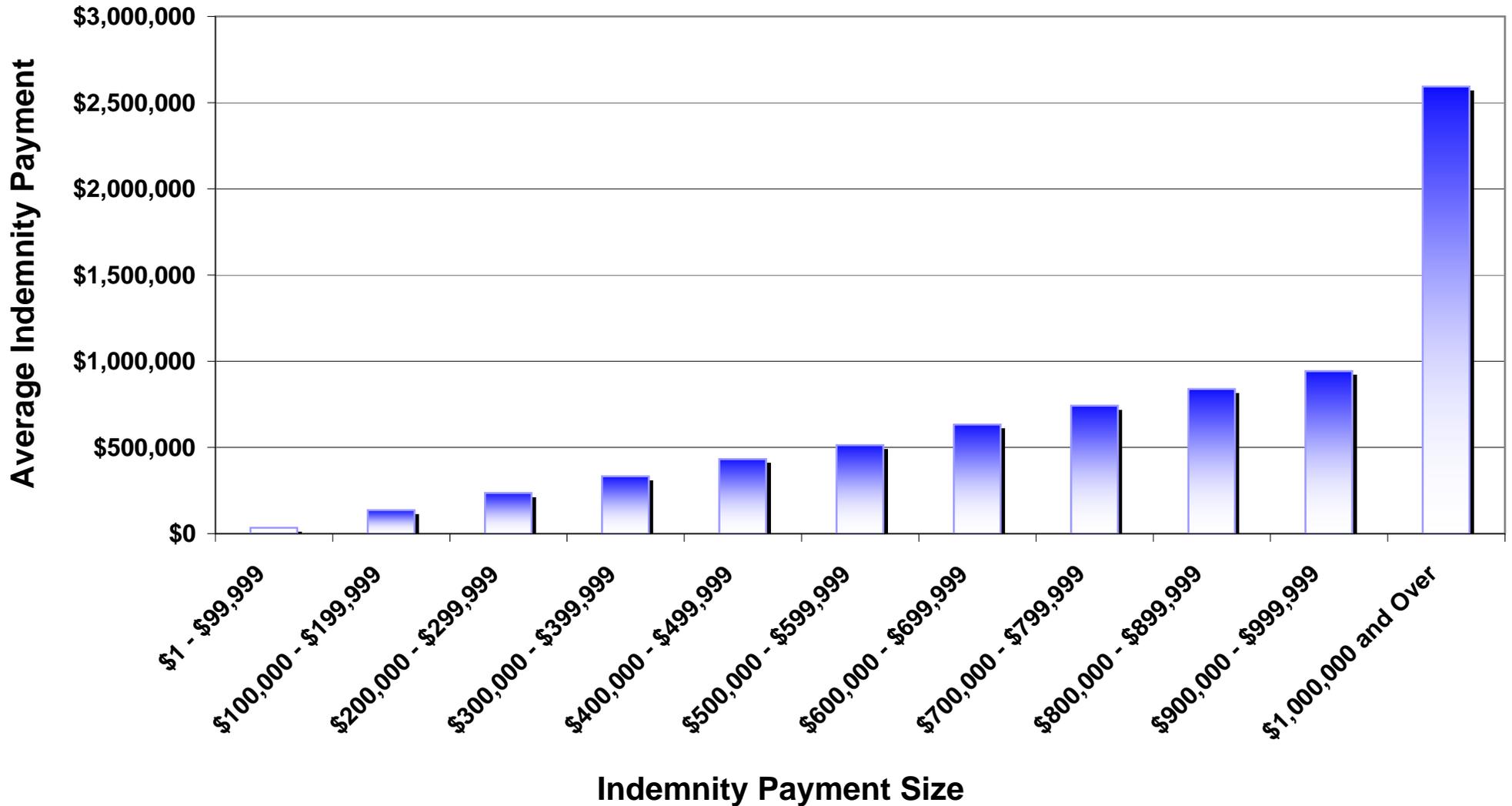
(3)=(2) for each range/(2) total

(5)=(4)/(2)

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

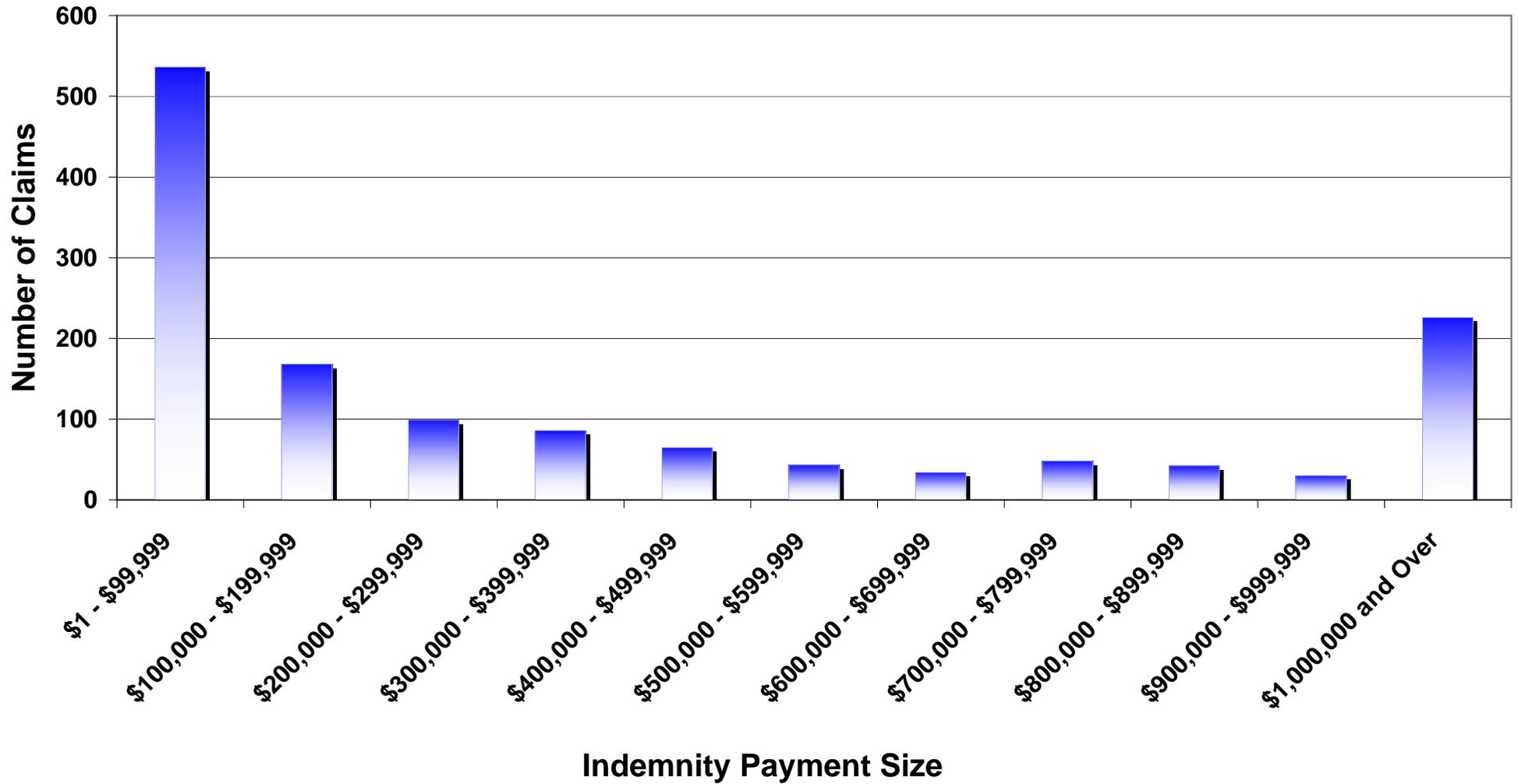
Connecticut Department of Insurance

Average Indemnity Payment by Indemnity Payment Size 2005 - 2009 Aggregate



Connecticut Department of Insurance

Number of Claims by Indemnity Payment Size 2005 - 2009 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

2005 - 2009 Aggregate

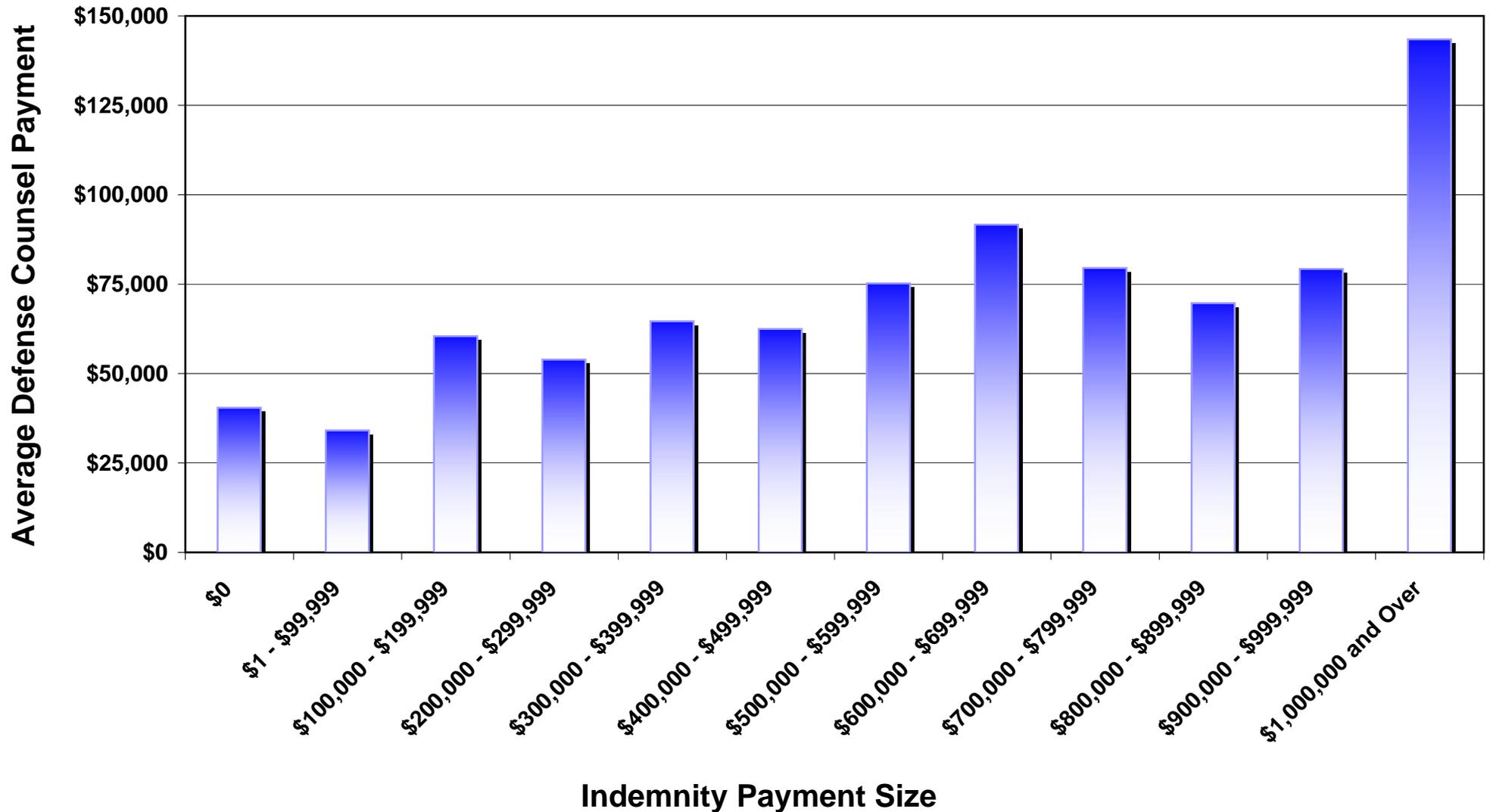
<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
\$0	1463	1119	\$45,058,839	\$40,267	36.0%
\$1 - \$99,999	535	336	\$11,458,523	\$34,103	9.2%
\$100,000 - \$199,999	168	152	\$9,192,023	\$60,474	7.3%
\$200,000 - \$299,999	99	89	\$4,795,640	\$53,884	3.8%
\$300,000 - \$399,999	86	82	\$5,296,324	\$64,589	4.2%
\$400,000 - \$499,999	65	58	\$3,623,075	\$62,467	2.9%
\$500,000 - \$599,999	43	43	\$3,234,430	\$75,219	2.6%
\$600,000 - \$699,999	34	33	\$3,023,722	\$91,628	2.4%
\$700,000 - \$799,999	48	46	\$3,658,540	\$79,533	2.9%
\$800,000 - \$899,999	42	41	\$2,856,225	\$69,664	2.3%
\$900,000 - \$999,999	30	30	\$2,377,696	\$79,257	1.9%
\$1,000,000 and Over	226	213	\$30,552,361	\$143,438	24.4%
Total	2839	2242	\$125,127,398	\$55,811	100.0%

(5)=(4)/(3)

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

Connecticut Department of Insurance

Average Payment to Defense Counsel by Indemnity Payment Size 2005 - 2009 Aggregate



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

2005 - 2009 Aggregate

<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	289	10.2%	89	6.5%	96	4.3%
6 - 12 Months	239	8.4%	84	6.1%	114	5.1%
12 - 18 Months	230	8.1%	88	6.4%	153	6.8%
18 - 24 Months	258	9.1%	97	7.0%	203	9.1%
24 - 36 Months	572	20.1%	301	21.9%	497	22.2%
36 - 60 Months	805	28.4%	477	34.7%	753	33.6%
60 - 90 Months	366	12.9%	205	14.9%	348	15.5%
90 - 120 Months	61	2.1%	26	1.9%	59	2.6%
120 Months and Over	19	0.7%	9	0.7%	19	0.8%
Total	2839	100.0%	1376	100.0%	2242	100.0%
Average Length of Claims	3.02 YEARS		3.34 YEARS		3.45 YEARS	

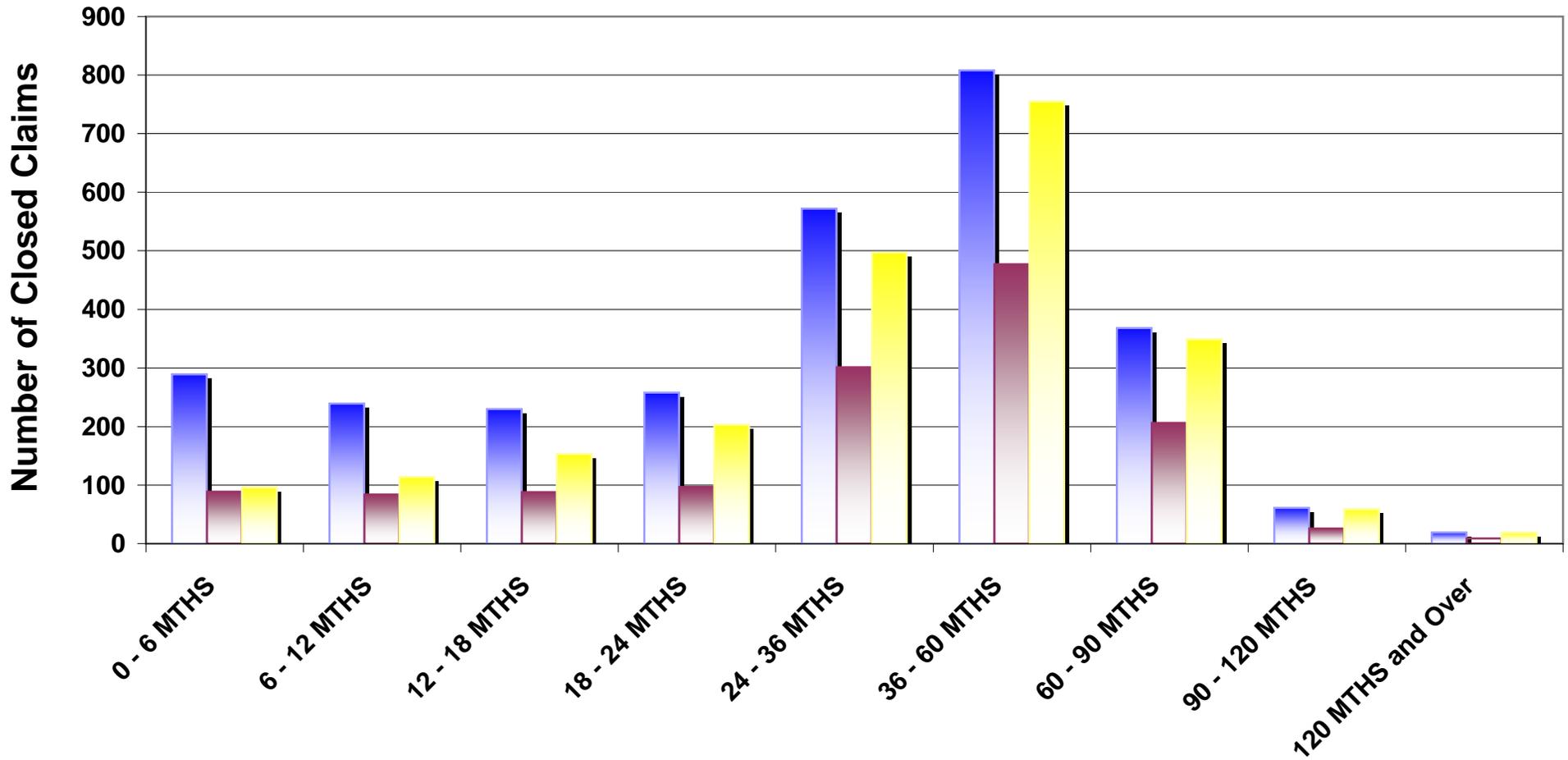
(3)=(2) for each range/(2) total

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

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

Connecticut Department of Insurance

Length of Claims From Report to Closure Date 2005 - 2009 Aggregate



Length of Claims from Report to Closure Date

■ Total Closed Claims ■ Claims With Indemnity Payment ■ Claims With Defense Counsel Payment

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

2005 - 2009 Aggregate

<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	289	89	30.8%	\$4,858,384	0.6%	\$54,589
6 - 12 Months	239	84	35.1%	\$15,571,398	1.8%	\$185,374
12 - 18 Months	230	88	38.3%	\$22,956,058	2.7%	\$260,864
18 - 24 Months	258	97	37.6%	\$28,814,534	3.4%	\$297,057
24 - 36 Months	572	301	52.6%	\$190,210,609	22.4%	\$631,929
36 - 60 Months	805	477	59.3%	\$291,509,616	34.3%	\$611,131
60 - 90 Months	366	205	56.0%	\$234,895,812	27.6%	\$1,145,833
90 - 120 Months	61	26	42.6%	\$40,985,800	4.8%	\$1,576,377
120 Months and Over	19	9	47.4%	\$20,183,125	2.4%	\$2,242,569
Total	2839	1376	48.5%	\$849,985,336	100.0%	\$617,722

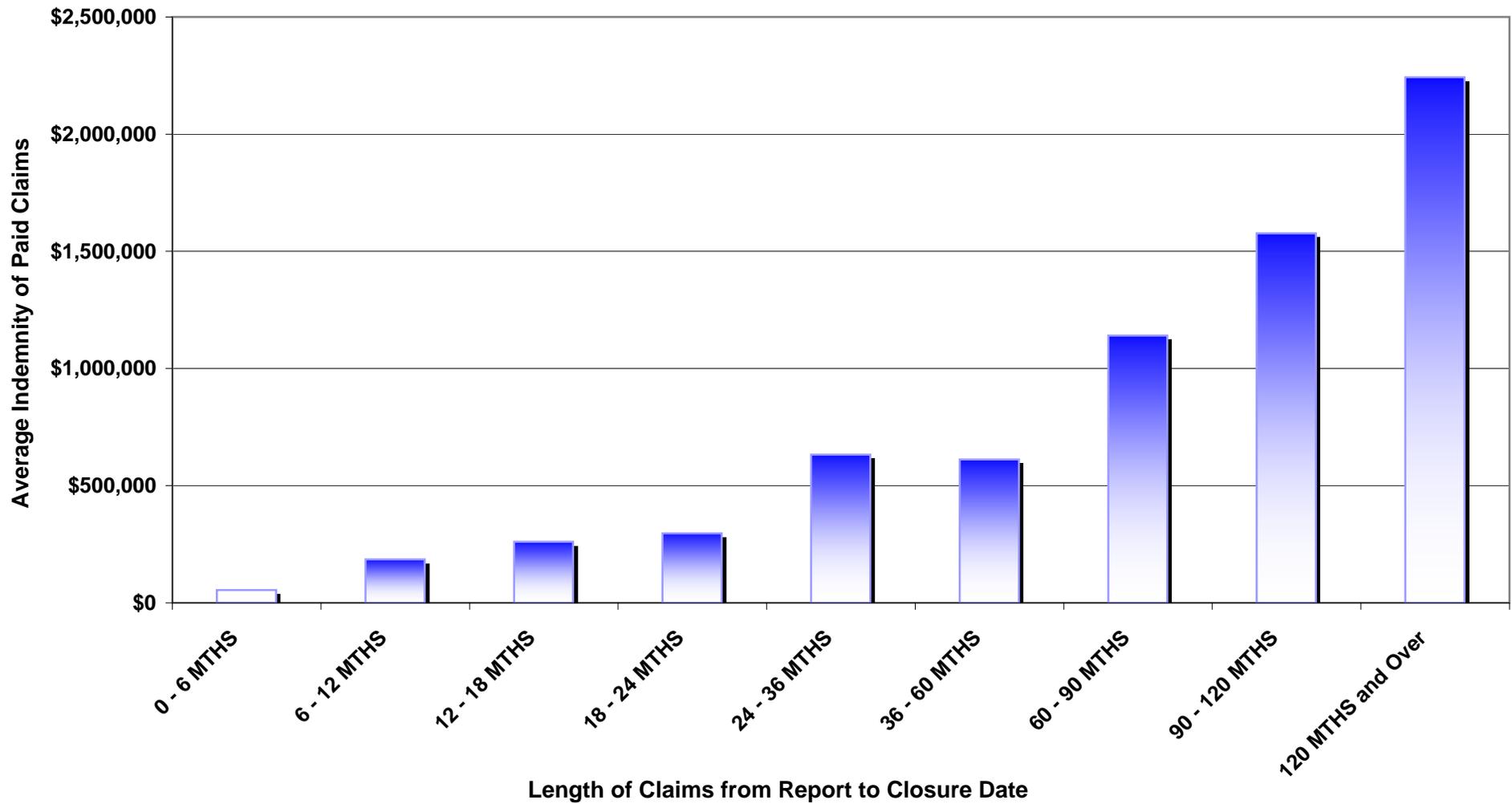
$(4)=(3)/(2)$

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

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

Connecticut Department of Insurance

Length of Claims From Report to Closure Date
Average Indemnity of Paid Claims
2005 - 2009 Aggregate



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

2005 - 2009 Aggregate

<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	289	96	33.2%	\$358,596	0.3%	\$3,735
6 - 12 Months	239	114	47.7%	\$540,927	0.4%	\$4,745
12 - 18 Months	230	153	66.5%	\$1,971,702	1.6%	\$12,887
18 - 24 Months	258	203	78.7%	\$3,121,148	2.5%	\$15,375
24 - 36 Months	572	497	86.9%	\$20,342,507	16.3%	\$40,931
36 - 60 Months	805	753	93.5%	\$49,939,889	39.9%	\$66,321
60 - 90 Months	366	348	95.1%	\$36,382,664	29.1%	\$104,548
90 - 120 Months	61	59	96.7%	\$8,436,964	6.7%	\$142,999
120 Months and Over	19	19	100.0%	\$4,033,001	3.2%	\$212,263
Total	2839	2242	79.0%	\$125,127,398	100.0%	\$55,811

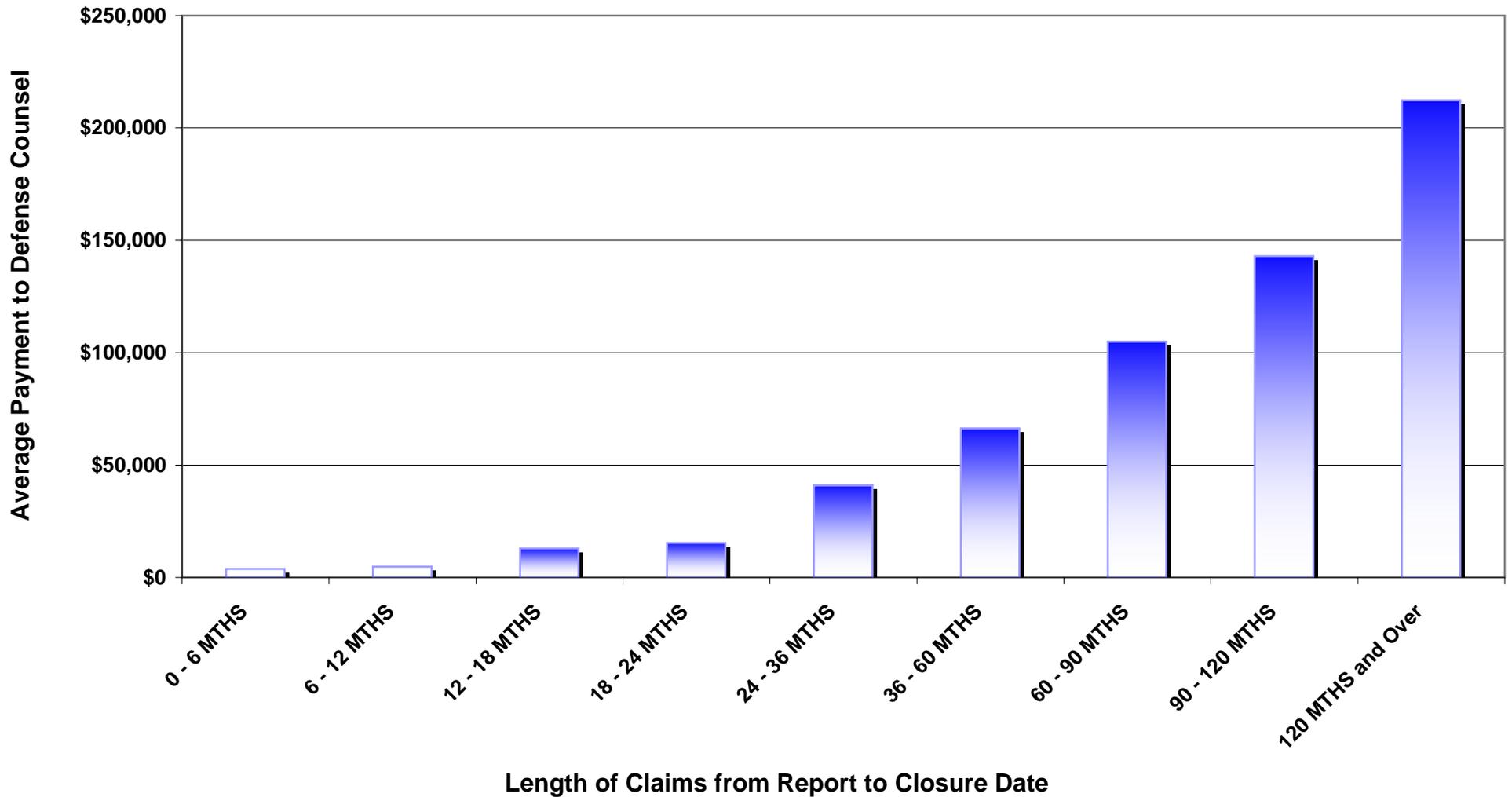
(4)=(3)/(2)

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

(7)=(5)/(3)

Connecticut Department of Insurance

Length of Claims From Report to Closure Date Average Payment to Defense Counsel 2005 - 2009 Aggregate



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

2005 - 2009 Aggregate

<i>Injury Date to Report Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 Months	940	33.1%	511	37.1%
6 - 12 Months	325	11.4%	161	11.7%
12 - 18 Months	273	9.6%	144	10.5%
18 - 24 Months	451	15.9%	210	15.3%
24 - 36 Months	631	22.2%	258	18.8%
36 - 60 Months	144	5.1%	64	4.7%
60 - 90 Months	51	1.8%	21	1.5%
90 - 120 Months	11	0.4%	4	0.3%
120 Months and Over	13	0.5%	3	0.2%
Total	2839	100.0%	1376	100.0%
Average Length of Claims	1.83 YEARS		2.04 YEARS	

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

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

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

2005 - 2009 Aggregate

<i>Injury Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
0 - 6 Months	56	2.0%	30	2.2%
6 - 12 Months	109	3.8%	51	3.7%
12 - 18 Months	130	4.6%	43	3.1%
18 - 24 Months	162	5.7%	62	4.5%
24 - 36 Months	438	15.4%	165	12.0%
36 - 60 Months	875	30.8%	470	34.2%
60 - 90 Months	783	27.6%	415	30.2%
90 - 120 Months	216	7.6%	111	8.1%
120 Months and Over	70	2.5%	29	2.1%
Total	2839	100.0%	1376	100.0%
Average Length of Claims	4.85 YEARS		5.37 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 - 2009 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	44	3.2%	\$9,626,313	\$218,780	1.1%
Insignificant Temporary	102	7.4%	\$6,523,032	\$63,951	0.8%
Minor Temporary	225	16.4%	\$18,343,969	\$81,529	2.2%
Major Temporary	154	11.2%	\$63,783,761	\$414,180	7.5%
Minor Permanent	177	12.9%	\$40,723,377	\$230,076	4.8%
Significant Permanent	167	12.1%	\$110,410,032	\$661,138	13.0%
Major Permanent	106	7.7%	\$184,286,744	\$1,738,554	21.7%
Grave Permanent	42	3.1%	\$99,219,222	\$2,362,362	11.7%
Death	359	26.1%	\$317,068,886	\$883,200	37.3%
Total	1376	100.0%	\$849,985,336	\$617,722	100.0%

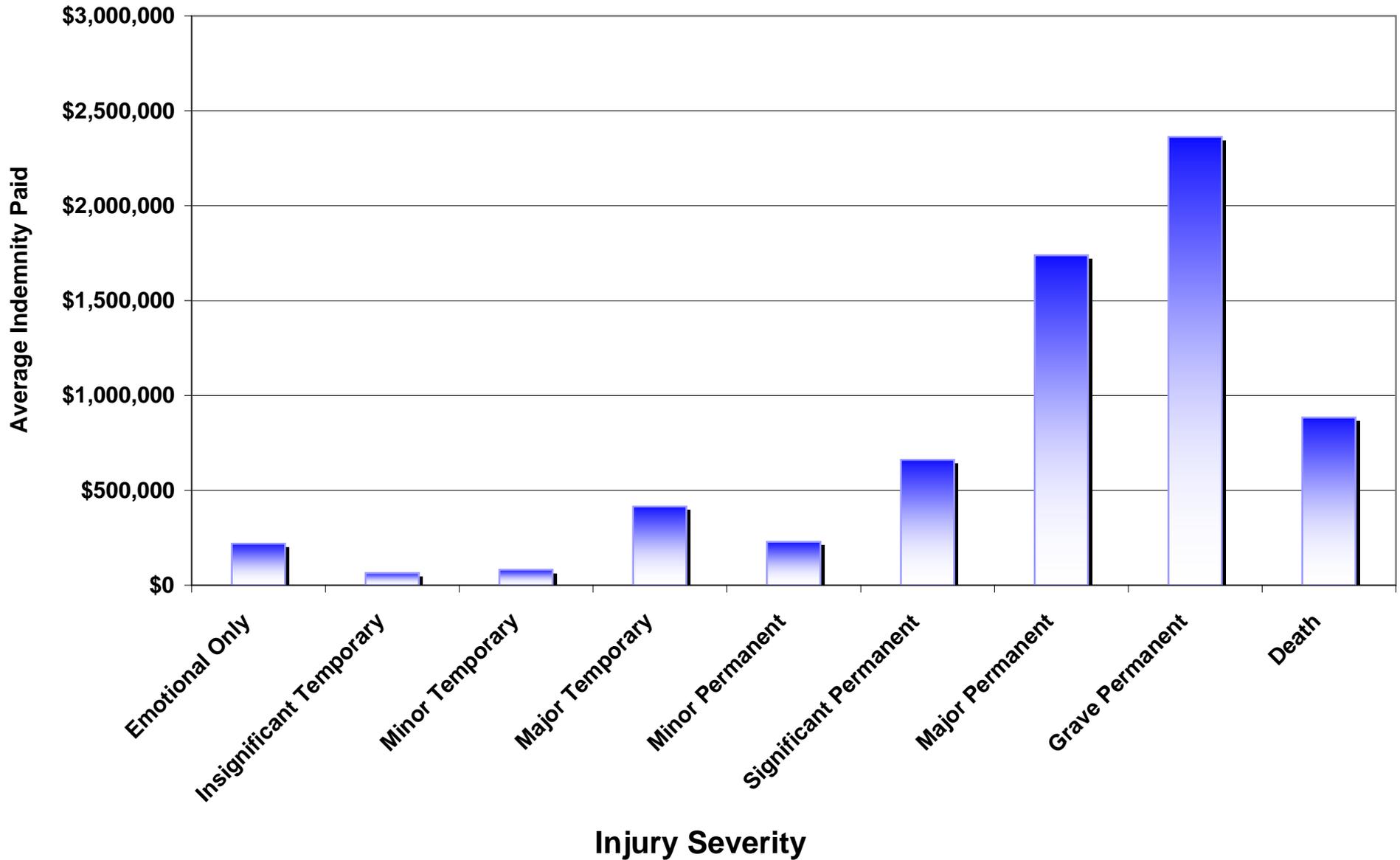
(3)=(2) for each category/(2) total

(5)=(4)/(2)

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

Connecticut Department of Insurance

Average Indemnity Paid by Severity of Injury 2005 - 2009 Aggregate



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

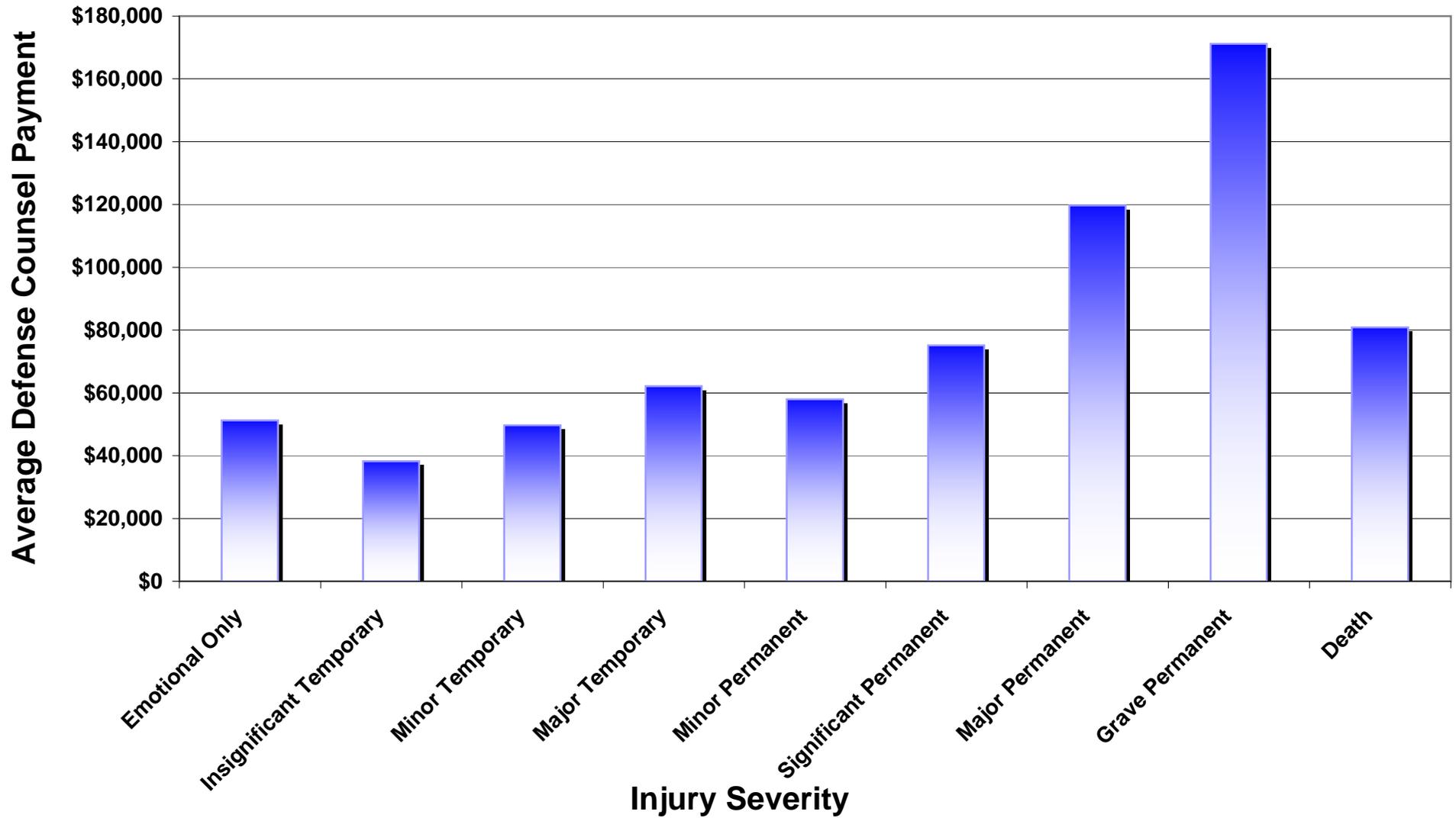
2005 - 2009 Aggregate

<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	44	33	\$1,689,440	\$51,195
Insignificant Temporary	102	62	\$2,368,660	\$38,204
Minor Temporary	225	142	\$7,052,215	\$49,663
Major Temporary	154	108	\$6,709,263	\$62,123
Minor Permanent	177	154	\$8,925,330	\$57,957
Significant Permanent	167	157	\$11,802,246	\$75,174
Major Permanent	106	99	\$11,850,184	\$119,699
Grave Permanent	42	36	\$6,161,094	\$171,142
Death	359	332	\$26,847,288	\$80,865
Total	1376	1123	\$83,405,720	\$74,270

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury Claims with Indemnity Payment 2005 - 2009 Aggregate



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

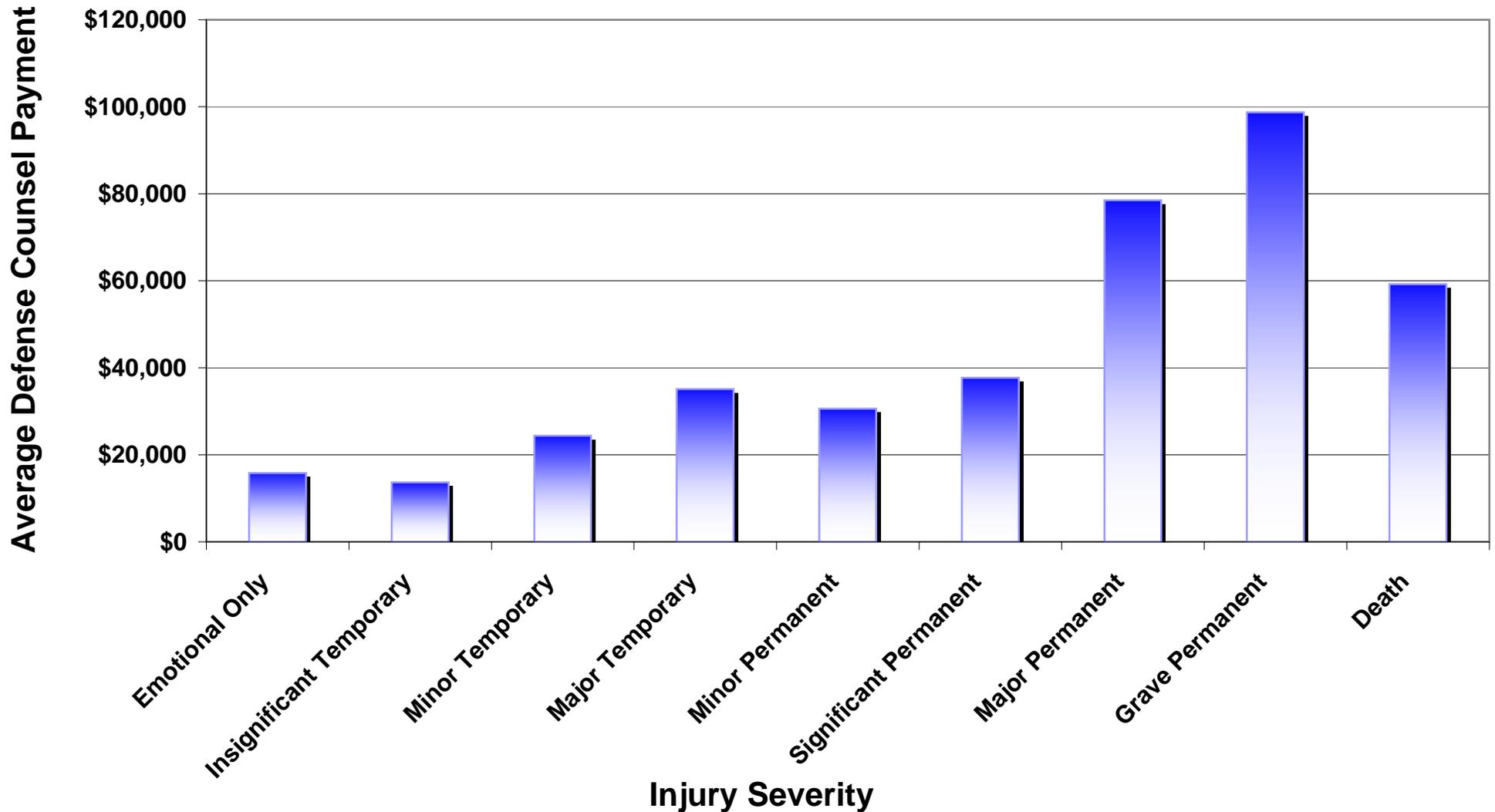
2005 - 2009 Aggregate

<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	153	113	\$1,784,291	\$15,790
Insignificant Temporary	164	110	\$1,494,252	\$13,584
Minor Temporary	338	198	\$4,828,369	\$24,386
Major Temporary	137	109	\$3,645,734	\$33,447
Minor Permanent	153	129	\$3,945,199	\$30,583
Significant Permanent	167	153	\$5,764,856	\$37,679
Major Permanent	74	71	\$5,574,076	\$78,508
Grave Permanent	24	18	\$1,777,229	\$98,735
Death	253	218	\$12,907,672	\$59,210
Total	1463	1119	\$41,721,678	\$37,285

(5)=(4)/(3)

Connecticut Department of Insurance

**Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2005 - 2009 Aggregate**



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2005 - 2009 Aggregate

<i>Medical Provider Specialty</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Anesthesiology	25	\$41,539,166	\$1,661,567	4.89%
APRN/RN	19	\$9,756,250	\$513,487	1.15%
Chiropractor	5	\$287,000	\$57,400	0.03%
Dentist	88	\$6,395,797	\$72,680	0.75%
Emergency Services/Call Center/Ambulance Service	19	\$11,305,866	\$595,046	1.33%
Freestanding Surgical Center/Rehab Hospital	8	\$1,851,500	\$231,438	0.22%
Gynecology/OB-GYN	82	\$84,282,345	\$1,027,833	9.92%
Hospital - General	640	\$413,715,200	\$646,430	48.67%
Hospital - Others	39	\$24,189,500	\$620,244	2.85%
Medical Group/Other Corporate Group Practice	30	\$20,833,916	\$694,464	2.45%
Orthopedics	37	\$13,465,098	\$363,922	1.58%
Physician - Family/Pediatric/General Practice	30	\$15,886,250	\$529,542	1.87%
Physicians - Others	290	\$177,715,396	\$612,812	20.91%
Physicians Assistant	5	\$2,652,800	\$530,560	0.31%
Psychiatry	9	\$4,102,300	\$455,811	0.48%
Radiology/Imaging Center	36	\$13,958,511	\$387,736	1.64%
Other	14	\$8,048,441	\$574,889	0.95%
Total	1376	\$849,985,336	\$617,722	100%

(4)=(3)/(2)

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

Friday, June 04, 2010

Report 8 - Part 1

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2005 - 2009 Aggregate for Claim Data

<i>Medical Provider Specialty</i>	<i>Base Premium in 2009</i>	<i>Number of Medical Providers in 2009</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
Anesthesiology	\$507,461	474	16	\$20,454,166	\$1,278,385	4.74%
APRN/RN	\$8,312,562	16865	12	\$7,511,250	\$625,938	1.74%
Chiropractor	\$1,656,128	2170	5	\$287,000	\$57,400	0.07%
Dentist	\$4,220,071	2724	88	\$6,395,797	\$72,680	1.48%
Emergency Services/Call Center/Ambulance Service	\$2,275,703	74	12	\$5,098,366	\$424,864	1.18%
Freestanding Surgical Center/Rehab Hospital	\$1,383,459	49	6	\$136,000	\$22,667	0.03%
Gynecology/OB-GYN	\$9,159,495	127	61	\$75,189,331	\$1,232,612	17.42%
Hospital - General	\$12,770,906	85	59	\$92,592,334	\$1,569,362	21.45%
Hospital - Others	\$921,611	862	14	\$11,391,500	\$813,679	2.64%
Medical Group/Other Corporate Group Practice	\$5,686,721	1632	19	\$14,350,916	\$755,311	3.32%
Orthopedics	\$1,711,104	245	32	\$12,030,098	\$375,941	2.79%
Physician - Family/Pediatric/General Practice	\$4,910,881	169	27	\$14,751,250	\$546,343	3.42%
Physicians - Others	\$31,350,772	2530	239	\$148,383,191	\$620,850	34.37%
Physicians Assistant	\$326,923	242	3	\$1,162,800	\$387,600	0.27%
Psychiatry	\$1,946,867	2748	9	\$4,102,300	\$455,811	0.95%
Radiology/Imaging Center	\$5,318,337	357	25	\$10,640,470	\$425,619	2.46%
Other	\$3,243,277	3328	10	\$7,215,441	\$721,544	1.67%
Total	\$95,702,278	34,681	637	\$431,692,210	\$677,696	100%

(6)=(5)/(4)

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

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Captives & Self Insurers

2005 - 2009 Aggregate

<i>Medical Provider Specialty</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Anesthesiology	9	\$21,085,000	\$2,342,778	5.04%
APRN/RN	7	\$2,245,000	\$320,714	0.54%
Emergency Services/Call Center/Ambulance Service	7	\$6,207,500	\$886,786	1.48%
Freestanding Surgical Center/Rehab Hospital	2	\$1,715,500	\$857,750	0.41%
Gynecology/OB-GYN	21	\$9,093,014	\$433,001	2.17%
Hospital - General	581	\$321,122,866	\$552,707	76.77%
Hospital - Others	25	\$12,798,000	\$511,920	3.06%
Medical Group/Other Corporate Group Practice	11	\$6,483,000	\$589,364	1.55%
Orthopedics	5	\$1,435,000	\$287,000	0.34%
Physician - Family/Pediatric/General Practice	3	\$1,135,000	\$378,333	0.27%
Physicians - Others	51	\$29,332,205	\$575,141	7.01%
Physicians Assistant	2	\$1,490,000	\$745,000	0.36%
Radiology/Imaging Center	11	\$3,318,041	\$301,640	0.79%
Other	4	\$833,000	\$208,250	0.20%
Total	739	\$418,293,126	\$566,026	100%

(4)=(3)/(2)

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

Friday, June 04, 2010

Report 8 - Part 3

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2005 - 2009 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	258	18.8%	9	23	4	\$117,936	\$7,216
Claims Settled Before Trial	1034	75.1%	29	74	5	\$652,856	\$74,717
Claims Settled During Trial	30	2.2%	26	78	6	\$1,538,217	\$166,725
Claims Settled After Trial	21	1.5%	21	89	6	\$2,002,808	\$184,166
Total Settled	1343	97.6%	25	64	5	\$590,980	\$65,516
Judgement for Plaintiff	29	2.1%	16	73	5	\$1,705,234	\$224,551
Judgement for Plaintiff On Appeal	4	0.3%	13	99	6	\$1,711,719	\$283,506
Total Court Dispositions	33	2.4%	16	76	5	\$1,706,020	\$231,697
Total	1376	100.0%	24	65	5	\$617,722	\$69,501
In Favor of Defendant							
Claims Closed Before Litigation	465	31.8%	11	28	3		\$4,683
Claims Closed Before Trial	753	51.5%	24	62	5		\$39,199
Claims Closed During Trial	5	0.3%	24	73	0		\$44,321
Claims Closed After Trial	45	3.1%	22	64	6		\$53,393
Total Settled	1268	86.7%	19	50	4		\$27,065
Judgement for Defendant	173	11.8%	20	65	4		\$101,314
Judgement for Defendant On Appeal	22	1.5%	22	97	7		\$152,802
Total Court Dispositions	195	13.3%	20	69	5		\$107,123
Total	1463	100.0%	20	52	4		\$37,736

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

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

Connecticut Department of Insurance

Reserves

All Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2005	208	\$20,517,931	\$98,644	\$68,757,665	\$330,566	\$69,842,333	\$335,780
2006	714	\$67,562,968	\$94,626	\$268,839,078	\$376,525	\$261,723,303	\$366,559
2007	636	\$76,135,889	\$119,711	\$253,212,935	\$398,134	\$216,626,592	\$340,608
2008	666	\$78,429,488	\$117,762	\$267,852,839	\$402,181	\$242,018,776	\$363,392
2009	615	\$68,392,207	\$111,207	\$245,905,227	\$399,846	\$210,615,893	\$342,465
Total	2839	\$311,038,483	\$109,559	\$1,104,567,744	\$389,069	\$1,000,826,897	\$352,528

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2005	105	\$13,491,095	\$128,487	\$45,466,241	\$433,012	\$42,684,530	\$406,519
2006	365	\$32,235,294	\$88,316	\$169,913,410	\$465,516	\$161,711,853	\$443,046
2007	362	\$43,951,913	\$121,414	\$147,209,509	\$406,656	\$127,604,571	\$352,499
2008	349	\$41,808,115	\$119,794	\$120,202,751	\$344,420	\$108,992,485	\$312,299
2009	319	\$29,574,817	\$92,711	\$97,645,338	\$306,098	\$75,083,282	\$235,371
Total	1500	\$161,061,234	\$107,374	\$580,437,249	\$386,958	\$516,076,721	\$344,051

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2005	103	\$7,026,836	\$68,222	\$23,291,424	\$226,130	\$27,157,803	\$263,668
2006	349	\$35,327,674	\$101,225	\$98,925,668	\$283,455	\$100,011,450	\$286,566
2007	274	\$32,183,976	\$117,460	\$106,003,426	\$386,874	\$89,022,021	\$324,898
2008	317	\$36,621,373	\$115,525	\$147,650,088	\$465,773	\$133,026,291	\$419,641
2009	296	\$38,817,390	\$131,140	\$148,259,889	\$500,878	\$135,532,611	\$457,880
Total	1339	\$149,977,249	\$112,007	\$524,130,495	\$391,434	\$484,750,176	\$362,024

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2005	32	\$5,341,400	\$743,570	\$4,597,830
2006	168	\$118,193,293	\$32,825,535	\$85,367,758
2007	130	\$92,239,119	\$38,800,975	\$53,438,144
2008	174	\$112,613,041	\$28,455,980	\$84,084,821
2009	188	\$73,081,334	\$16,202,325	\$56,879,009
Total	692	\$401,468,187	\$117,028,385	\$284,367,562

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

Connecticut Department of Insurance
Yearly Information Report
Commercial Insurers

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2005	19	\$4,341,000	\$738,570	\$3,602,430
2006	112	\$94,225,660	\$28,156,882	\$66,068,778
2007	91	\$69,791,850	\$27,235,741	\$42,556,109
2008	83	\$65,117,421	\$12,866,558	\$52,178,623
2009	96	\$39,678,375	\$13,227,651	\$26,450,724
Total	401	\$273,154,306	\$82,225,402	\$190,856,664

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

Connecticut Department of Insurance

Yearly Information Report

Captives and Self Insurers

<i>Year</i>	<i>Number of Closed Claims</i> (1)	<i>Total Indemnity Payments</i> (2)	<i>Economic Damages</i> (3)	<i>Non-Economic Damages</i> (4)
2005	13	\$1,000,400	\$5,000	\$995,400
2006	56	\$23,967,633	\$4,668,653	\$19,298,980
2007	39	\$22,447,269	\$11,565,234	\$10,882,035
2008	91	\$47,495,620	\$15,589,422	\$31,906,198
2009	92	\$33,402,959	\$2,974,674	\$30,428,285
Total	291	\$128,313,881	\$34,802,983	\$93,510,898

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

Connecticut Medical Malpractice Annual Report – 2010

Appendix 2

**Calendar Year Premium and Losses
for 2005, 2006, 2007, 2008 and 2009**

Connecticut Department of Insurance

Yearly Information Report - All Insurers

(3) and (4) include all ALAE

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

<i>Type</i> (1)	<i>Earned Premium</i> (2)	<i>Paid Losses</i> (3)	<i>Incurred Losses</i> (4)
2005			
Commercial Insurers	\$173,848,054	\$130,546,853	\$125,230,867
Captives	\$131,495,884	\$55,016,295	\$89,976,069
Self Insurers	\$28,247,020	\$22,140,731	\$30,131,098
Totals	\$333,590,958	\$207,703,879	\$245,338,034
2006			
Commercial Insurers	\$168,694,762	\$134,152,740	\$117,357,537
Captives	\$127,381,279	\$74,023,759	\$134,915,087
Self Insurers	\$26,811,080	\$25,618,694	\$19,192,267
Totals	\$322,887,121	\$233,795,193	\$271,464,891
2007			
Commercial Insurers	\$148,312,080	\$123,188,803	\$150,329,334
Captives	\$131,640,684	\$81,433,554	\$172,354,695
Self Insurers	\$33,796,526	\$30,424,981	\$34,299,362
Totals	\$313,749,290	\$235,047,338	\$356,983,391
2008			
Commercial Insurers	\$133,552,209	\$106,600,335	\$79,073,318
Captives	\$170,661,416	\$188,914,211	\$186,343,097
Self Insurers	\$35,916,119	\$20,446,873	\$36,061,111
Totals	\$340,129,744	\$315,961,419	\$301,477,526
2009			
Commercial Insurers	\$124,570,314	\$76,150,750	\$68,061,425
Captives	\$185,896,655	\$102,212,864	\$147,535,382
Self Insurers	\$47,554,582	\$15,978,104	\$15,384,247
Totals	\$358,021,551	\$194,341,718	\$230,981,054

Connecticut Medical Malpractice Annual Report – 2010

Appendix 3

Insurance Industry Financial Data

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2001	\$129,792,918	\$138,799,513	\$120,543,321	\$185,544,402	16,775,442	\$4,261,106	\$8,119,990	\$2,958,373
2002	\$158,923,275	\$132,707,944	\$173,876,942	\$209,323,420	42,218,183	\$2,216,693	\$9,906,005	\$4,097,027
2003	\$225,338,363	\$146,144,629	\$211,487,853	\$147,817,730	32,149,585	\$118,651	\$12,065,957	\$4,211,801
2004	\$225,677,066	\$121,984,350	\$221,117,278	\$125,938,599	32,199,115	\$90,253	\$12,206,430	\$5,634,756
2005	\$246,228,681	\$159,021,753	\$229,590,170	\$184,177,257	45,409,315	\$113,153	\$13,173,602	\$5,341,091
2006	\$222,510,593	\$158,896,289	\$224,464,853	\$150,796,675	36,634,700	\$125,823	\$12,424,585	\$5,211,385
2007	\$214,716,085	\$132,509,436	\$217,533,314	\$205,503,250	31,810,332	\$162,344	\$12,176,027	\$4,856,024
2008	\$213,015,705	\$160,376,736	\$211,548,606	\$77,779,627	27,348,583	\$328,355	\$13,496,213	\$5,141,297
2009	\$206,157,206	\$115,546,502	\$207,188,884	\$84,839,952	\$22,547,098	\$128,361	\$12,153,011	\$5,067,269

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

Year	Data from the Connecticut State Page of the Financial Annual Statement			Figures reported in the NAIC Profitability Report*	
	Loss Ratio	Defense and Adjustment Costs	Other Underwriting Expenses	Underwriting Profit	Profit on Insurance Transactions
2001	154%	14%	13%	-99%	-36%
2002	120%	24%	9%	-70%	-30%
2003	70%	15%	8%	-4%	13%
2004	57%	15%	8%	10%	22%
2005	80%	20%	8%	-22%	2%
2006	67%	16%	8%	-6%	14%
2007	94%	15%	8%	-32%	-3%
2008	37%	13%	9%	28%	27%
2009	41%	11%	8%	N/A	N/A

National Association of Insurance Commissioners, Report on Profitability by Line by State, annual volumes from 2001 to 2008

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2001	\$102,203,863	\$116,705,913	\$96,074,631	\$167,127,968	\$14,133,321	\$4,189,153	\$7,496,316	\$2,055,478
2002	\$100,606,998	\$114,478,127	\$124,680,010	\$170,591,337	\$36,621,231	\$2,154,157	\$8,084,634	\$2,693,448
2003	\$145,811,076	\$124,412,206	\$133,801,254	\$89,447,672	\$25,358,115	\$89,815	\$9,662,682	\$2,019,794
2004	\$142,253,757	\$95,141,353	\$137,856,539	\$62,876,139	\$24,593,405	\$90,253	\$9,295,362	\$3,316,909
2005	\$155,003,949	\$124,234,485	\$139,755,089	\$136,528,617	\$29,998,072	\$91,114	\$9,517,858	\$3,045,353
2006	\$141,517,805	\$110,579,655	\$138,556,070	\$82,579,837	\$22,485,021	\$116,678	\$9,026,596	\$2,988,358
2007	\$136,304,980	\$102,340,760	\$138,626,587	\$77,001,029	\$18,711,509	\$121,094	\$8,783,019	\$2,638,930
2008	\$127,186,309	\$91,508,513	\$126,733,484	\$58,231,375	\$17,293,530	\$273,483	\$8,564,244	\$2,634,577
2009	\$118,636,760	\$68,574,283	\$119,417,586	\$32,252,965	\$11,523,245	\$110,905	\$8,944,414	\$2,446,272

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2001	121%	174%	15%	14%
2002	92%	137%	29%	10%
2003	93%	67%	19%	9%
2004	69%	46%	18%	9%
2005	89%	98%	21%	9%
2006	80%	60%	16%	9%
2007	74%	56%	13%	8%
2008	72%	46%	14%	9%
2009	57%	27%	10%	10%

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

Year	Premium Written	Losses Paid	Premium Earned	Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
2001	\$4,724,927	\$1,531,715	\$2,563,077	\$2,685,845	\$629,592	\$0	\$418,853	-\$3,588
2002	\$24,756,805	\$758,377	\$14,734,326	\$5,944,449	\$361,480	\$0	\$1,608,965	\$13,103
2003	\$26,472,803	\$3,156,176	\$25,296,200	\$18,012,614	\$321,855	\$0	\$2,213,466	\$60,419
2004	\$30,958,196	\$685,253	\$31,062,193	\$20,583,862	\$496,643	\$0	\$2,655,036	\$192,741
2005	\$31,552,309	\$6,935,097	\$30,192,820	\$7,133,211	\$1,076,737	\$0	\$2,923,656	\$21,744
2006	\$25,909,996	\$10,136,295	\$30,880,271	\$9,802,776	\$1,011,542	\$0	\$2,774,046	\$31,738
2007	\$24,669,595	\$10,520,658	\$25,024,091	\$33,995,155	\$1,056,897	\$0	\$3,050,999	\$25,740
2008	\$26,344,811	\$9,527,851	\$25,421,354	-\$8,395,964	-\$241,409	\$0	\$4,717,441	\$65,346
2009	\$24,558,850	\$6,851,389	\$24,772,184	-\$193,689	\$1,934,504	\$0	\$2,972,581	\$56,217

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2001	60%	105%	25%	16%
2002	5%	40%	2%	11%
2003	12%	71%	1%	9%
2004	2%	66%	2%	9%
2005	23%	24%	4%	10%
2006	33%	32%	3%	9%
2007	42%	136%	4%	12%
2008	37%	-33%	-1%	19%
2009	28%	-1%	8%	12%

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2001	\$22,054,908	\$20,490,885	\$21,018,780	\$18,117,976	\$2,796,751	\$4,262	\$178,167	\$895,916
2002	\$32,709,583	\$17,253,190	\$32,482,502	\$31,441,935	\$4,672,888	\$1,956	\$180,778	\$1,353,652
2003	\$52,099,965	\$16,796,247	\$51,589,852	\$40,776,538	\$4,003,049	\$0	\$192,793	\$2,109,115
2004	\$52,465,113	\$26,157,744	\$52,196,636	\$42,503,573	\$4,969,287	\$0	\$256,032	\$2,125,106
2005	\$58,474,126	\$27,827,171	\$58,658,635	\$40,879,290	\$12,905,635	\$22,039	\$433,616	\$2,273,994
2006	\$53,925,316	\$38,178,304	\$53,823,549	\$58,301,534	\$11,932,387	\$9,145	\$439,875	\$2,144,990
2007	\$52,888,440	\$19,583,863	\$52,897,231	\$93,982,654	\$6,314,655	\$41,250	\$210,929	\$2,157,003
2008	\$59,484,585	\$59,340,372	\$59,393,768	\$27,944,216	\$10,296,462	\$54,872	\$214,528	\$2,441,374
2009	\$62,961,596	\$40,120,830	\$62,999,114	\$49,780,676	\$9,089,349	\$17,456	\$236,016	\$2,564,780

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2001	97%	86%	13%	5%
2002	53%	97%	14%	5%
2003	33%	79%	8%	4%
2004	50%	81%	10%	5%
2005	47%	70%	22%	5%
2006	71%	108%	22%	5%
2007	37%	178%	12%	5%
2008	100%	47%	17%	5%
2009	64%	79%	14%	4%

Top 15 in 2009 Direct Premiums Written

Company Name	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
MCIC VT Inc RRG	57,653,607	57,653,607	0	0	39,401,295	47,284,456	190,974,989	8,747,243	7,816,575	14,670,953	52,328	2,355,131
Proselect Ins Co	52,170,928	52,416,757	0	26,861,225	21,653,298	15,347,767	102,003,796	7,729,456	-2,271,334	31,739,096	4,633,352	1,198,972
Connecticut Medical Ins Co	35,359,956	35,358,088	0	40,000,000	15,071,413	-2,624,658	197,176,431	5,308,769	5,425,468	24,969,756	769,531	677,617
Continental Cas Co	13,361,979	13,378,459	0	1,152,278	13,622,775	8,605,179	45,983,888	4,292,472	3,218,348	2,072,616	405,504	232,523
Darwin Select Ins Co	5,931,867	5,517,663	0	3,133,919	635,000	721,509	3,888,732	166,383	411,581	1,898,575	1,830,674	0
Lexington Ins Co	3,238,972	3,823,878	0	2,004,863	5,106,133	3,778,952	13,808,783	571,877	281,270	1,829,666	259,255	6,409
American Cas Co Of Reading PA	3,041,089	3,017,548	0	1,256,888	1,058,718	181,160	3,083,166	195,396	171,773	1,876,812	1,184,021	49,656
National Union Fire Ins Co Of Pitts	2,806,812	2,832,078	0	1,391,495	1,446,901	1,630,041	4,230,843	630,083	714,111	844,784	585,458	52,935
Homeland Ins Co of NY	2,250,517	746,282	0	1,504,235	0	248,470	248,470	0	2,165	2,165	321,828	0
Medical Protective Co	2,190,112	2,461,715	0	848,105	2,610,000	5,491,000	17,758,000	1,165,834	1,518,286	2,100,456	184,782	18,197
Evanston Ins Co	2,183,182	1,952,203	0	-124,671	58,223	2,483,329	4,443,296	108,214	897,657	1,053,132	-814,720	43
Fortress Ins Co	1,919,914	2,001,971	0	972,879	523,500	741,944	1,624,184	228,653	437,259	2,020,388	262,371	37,395
Steadfast Ins Co	1,647,607	1,687,251	0	831,017	0	-2,249,099	2,701,456	4,011	73,645	298,611	113,397	0
Preferred Physicians Medical RRG	1,478,615	1,493,819	0	65,949	0	1,123,081	3,237,071	87,913	624,709	1,050,968	0	59,145
Oms Natl Ins Co Rrg	1,440,481	1,565,541	0	874,955	200,000	24,898	1,538,346	250,550	79,982	2,859,969	83,817	57,619

Top 15 Total

186,675,638 = 90.6% of total 2008 Direct Premiums Written of \$206,157,206

Top 15 in 2008 Direct Premiums Written

	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
MCIC VT Inc RRG	54,256,585	54,256,585	0	0	56,659,086	25,352,820	183,091,829	7,733,918	9,432,016	15,601,621	49,279	2,234,826
Proselect Ins Co	52,217,513	52,551,578	0	27,297,053	25,656,246	15,243,685	108,309,327	7,392,088	7,230,257	41,739,887	4,589,380	1,252,437
Connecticut Medical Ins Co	42,610,675	42,607,663	0	40,000,000	33,786,000	15,042,408	212,755,502	5,826,248	6,310,656	25,344,992	643,947	799,300
Continental Cas Co	14,025,838	14,188,732	0	1,168,759	11,155,127	25,648,427	51,001,485	2,918,593	-140,870	3,146,740	268,364	327,313
Darwin Select Ins Co	6,415,746	4,811,867	0	2,719,715	950,000	2,669,027	3,802,224	180,350	761,265	1,653,377	1,759,897	0
York Ins Co of ME	4,694,012	4,603,691	0	2,260,234	-434,882	7,109	4,714,818	43,906	50,829	81,710	611,387	0
Lexington Ins Co	4,009,965	5,201,773	0	2,589,769	1,286,118	-4,736,085	15,135,963	683,859	362,618	2,120,273	347,448	-2,099
American Cas Co Of Reading PA	2,950,581	2,983,331	0	1,233,347	49,205	2,201,777	3,960,724	318,942	991,409	1,900,436	1,152,266	27,253
National Union Fire Ins Co Of Pitts	2,634,835	2,232,631	0	1,416,761	2,529,452	2,166,526	4,047,704	575,464	613,227	760,757	517,313	96,827
Medical Protective Co	2,616,602	1,971,448	0	1,119,708	1,300,000	-251,000	14,877,000	1,097,088	769,410	1,748,004	210,419	33,708
Arch Speciaity Ins Co	2,114,165	2,256,606	0	380,568	4,069,871	893,003	6,310,435	46,361	-502,042	1,515,022	152,915	20
Fortress Ins Co	1,791,848	1,686,655	0	1,054,936	121,850	363,827	1,405,740	231,208	162,370	1,811,781	207,084	32,168
Steadfast Ins Co	1,717,380	1,465,948	0	870,661	75,000	2,932,174	4,950,555	75,685	93,531	228,977	129,954	0
Preferred Physicians Medical RRG	1,580,853	1,569,919	0	81,517	1,515,000	1,309,454	2,113,990	111,366	80,694	514,172	0	63,314
Oms Natl Ins Co Rrg	1,550,659	1,540,867	0	1,000,015	62,500	339,749	1,713,448	82,482	210,574	3,030,537	90,144	62,026

Top 15 Total 195,187,257 = 91.6% of total 2008 Direct Premiums Written of \$213,015,705

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Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2009</u>	<u>2008</u>
MCIC VT Inc RRG	\$1,014,947	\$1,242,503
Proselect Ins Co	\$798,923	\$1,054,286
Connecticut Medical Ins Co	\$17,421,716	\$14,359,378
Continental Cas Co	\$935,960,332	\$1,408,833,153
Darwin Select Ins Co	\$2,386,968	\$2,145,564
Lexington Ins Co	\$490,269,443	\$240,260,560
American Cas Co Of Reading PA	\$6,037,939	\$10,013,948
National Union Fire Ins Co Of Pitts	\$1,580,498,644	\$1,474,600,595
Homeland Ins Co of NY	\$16,496,551	-\$12,695,025
Medical Protective Co	\$84,262,716	\$64,173,003
Evanston Ins Co	\$52,235,918	\$44,978,918
Fortress Ins Co	\$1,856,912	\$1,042,893
Steadfast Ins Co	\$32,694,921	\$35,354,086
Preferred Physicians Medical RRG	\$5,335,383	\$3,834,401
Oms Natl Ins Co Rrg	\$9,659,655	\$3,803,878

Source: National Association of Insurance Commissioners Database

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

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Appendix 4

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



Substitute Senate Bill No. 249

Public Act No. 07-25

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

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

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

(a) As used in this section:

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

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

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

Substitute Senate Bill No. 249

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

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

(c) The closed claim report shall include:

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

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

Substitute Senate Bill No. 249

with the insurer to release the required information.

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

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

Substitute Senate Bill No. 249

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

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

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

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

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

Substitute Senate Bill No. 249

the claimant and practitioner have been removed.

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

Approved May 18, 2007

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Appendix 5

Medical Malpractice Closed Claim Data Collection Application Users Guide

Connecticut Medical Malpractice Annual Report – 2010

Appendix 5

Medical Malpractice Closed Claim Data Collection Application Users Guide

Medical Malpractice Online Reporting Tool Instruction

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

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

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

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

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

Click here to start:

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

To Bookmark this page:

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

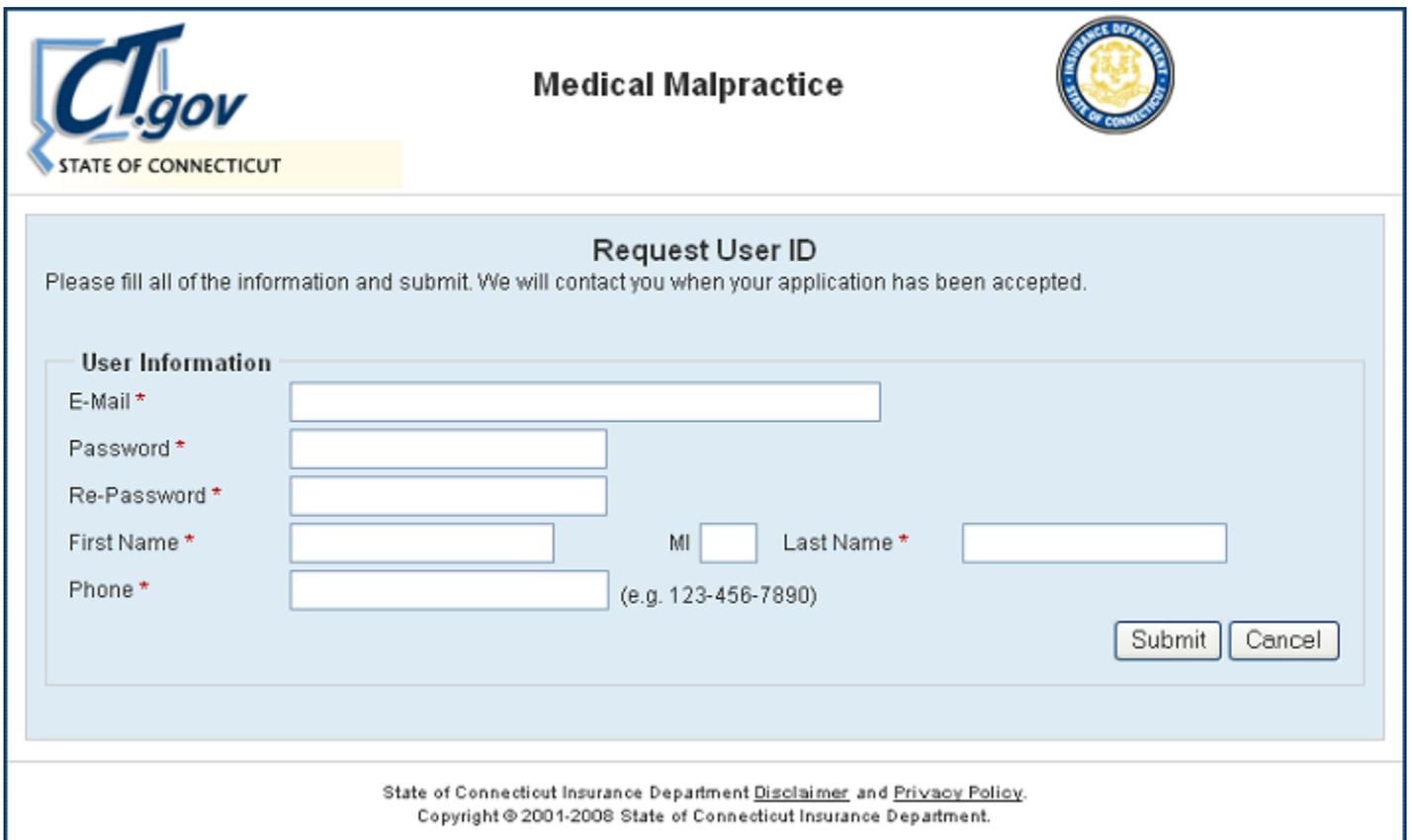
Request a User ID

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



The screenshot shows the top of a web page for the State of Connecticut Insurance Department. On the left is the CT.gov logo with the text 'STATE OF CONNECTICUT'. In the center is the title 'Medical Malpractice'. On the right is the official seal of the Insurance Department. Below the header is a light blue box titled 'Login'. Inside this box are two input fields for 'Email *' and 'Password *', a 'Login' button, and a link for 'Request a User ID'. At the bottom of the page, there is a disclaimer: 'State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department.'

2. Enter the User Information



The screenshot shows the 'Request User ID' page. It features the same header as the previous page. The main content area is a light blue box titled 'Request User ID' with the instruction: 'Please fill all of the information and submit. We will contact you when your application has been accepted.' Below this is a 'User Information' section with several input fields: 'E-Mail *', 'Password *', 'Re-Password *', 'First Name *', 'MI' (with a dropdown arrow), 'Last Name *', and 'Phone *' (with the example '(e.g. 123-456-7890)'). There are 'Submit' and 'Cancel' buttons at the bottom right. The same disclaimer as the previous page is at the bottom.

3. Enter the Company Information

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

Request a Company

Please enter the information of the company to register

Business Type *

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

Name of Self-Insured *

What Information do you require to access?

Yearly Information Closed Claims

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

Yes No

Contact person for questions regarding data

First Name * MI Last Name *

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

E-mail *

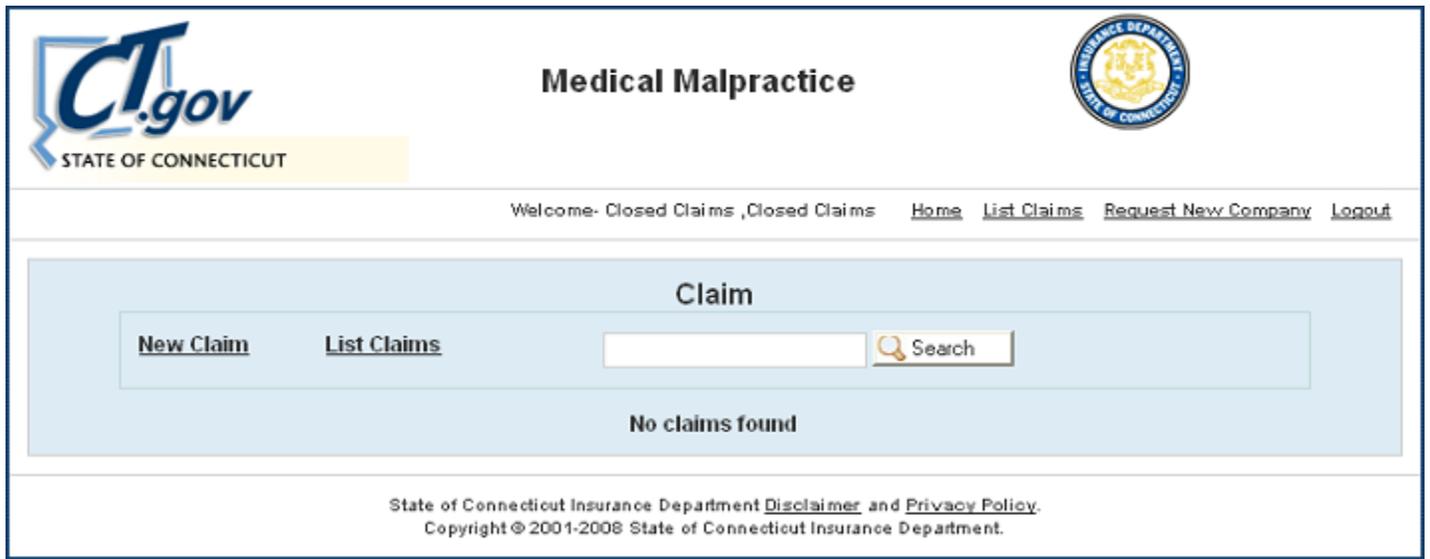
4. Add another Company or Finish – This option is for the Third Party Administrator who will be responsible to submit data for more than one company. You can add another company now or you can wait until any other time. Click “Finish User Registration” and you will be brought back to the Login Page.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



The screenshot shows a web page for the State of Connecticut Insurance Department. The page title is "Medical Malpractice". In the top left corner, there is a logo for "CT.gov STATE OF CONNECTICUT". In the top right corner, there is the official seal of the Insurance Department of the State of Connecticut. The main content area is a light blue box with the heading "What do you want to do now?". Below this heading are two buttons: "Add New Company" and "Finish User Registration". At the bottom of the page, there is a footer with the text: "State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#). Copyright © 2001-2008 State of Connecticut Insurance Department."

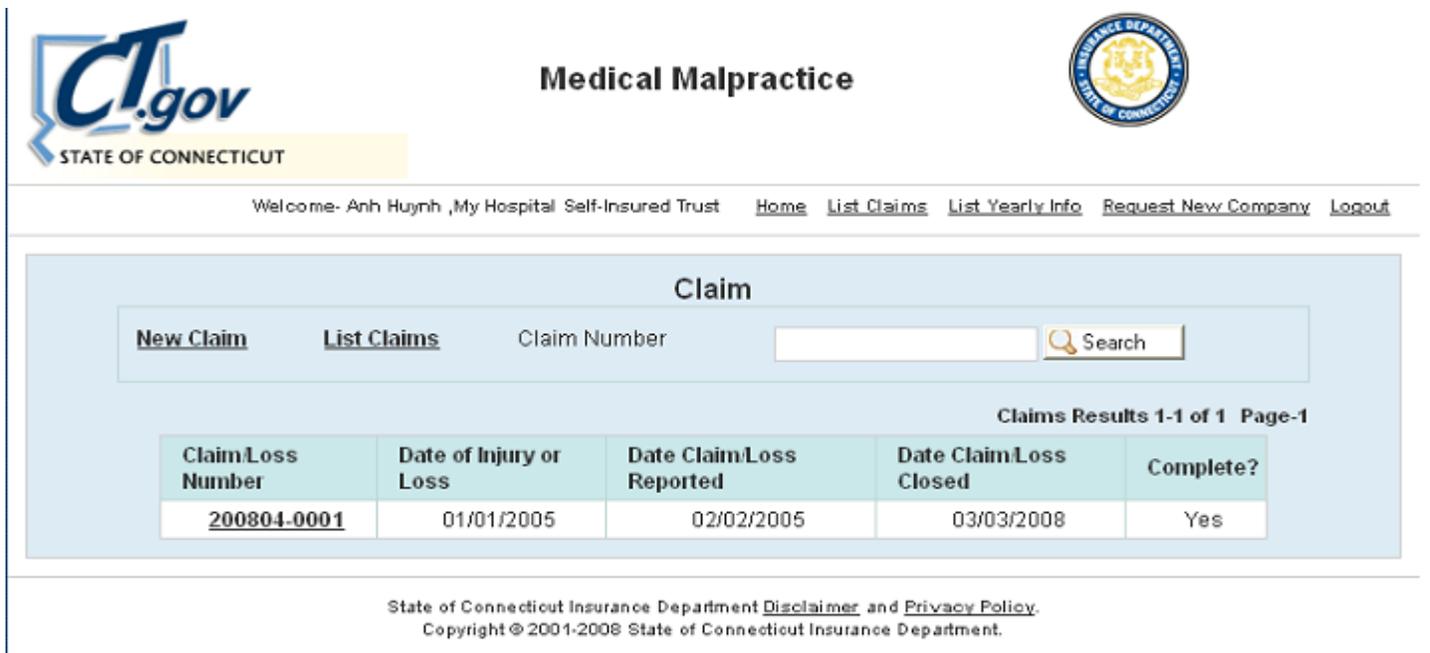
Closed Claim reporting

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



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

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



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

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

At the bottom, there is a footer with 'State of Connecticut Insurance Department Disclaimer and Privacy Policy' and 'Copyright © 2001-2008 State of Connecticut Insurance Department.'

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

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

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

Injured Party Information

Claim Details

Claim/Loss Number *	<input type="text"/>
County where claim incident occurred *	<input type="text" value="--Select County--"/>
Date of Injury or Loss *	<input type="text"/>
Date Claim/Loss Reported *	<input type="text"/>
Date Claim/Loss Closed *	<input type="text"/>

Injured Person Details

First Name *	<input type="text"/>	Middle Name	<input type="text"/>	Last Name *	<input type="text"/>
<input type="radio"/> Date Of Birth	<input checked="" type="radio"/> Age Group	Age Group *	<input type="text" value="--Select AgeGroup--"/>		
Gender *	<input type="radio"/> Male <input type="radio"/> Female				

Injury Details

Name of institution where loss/injury occurred *	<input type="text"/>			
Type of Location where loss/injury occurred *	<input type="text" value="--Select Location--"/>			
Act or Omission Type *	<input type="text" value="--Select Act/Omission Type--"/>			
Act or Omission Description *	<input type="text" value="--Select Act/Omission Desc--"/>			
Severity rating(NAIC) *	<input type="text" value="--Select Severity--"/>			
Attorney *	<input type="text"/>	and/or	Attorneys Law Firm *	<input type="text"/>

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

Insured/Entity Details
Name of Entity *
Address1 *
Address2
City *
State *
Zip Code *
Policy Number *
Specialty *
Insured Policy Limits *

Initial Indemnity and Expense Reserve *
Final Indemnity and Expense Reserve *
Loss Adjustment Expenses paid to Defense Counsel *
All Other Allocated Loss Adjustment Expenses Paid *
Close Date 

Is Insured/Entity * Primary Excess
Occurrence/Claim * Occurrence Claim-Made

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

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

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

The screenshot shows a form titled "Judgment/Settlement Information". It is divided into two sections: "Outcome Information" and "Trial Information".

Outcome Information

- Judgment Settlement Withdrawn Abandon
- Were Other Companies Involved * No Yes

Trial Information

- Judgment by Jury Judgment by Court Withdrawn Dismissed

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

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

The screenshot shows a form titled "Judgment/Settlement Information". It is divided into two sections: "Outcome Information" and "Trial Information".

Outcome Information

- Judgment Settlement Withdrawn Abandon
- Were Other Companies Involved * No Yes

Trial Information

- Judgment by Jury Judgment by Court Withdrawn Dismissed
- Date Withdrawn

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *

-
-
-

Appeal Filed

Yes No

<< Back

Proceed >>

Cancel

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *

Appeal Filed

Yes No

Date Appeal Filed *

Date Appeal Decided *

Appeal Outcome *

Judgment for Plaintiff on Appeal
Judgment for Defendant on Appeal

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

Jury Award

Jury Award

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

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

Court Award

Court Award

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

11. Claim Detail screen

- Mark the claim as complete by clicking the “Mark as Complete” button
- Add any new claim by clicking the “New Claim” button
- To Add/Correct/Delete any part of the claim: click on the Injured Party, Insured Party, Award Detail tabs, or the Delete tab to delete that information of the claim. If you do chose to delete part of a claim, you will see a new tab appear prompting you to re-fill that information in.

** You can **add** another *Insured Party* here by clicking the “Add Insured” on the right side of the Injured Party. It will eliminate from entering the injured information all over again.

New Claim
Mark as Completed

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

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

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

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

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

Yearly Information Report

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

Yearly Information

New Yearly InformationList of Yearly Information

Commercial Insurer

Year 2007

Base Premium *

Earned Premium *

Paid Losses (Including ALAE) *

Incurred Losses (Including ALAE) *

Specialty (Please Choose the Closest One) *

Number of Providers in Specialty

Hospital/Non Hospital – Self Insurer

Yearly Information

New Yearly InformationList of Yearly Information

Hospital/Non Hospital - Self-Insured

Year 2007

Provide Most Recent Year Funding *

Trust Net Retained Professional Liability Losses Paid *

Trust Net Retained Professional Liability Losses Incurred *

Hospital – Captive with Voluntary Physicians

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

Hospital – Captive without Voluntary Physicians

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

Non-Hospital – Captive with Voluntary Physicians

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

Non-Hospital – Captive without Voluntary Physicians

Yearly Information

[New Yearly Information](#)

[List of Yearly Information](#)

Non Hospital - Captive without Voluntary Physicians Attending

Year

2007

HCP Professional Liability Premium (No General Liability) *

HCP Net Retained Paid Professional Liability Losses *

HCP Net Retained Incurred Professional Liability Losses *