



CT Medical Malpractice Report

To
Insurance and Real Estate Committee

Presented by
Connecticut Insurance Department
Katharine L. Wade, Commissioner

July 1, 2016

On behalf of the Connecticut Insurance Department and Pursuant to Section 14 of Public Act 05-275, I am pleased to submit to you the 2016 Medical Malpractice Report, a summary of the Connecticut medical malpractice liability closed claim data that the Department received for calendar years 2011 through 2015.

It also includes a summary of rate filing activity for 2015, premium information by medical provider specialty for 2015 and industry experience for the most recent 10 years. The Department analyzed two primary pieces of claims data:

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 insurer to handle a specific claim.

A brief summary of the data includes:

- 3,227 total closed claims over the past five years
- 1,719 closed claims reported by commercial insurers
- 1,508 closed claims reported by self-insurers
- \$585,778 was the average indemnity payout to a claimant for total claims, slightly lower than 2014 average
- \$466, 557 was average indemnity payout for commercial insurers
- \$678,570 was average indemnity payout for self-insurers

We hope you find this report informative. Copies of prior year reports are available on the Department's website at www.ct.gov/cid

Sincerely,



Katharine L. Wade
Commissioner

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Connecticut Medical Malpractice Closed Claim Annual Report – 2016

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 2016 annual report to the General Assembly. The report summarizes the Connecticut medical malpractice liability closed claim data received by the Department for the calendar years 2011 through 2015. In addition, it provides a summary of rate filing activity for 2015, premium information by medical provider specialty for 2015 and industry calendar year experience for the most recent ten years. Copies of prior year reports are available on the Department’s website at www.ct.gov/cid.

II. Background

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

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

III. Data Collection

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

The required closed claim data elements are submitted to the Department on a quarterly basis. Closed claim reports are due by the 10th of the month following the last month of each quarter. In addition to the closed claim data, the Department also captures annual calendar year premium and loss information as required in the statute. Information on rate filing activity was compiled from the Department's files.

Premium and loss data was collected from 139 entities including 64 carriers licensed in Connecticut, 25 risk retention groups (RRG's) and 50 excess and surplus lines companies. We received data on 2015 closed claims from 80 insuring entities, which included 46 admitted insurance companies, 24 hospitals or hospital groups that are either self-insured or insured with a captive and 10 non-hospital captives/self-insurers/risk retention groups.

While there are still some delays in providing the closed claim information, compliance with the data submission requirements by insurers was generally good. As was the case last year, some of the risk retention groups continue to assert that the Federal Liability Risk Retention Act provides them an exemption from having to report claim data to Connecticut or any other state. Fortunately, most of the RRG's have relatively small market shares, with the exception of MCIC Vermont, Inc. (MCIC), which is one of the largest writers 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.

IV. Description of Analysis

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

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

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

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

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

Appendix 2 also includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2011 through 2015. 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 2014 and 2015, we have displayed premium, losses, expenses 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 2006 – 2015. These exhibits do not include data for captives or self-insurers, but do include RRG's.

V. Limitations of Analysis

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

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

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

VI. Key Findings

While the data is limited in that it only includes claims closed in the five calendar years ending December 31, 2015, there are some observations that can be made from an analysis of the claim information. Greater detail is provided in Section VII which provides the narrative describing the reports and charts in Appendix 1.

- **Total Claims:** A total of 3,227 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,719. Captives/Self-Insurers reported 1,508 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. A majority of medical malpractice claims resulted in no indemnity payments. A little over half (54%) of the claims had no indemnity payments, while the remaining 46% closed with an indemnity payment. The total amount paid to claimants was \$865 million, with an average of \$585,778 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages.
- **Defense Counsel Payments:** Over half of the claims closed with no payments to claimants, yet 68%, or 2,203, generated legal expenses to defend the claim. These expenses totaled \$164 million, an average of \$74,388 per claim. Of these almost half 48% (1,048) were for incidents that had no payments to claimants, averaging \$51,466 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$95,186.
- **Indemnity Payments and Size of Claims:** More than half of all claims that have an indemnity payment have a payment of less than \$200,000. But million dollar plus claims, with only 17% of all claim counts represent 67% of all indemnity payments, over \$580 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,476 claims that closed with an indemnity payment, 215 closed within one year of being reported and had an average paid indemnity of \$87,478. That average figure rose to \$881,437 for claims closing between 60 and 90 months from being reported. The average paid generally exceeds \$1 million for claims that take longer than ten years to close.
- **Defense Counsel Payments and Age of Claim:** Average defense counsel payments also increased with the age of claim.
- **Claim Outcomes:** Of the 3,227 reported claims, 1,476 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 98% were settled,

with 77% settled before trial began. The remaining 1,751 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 89% were settled, with 78% of those settled before trial began.

VII. Detailed Findings

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

Claims by Insurer (Reports 1, 2 and 3)

Of the total of 3,227 claims, 1,476, or 46% had indemnity payments to a claimant at an average value of \$585,778. While Commercial Insurers reported a greater number of claims in total, Captives/Self-Insurers actually had more claims with indemnity payments (830 to 646). The average claim size for Commercial Insurers (\$466,557) is also lower than for Captives/Self-Insurers (\$678,570). More claims closed in 2015 compared to 2014, in total and for both subgroups. The average values of indemnity payments for 2015 were slightly lower than the 2014 averages.

Of the total 3,227 claims, 68% had payments to defense counsel. There was little difference between Commercial Insurers and Captives/Self-Insurers in the proportion of claims with legal defense costs. For the five years of data combined, Captives/Self Insurers average legal expenses were nearly double the legal expenses per claim than Commercial Insurers.

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$204 million represents the amount expended to defend and investigate claims. This represents 24% of the total indemnity. Commercial Insurers expended a higher percentage than Captives/Self-Insurers.

Claims by Size (Reports 4 and 5)

The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,476 claims, 250, or 17% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$580 million, or 67% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 229 claims (16%) with \$167 million of payments. Thus, the 479 claims greater than \$500,000, represents approximately 33% of the claims, but over 86% of the total paid indemnity.

On the other hand, 33% 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

30% of the total. And, the average amount of defense costs per claim generally increases as the claims get larger.

Age of Claim (Report 6)

These exhibits display claims by age at the time of closing from both report date and injury date and provide the average length of time to closure. A majority of claims with indemnity payments closed between two and five years of being reported. Overall, it took about three and one half years from the report date to close claims with indemnity payments. The average time from the date of incident to report was about 18 months, which suggests claims are closed, on average, around five years after injury. Average payments increased as the claim aged, with claims closing more than five years after the report date averaging slightly under \$1 million per claim. The average value generally exceeds \$1 million for claims closing more than ten years after the report date. The distribution of claims and payments by age can be seen on Report 6, Parts 1 and 2 and Charts 6-1 & 6-2.

As expected, the older the age of the claim, the more likely it was to have legal costs to defend the claim. Of the claims that closed within six months, 22% had defense counsel payments. For claims closing after three years, the percentage approaches 90%. As with indemnity costs, the average legal cost associated with a claim increases as the claim aged. Claims closed in the first six months averaged legal costs of \$6,611, while those closing five or more years after being reported averaged \$134,000. The distribution of defense counsel payments by age of claim are displayed on Report 6, Part 3 and Chart 6-3. Report 6, Part 4 displays data from injury date to report date and Report 6, Part 5 shows data from injury date to date of final closure. In Report 6, Part 5 we note that 44% 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 1,476 claims reported as closed with an indemnity payment, 368, or 25% were due to the death of the injured party, with average paid indemnity of \$857,614. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity over \$1.6 million, which was nearly three times the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 169 severe “permanent injury” claims, when combined with the death cases, comprise over 68% 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 169 most serious non-death claims were significantly higher than the overall average. For those claims, 158 of which had defense counsel costs, the average was \$170,759 compared to \$100,964 for all claims with defense

counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 60% had defense counsel payments that averaged \$51,466. However, for the most serious non-death permanent injury claims, 77% required legal defense at an average cost of \$69,562. Details of legal costs for these claims by injury type are displayed on Report 7, Part 3 and Chart 7-3.

Claims by Physician Specialty (Report 8)

These exhibits show the medical provider specialties for which claims were reported that had indemnity payments. Hospitals-General had the most claims followed by the Physicians-Other category. The majority (greater than 95%) of the Hospital claims were reported by the Captives/Self-Insurers, while Commercial Insurers reported the most in the Physicians-Other category.

The average paid indemnity amounts vary significantly by specialty and are often distorted by one or two large claims. For the Hospitals-General category, which had more than 45% of the claims, the average indemnity payment was \$744,696, about 27% above the overall average. The highest average was for Emergency Services/Call Center/Ambulance Services at \$915,217 with only 22 claims. The next highest average was the Gynecology/OB-GYN specialty at \$880,299, followed by Anesthesiology with an average claim size at \$826,757. 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 five of the specialty areas have 15 or less claims over the five year period.

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

Claims by Outcome (Report 9)

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

- Of the 3,227 closed claims, 54% resulted in no payment to the plaintiff. Of these, 89% were settled and the majority of the cases were resolved either before litigation began or before trial. Claims closed before a lawsuit was filed tended to be less serious and closed within approximately three and one half years of the incident date on average. Of the claims that were not settled, the average time to final resolution was much longer than for settled cases.
- The remaining 46% of closed claims resulted in indemnity payments to the plaintiff. Of these, 98% were settled, with most of those being settled before trial. Only 36 of the 1,476 claims were the result of court judgments for the plaintiff.

- Of the cases resolved by trial, only 16% resulted in payments to the plaintiff. For cases that were settled, 48% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$561,839 with additional expenses for total ALAE of \$87,154 per claim. For cases that had court dispositions, the average payment was over \$1.5 million with \$372,036 of ALAE per claim.
- The “average severity of injury rating” column measures the seriousness of the claim by averaging the severity rating (e.g., a death claim is a 9, a grave permanent claim is an 8, and so on) for the claims in each category.

Claim Reserves (Report 10)

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

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

Economic and Non-Economic Damages (Report 11)

Reporting entities were asked to split the final indemnity payment into economic and non-economic damages. Economic damages are usually defined as objectively verifiable monetary losses such as medical expenses, loss of earnings, burial costs, etc. Non-economic damages typically refer to subjective non-monetary losses such as pain, suffering, inconvenience, emotional distress, etc. For 51% of the 1,476 claims with an indemnity payment, that is 750, 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 69% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$521,755 or approximately 11% lower than the overall average for all claims with indemnity payments of \$585,778. Commercial Insurers provided the split on 65% of the claims reported with indemnity payments and 71% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 37% of claims reported with indemnity payments and 66% of those payments were for non-economic damages.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings

For the Professional Liability subline of Medical Malpractice, during the last eight years, 2008 to 2015, the Department received and approved one request for a medical malpractice rate change for physicians and surgeons of +4.5% submitted by ProSelect for its individual program. That activity occurred in 2013.

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

Report 12 displays calendar year earned premium and losses for 2011 through 2015 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 have some observations. The total premiums for all groups combined for 2015 has increased 43% compared to 2014 premiums, which is a 20% increase over 2011 premiums. We observe these same trends for Captives and Self-Insurers. Self-Insurers premiums have increased 56% over 2014-2010 levels which had been fairly constant. There was significant increase in Captives premiums which more than doubled over 2014 premiums, with a 113% increase for one year. Captive premiums have increased over the five year time period by 56%. Commercial Insurers premium has gone the opposite direction showing an 8% decrease over 2014 premiums, with a total decrease of 15% compared to 2011 premiums.

Industry Data from the NAIC (Appendix 3)

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

The first four exhibits provide historical industry premium, loss and expense experience for the ten years ending 2015. Exhibit 1 displays experience for all companies combined and also includes profitability ratios from the NAIC Report on Profitability by Line by State (Profitability Report). Ratios are shown separately for underwriting profit (premiums less losses and expenses as a percent of earned premium) and profit on the insurance transaction (underwriting profit plus investment earnings less federal income taxes as a percent of earned premium). These results show profitability on the insurance transaction in 2006; then a 3.4% loss in 2007; then profitability again through 2014. The NAIC profitability report is not yet available for 2015, but

with the incurred loss and loss expense ratio up to 66.5% for 2015 up from 60% in 2014, we would expect that there may be an underwriting loss for 2015.

Exhibits 2, 3 and 4 provide the same experience, without the profitability information, separately for licensed companies, excess/surplus lines companies, and risk retention groups. The ten years of history generally shows volatile incurred loss experience for the surplus lines and risk retention groups. The reserve take downs observed in 2008 and 2009 by the surplus lines companies did not continue in subsequent years. Licensed companies' experience has been more stable from 2006 through 2009; the 2010 year reflects substantial reserve takedowns, with experience for 2011-2015 also showing some volatility relative to the historical ratios. The written premium decline that we observed in the last three years continues in 2015 for licensed companies. But after a two year decline for excess/surplus companies, we see an increase in written premiums for 2015. Risk retention groups written premium has increased the last two years nearing the peak premiums in 2008/2009.

Exhibits 5 and 6 provide premium, loss and expense experience for 2015 and 2014 separately for the top fifteen writers. The market remains concentrated with 85% 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 (CMIC), continue as the top three writers with 65% of total direct written premium for the state.

In addition, we have provided Exhibit 7 which displays investment income for 2015 and 2014 for the 15 leading insurers in the state. As noted above, these companies write 85% 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.

Appendix 1

Closed Claim Analysis Reports

Connecticut Department of Insurance

Indemnity Payments

All Insurers

2011 - 2015 Aggregate

Year	Total Number of Closed Claims	Number of Claims with Indemnity Payment	Number of Claims without Indemnity Payment	Total Indemnity Payments	Average Indemnity Payments
(1)	(2)	(3)	(4)	(5)	(6)
2011	698	310	388	\$139,107,322	\$448,733
2012	552	230	322	\$161,424,479	\$701,846
2013	621	302	319	\$154,765,755	\$512,469
2014	526	242	284	\$158,918,795	\$656,689
2015	830	392	438	\$250,392,088	\$638,755
Total	3227	1476	1751	\$864,608,439	\$585,778

(6)=(5)/(3)

Report 1 - Part 1

Connecticut Department of Insurance

Indemnity Payments

Commercial Insurers

2011 - 2015 Aggregate

<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>
2011	373	125	248	\$50,425,451	\$403,404
2012	311	98	213	\$65,189,728	\$665,201
2013	331	120	211	\$37,576,760	\$313,140
2014	312	116	196	\$57,277,852	\$493,775
2015	392	187	205	\$90,925,751	\$486,234
Total	1719	646	1073	\$301,395,542	\$466,557

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Captives and Self Insurers

2011 - 2015 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i> <i>(1)</i>	<i>Number of Claims with Indemnity Payment</i> <i>(2)</i>	<i>Number of Claims without Indemnity Payment</i> <i>(3)</i>	<i>Total Indemnity Payments</i> <i>(5)</i>	<i>Average Indemnity Payments</i> <i>(6)</i>
2011	325	185	140	\$88,681,871	\$479,361
2012	241	132	109	\$96,234,751	\$729,051
2013	290	182	108	\$117,188,995	\$643,896
2014	214	126	88	\$101,640,943	\$806,674
2015	438	205	233	\$159,466,337	\$777,885
Total	1508	830	678	\$563,212,897	\$678,570

(6)=(5)/(3)

Report 1 - Part 3

Connecticut Department of Insurance

Defense Counsel Payments All Insurers

2011 - 2015 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2011	698	460	\$29,786,234	220	\$50,978	240	\$77,380
2012	552	357	\$30,053,982	187	\$41,384	170	\$131,266
2013	621	431	\$31,759,072	205	\$68,788	226	\$78,131
2014	526	375	\$32,547,345	172	\$59,756	203	\$109,701
2015	830	580	\$39,729,914	264	\$40,162	316	\$92,174
Total	3227	2203	\$163,876,547	1048	\$51,466	1155	\$95,186

(3)=(5)+(7)

Connecticut Department of Insurance

Defense Counsel Payments Commercial Insurers

2011 - 2015 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2011	373	241	\$11,178,760	131	\$36,817	110	\$57,780
2012	311	206	\$12,256,450	122	\$34,672	84	\$95,552
2013	331	225	\$10,797,188	131	\$49,471	94	\$51,919
2014	312	214	\$11,348,623	108	\$38,480	106	\$67,856
2015	392	267	\$15,531,505	123	\$41,830	144	\$72,127
Total	1719	1153	\$61,112,526	615	\$40,382	538	\$67,431

(3)=(5)+(7)

Connecticut Department of Insurance

Defense Counsel Payments Captives and Self Insurers

2011 - 2015 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2011	325	219	\$18,607,474	89	\$71,821	130	\$93,965
2012	241	151	\$17,797,532	65	\$53,980	86	\$166,149
2013	290	206	\$20,961,884	74	\$102,983	132	\$101,069
2014	214	161	\$21,198,722	64	\$95,659	97	\$155,428
2015	438	313	\$24,198,409	141	\$38,707	172	\$108,957
Total	1508	1050	\$102,764,021	433	\$67,209	617	\$119,388

(3)=(5)+(7)

Report 2 - Part 3

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

2011 - 2015 Aggregate

Year	Total Number of Closed Claims (1)	Total Number of Closed Claims with ALAE (2)	Total Indemnity Payments (4)	Total Payment to Defense Counsel (5)	Total Payment to Other ALAE (6)	Total ALAE Payments as a Percent of Total Indemnity (7)
2011	698	504	\$139,107,322	\$29,786,234	\$8,932,935	27.8%
2012	552	387	\$161,424,479	\$30,053,982	\$7,049,293	23.0%
2013	621	456	\$154,765,755	\$31,759,072	\$6,471,744	24.7%
2014	526	401	\$158,918,795	\$32,547,345	\$6,802,784	24.8%
2015	830	600	\$250,392,088	\$39,729,914	\$10,522,209	20.1%
Total	3227	2348	\$864,608,439	\$163,876,547	\$39,778,965	23.6%

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

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

2011 - 2015 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i> <i>(1)</i>	<i>Total Number of Closed Claims with ALAE</i> <i>(2)</i>	<i>Total Indemnity Payments</i> <i>(4)</i>	<i>Total Payment to Defense Counsel</i> <i>(5)</i>	<i>Total Payment to Other ALAE</i> <i>(6)</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i> <i>(7)</i>
2011	373	271	\$50,425,451	\$11,178,760	\$2,403,715	26.9%
2012	311	223	\$65,189,728	\$12,256,450	\$4,303,844	25.4%
2013	331	245	\$37,576,760	\$10,797,188	\$3,419,200	37.8%
2014	312	230	\$57,277,852	\$11,348,623	\$3,778,899	26.4%
2015	392	283	\$90,925,751	\$15,531,505	\$8,173,768	26.1%
Total	1719	1252	\$301,395,542	\$61,112,526	\$22,079,426	27.6%

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

Connecticut Department of Insurance

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

2011 - 2015 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i> <i>(1)</i>	<i>Total Number of Closed Claims with ALAE</i> <i>(2)</i>	<i>Total Indemnity Payments</i> <i>(4)</i>	<i>Total Payment to Defense Counsel</i> <i>(5)</i>	<i>Total Payment to Other ALAE</i> <i>(6)</i>	<i>Total ALAE Payments as a Percent of Total Indemnity</i> <i>(7)</i>
2011	325	233	\$88,681,871	\$18,607,474	\$6,529,220	28.3%
2012	241	164	\$96,234,751	\$17,797,532	\$2,745,449	21.3%
2013	290	211	\$117,188,995	\$20,961,884	\$3,052,544	20.5%
2014	214	171	\$101,640,943	\$21,198,722	\$3,023,885	23.8%
2015	438	317	\$159,466,337	\$24,198,409	\$2,348,441	16.6%
Total	1508	1096	\$563,212,897	\$102,764,021	\$17,699,539	21.4%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2011 - 2015 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	599	40.6%	\$18,305,669	\$30,560	2.1%
\$100,000 - \$199,999	161	10.9%	\$22,157,410	\$137,624	2.6%
\$200,000 - \$299,999	83	5.6%	\$19,696,168	\$237,303	2.3%
\$300,000 - \$399,999	87	5.9%	\$28,671,460	\$329,557	3.3%
\$400,000 - \$499,999	67	4.5%	\$29,252,473	\$436,604	3.4%
\$500,000 - \$599,999	60	4.1%	\$31,422,539	\$523,709	3.6%
\$600,000 - \$699,999	41	2.8%	\$25,900,669	\$631,724	3.0%
\$700,000 - \$799,999	38	2.6%	\$27,949,439	\$735,512	3.2%
\$800,000 - \$899,999	35	2.4%	\$29,535,038	\$843,858	3.4%
\$900,000 - \$999,999	55	3.7%	\$51,876,306	\$943,206	6.0%
\$1,000,000 and Over	250	16.9%	\$579,841,268	\$2,319,365	67.1%
Total	1476	100.0%	\$864,608,439	\$585,778	100.0%

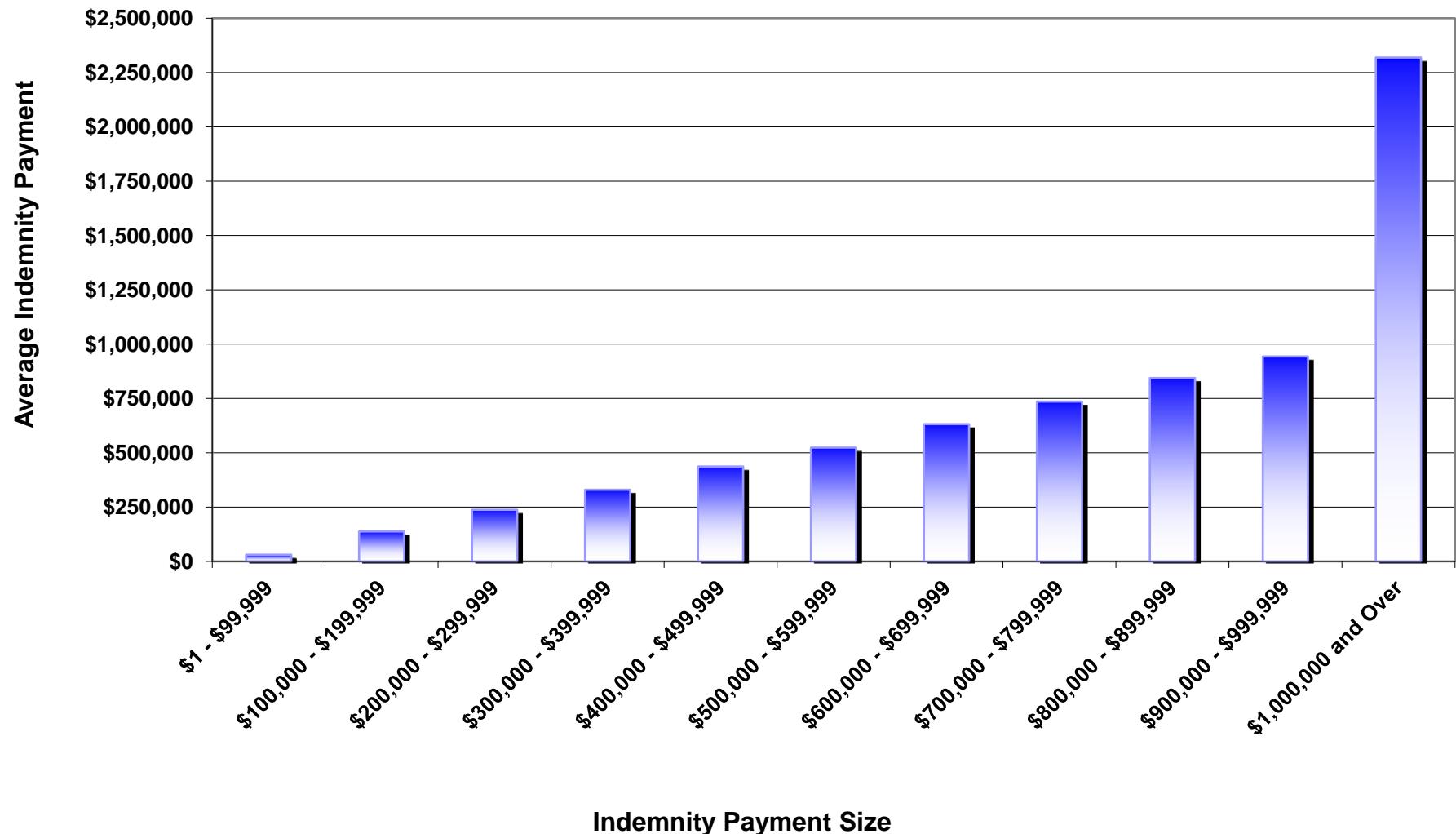
(3)=(2) for each range/(2) total

(5)=(4)/(2)

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

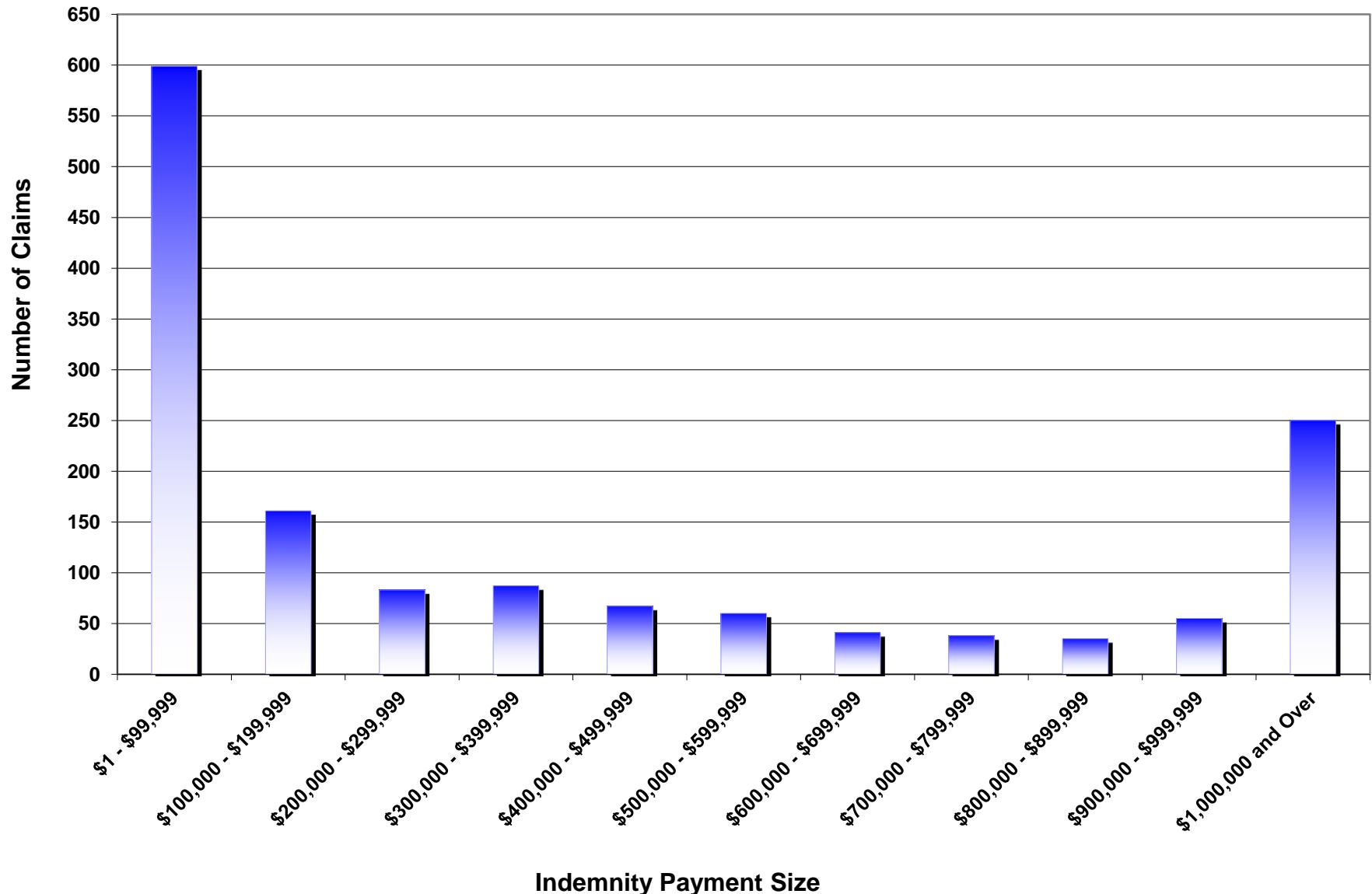
Connecticut Department of Insurance

Average Indemnity Payment by Indemnity Payment Size 2011 - 2015 Aggregate



Connecticut Department of Insurance

Number of Claims by Indemnity Payment Size 2011 - 2015 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment All Insurers

2011 - 2015 Aggregate

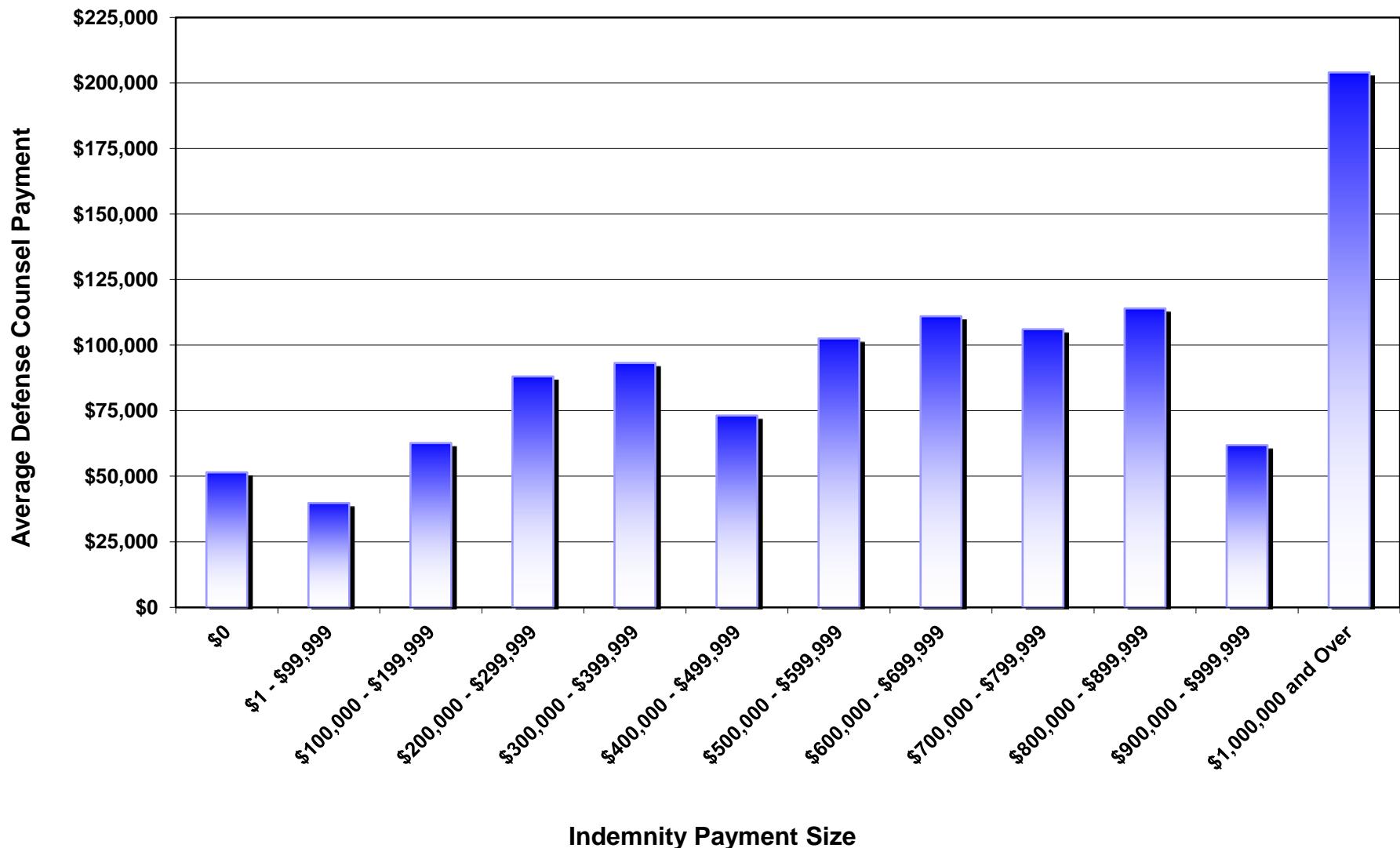
<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$0	1751	1048	\$53,936,223	\$51,466	32.9%
\$1 - \$99,999	599	355	\$14,117,190	\$39,767	8.6%
\$100,000 - \$199,999	161	134	\$8,395,654	\$62,654	5.1%
\$200,000 - \$299,999	83	76	\$6,691,966	\$88,052	4.1%
\$300,000 - \$399,999	87	78	\$7,268,818	\$93,190	4.4%
\$400,000 - \$499,999	67	63	\$4,608,111	\$73,145	2.8%
\$500,000 - \$599,999	60	58	\$5,948,131	\$102,554	3.6%
\$600,000 - \$699,999	41	36	\$3,996,883	\$111,025	2.4%
\$700,000 - \$799,999	38	36	\$3,818,317	\$106,064	2.3%
\$800,000 - \$899,999	35	32	\$3,648,203	\$114,006	2.2%
\$900,000 - \$999,999	55	50	\$3,091,811	\$61,836	1.9%
\$1,000,000 and Over	250	237	\$48,355,240	\$204,031	29.5%
Total	3227	2203	\$163,876,547	\$74,388	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 2011 - 2015 Aggregate



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

All Claims from All Insurers

2011 - 2015 Aggregate

Report to Closure Date	Total Number of Closed Claims	Percent of Total Closed Claims	Number of Claims with Indemnity Payments	Percent of Claims with Indemnity Payments	Number of Claims with Defense Counsel Payments	Percent of Claims with Defense Counsel Payments
(1)	(2)	(3)	(4)	(5)	(6)	(7)
0 - 6 Months	321	9.9%	105	7.1%	72	3.3%
6 - 12 Months	311	9.6%	110	7.5%	114	5.2%
12 - 18 Months	251	7.8%	87	5.9%	135	6.1%
18 - 24 Months	279	8.6%	116	7.9%	179	8.1%
24 - 36 Months	565	17.5%	245	16.6%	416	18.9%
36 - 60 Months	927	28.7%	530	35.9%	821	37.3%
60 - 90 Months	408	12.6%	215	14.6%	355	16.1%
90 - 120 Months	94	2.9%	39	2.6%	76	3.4%
120 Months and Over	71	2.2%	29	2.0%	35	1.6%
Total	3227	100.0%	1476	100.0%	2203	100.0%
Average Length of Claims	3.83 YEARS		3.79 YEARS		4.20 YEARS	

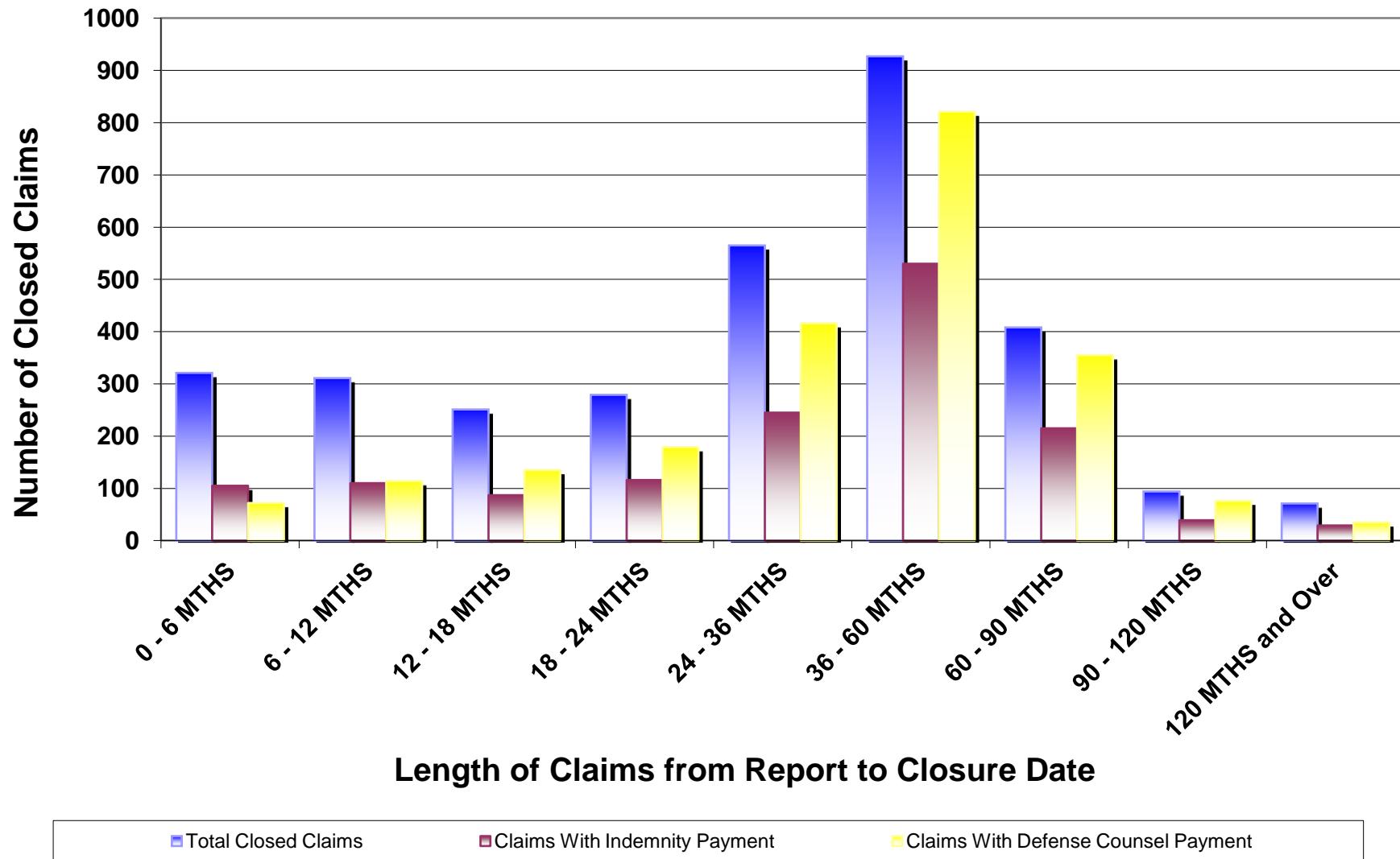
(3)=(2) for each range/(2) total

(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 2011 - 2015 Aggregate



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

Claims with Indemnity Payments - From All Insurers

2011 - 2015 Aggregate

<i>Report Date to Closure Date</i> <i>(1)</i>	<i>Total Number of Closed Claims</i> <i>(2)</i>	<i>Number of Claims with Indemnity Payments</i> <i>(3)</i>	<i>Paid Ratio</i> <i>(4)</i>	<i>Total Indemnity Payments</i> <i>(5)</i>	<i>Percent of Total Indemnity Payments</i> <i>(6)</i>	<i>Average Indemnity of Paid Claims</i> <i>(7)</i>
0 - 6 Months	321	105	32.7%	\$5,073,854	0.6%	\$48,322
6 - 12 Months	311	110	35.4%	\$13,734,007	1.6%	\$124,855
12 - 18 Months	251	87	34.7%	\$20,685,215	2.4%	\$237,761
18 - 24 Months	279	116	41.6%	\$73,311,833	8.5%	\$631,999
24 - 36 Months	565	245	43.4%	\$126,366,893	14.6%	\$515,783
36 - 60 Months	927	530	57.2%	\$369,137,807	42.7%	\$696,486
60 - 90 Months	408	215	52.7%	\$189,508,986	21.9%	\$881,437
90 - 120 Months	94	39	41.5%	\$41,823,235	4.8%	\$1,072,391
120 Months and Over	71	29	40.8%	\$24,966,609	2.9%	\$860,918
Total	3227	1476	45.7%	\$864,608,439	100.0%	\$585,778

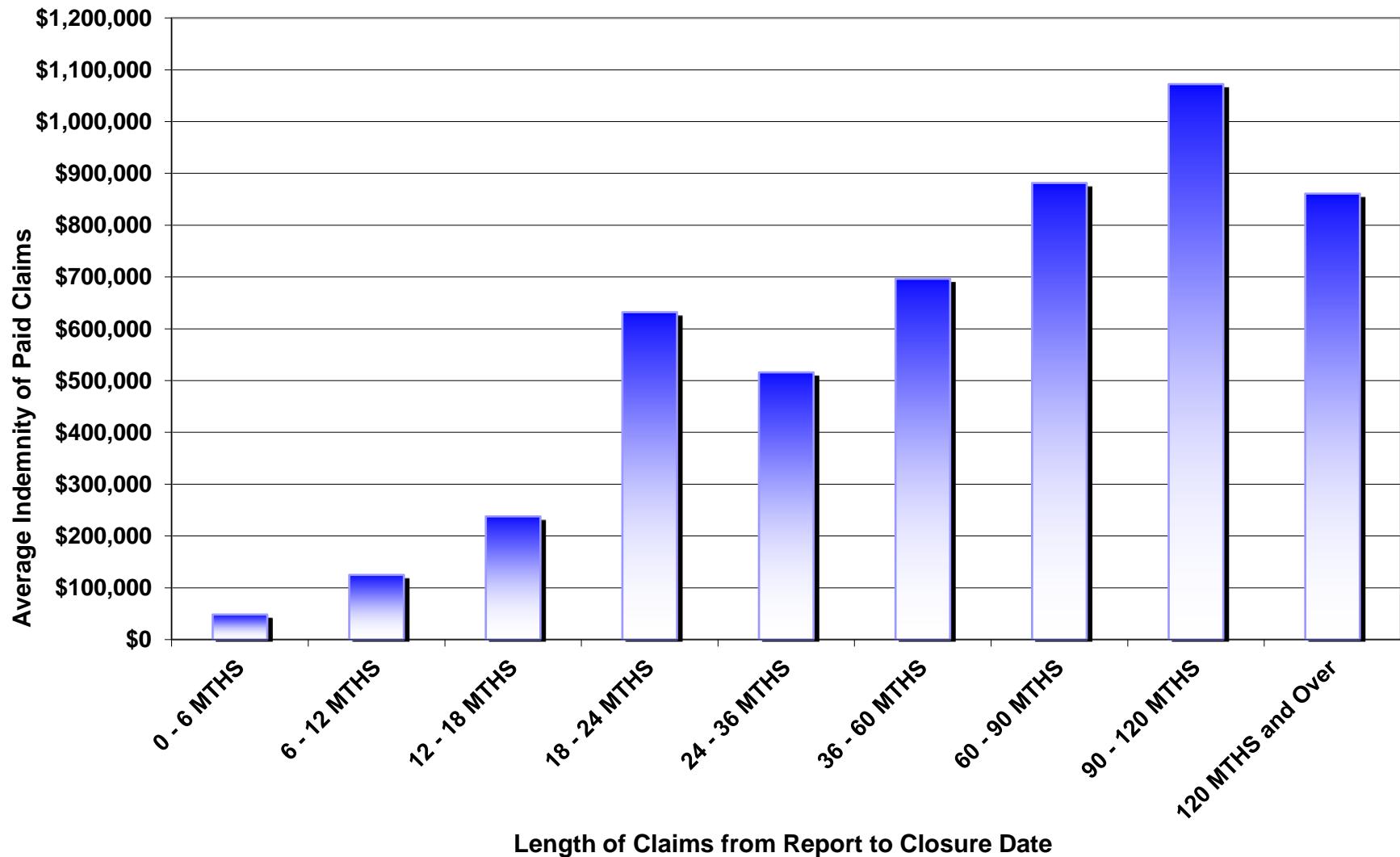
(4)=(3)/(2)

(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 2011 - 2015 Aggregate



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

Claims with Defense Counsel Payments - From All Insurers

2011 - 2015 Aggregate

Report Date to Closure Date (1)	Total Number of Closed Claims (2)	Number of Claims with Defense Counsel Payments (3)	Paid Ratio (4)	Total Defense Counsel Payments (5)	Percent of Total Defense Counsel Payments (6)	Average Defense Counsel Payments (7)
0 - 6 Months	321	72	22.4%	\$475,989	0.3%	\$6,611
6 - 12 Months	311	114	36.7%	\$1,383,940	0.8%	\$12,140
12 - 18 Months	251	135	53.8%	\$1,373,248	0.8%	\$10,172
18 - 24 Months	279	179	64.2%	\$6,800,490	4.1%	\$37,992
24 - 36 Months	565	416	73.6%	\$20,985,298	12.8%	\$50,445
36 - 60 Months	927	821	88.6%	\$70,461,548	43.0%	\$85,824
60 - 90 Months	408	355	87.0%	\$45,109,920	27.5%	\$127,070
90 - 120 Months	94	76	80.9%	\$11,137,916	6.8%	\$146,552
120 Months and Over	71	35	49.3%	\$6,148,198	3.8%	\$175,663
Total	3227	2203	68.3%	\$163,876,547	100.0%	\$74,388

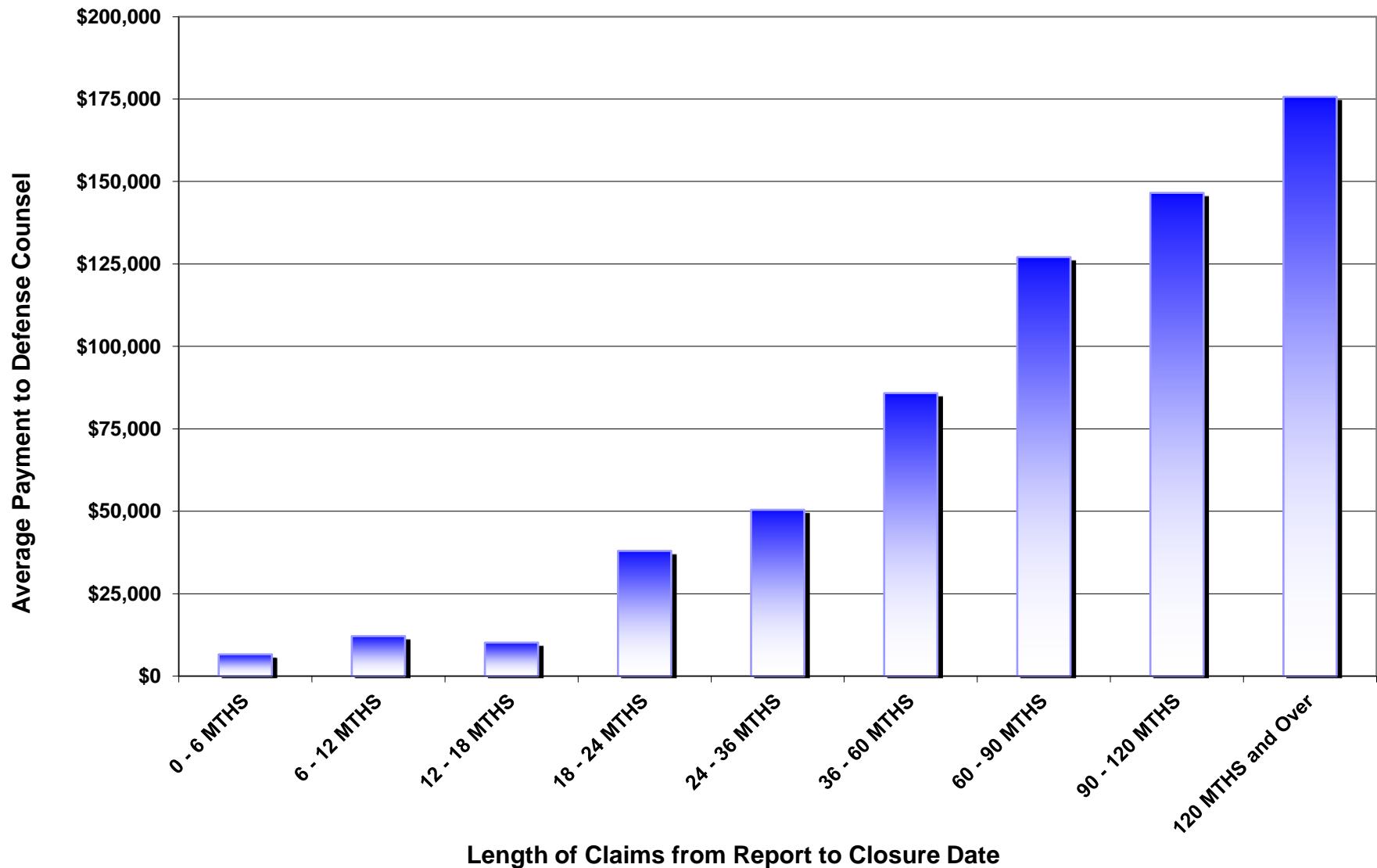
(4)=(3)/(2)

(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 2011 - 2015 Aggregate



Connecticut Department of Insurance

Length of Claims from Injury Date to Report Date

All Claims - From All Insurers

2011 - 2015 Aggregate

<i>Injury Date to Report Date</i> <i>(1)</i>	<i>Total Number of Closed Claims</i> <i>(2)</i>	<i>Percent of Total Closed Claims</i> <i>(3)</i>	<i>Number of Claims with Indemnity Payments</i> <i>(4)</i>	<i>Percent of Claims with Indemnity Payments</i> <i>(5)</i>
0 - 6 Months	1120	34.7%	593	40.2%
6 - 12 Months	371	11.5%	144	9.8%
12 - 18 Months	284	8.8%	116	7.9%
18 - 24 Months	478	14.8%	217	14.7%
24 - 36 Months	753	23.3%	321	21.7%
36 - 60 Months	128	4.0%	49	3.3%
60 - 90 Months	49	1.5%	21	1.4%
90 - 120 Months	25	0.8%	7	0.5%
120 Months and Over	19	0.6%	8	0.5%
Total	3227	100.0%	1476	100.0%
Average Length of Claims		1.45 YEARS	1.35 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

2011 - 2015 Aggregate

<i>Injury Date to Closure Date</i> <i>(1)</i>	<i>Total Number of Closed Claims</i> <i>(2)</i>	<i>Percent of Total Closed Claims</i> <i>(3)</i>	<i>Number of Claims with Indemnity Payments</i> <i>(4)</i>	<i>Percent of Claims with Indemnity Payments</i> <i>(5)</i>
0 - 6 Months	85	2.6%	50	3.4%
6 - 12 Months	133	4.1%	59	4.0%
12 - 18 Months	170	5.3%	59	4.0%
18 - 24 Months	185	5.7%	87	5.9%
24 - 36 Months	507	15.7%	153	10.4%
36 - 60 Months	845	26.2%	424	28.7%
60 - 90 Months	883	27.4%	461	31.2%
90 - 120 Months	247	7.7%	118	8.0%
120 Months and Over	172	5.3%	65	4.4%
Total	3227	100.0%	1476	100.0%
Average Length of Claims	5.30 YEARS			5.16 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

2011 - 2015 Aggregate

Severity of Injury (1)	Number of Claims with Indemnity Payments (2)	Percent of Claims with Indemnity Payments (3)	Total Indemnity Payments (4)	Average Indemnity of Paid Claims (5)	Percent of Total Indemnity Payments (6)
Emotional Only	51	3.5%	\$4,986,889	\$97,782	0.6%
Insignificant Temporary	44	3.0%	\$1,175,064	\$26,706	0.1%
Minor Temporary	337	22.8%	\$44,522,927	\$132,116	5.1%
Major Temporary	145	9.8%	\$31,666,751	\$218,391	3.7%
Minor Permanent	225	15.2%	\$70,930,904	\$315,248	8.2%
Significant Permanent	137	9.3%	\$122,341,828	\$893,006	14.1%
Major Permanent	137	9.3%	\$148,783,162	\$1,086,008	17.2%
Grave Permanent	32	2.2%	\$124,598,946	\$3,893,717	14.4%
Death	368	24.9%	\$315,601,968	\$857,614	36.5%
Total	1476	100.0%	\$864,608,439	\$585,778	100.0%

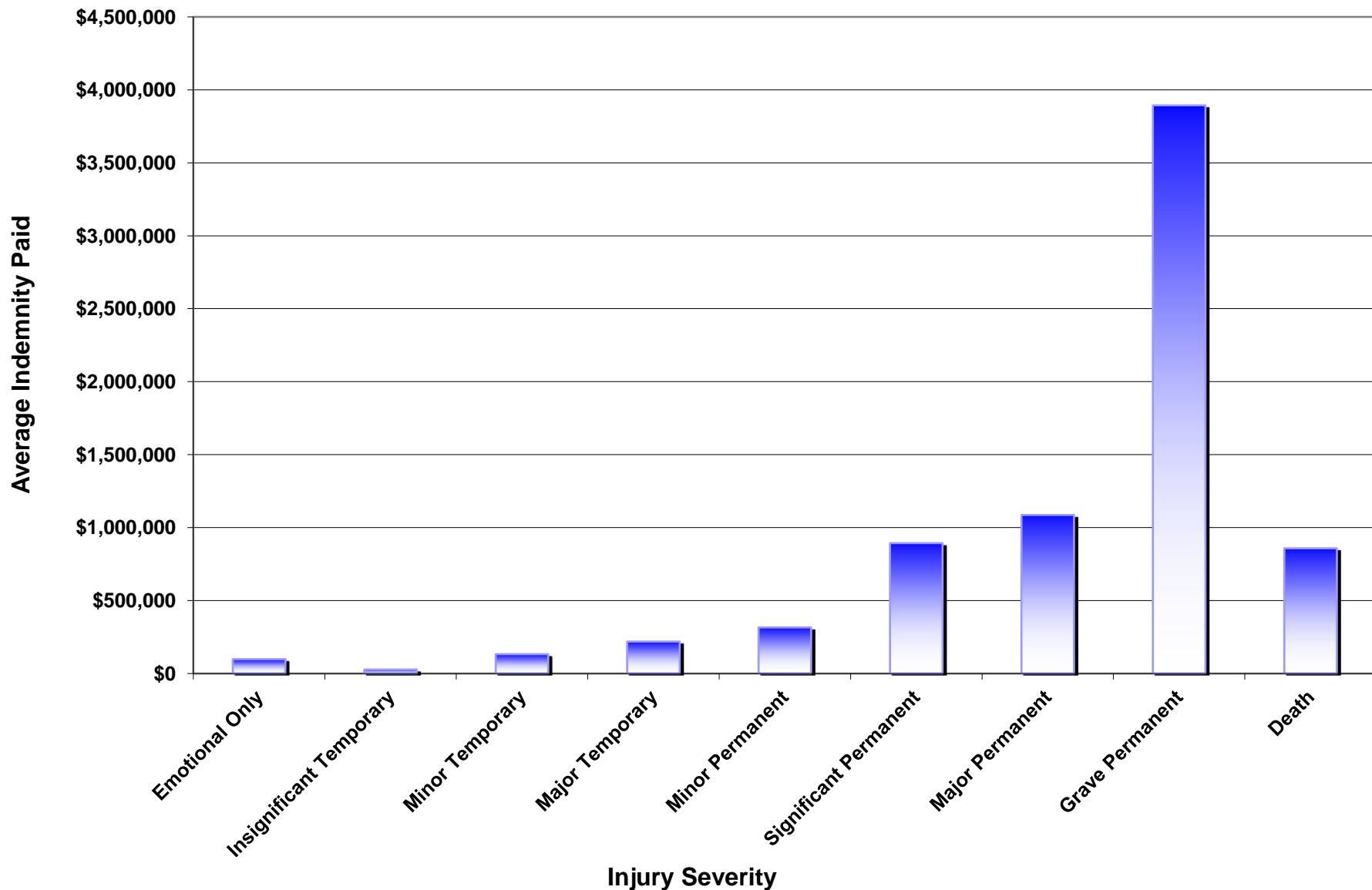
(3)=(2) for each category/(2) total

(5)=(4)/(2)

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

Connecticut Department of Insurance

Average Indemnity Paid by Severity of Injury 2011 - 2015 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Severity of Injury

Claims with Indemnity Payments

All Insurers

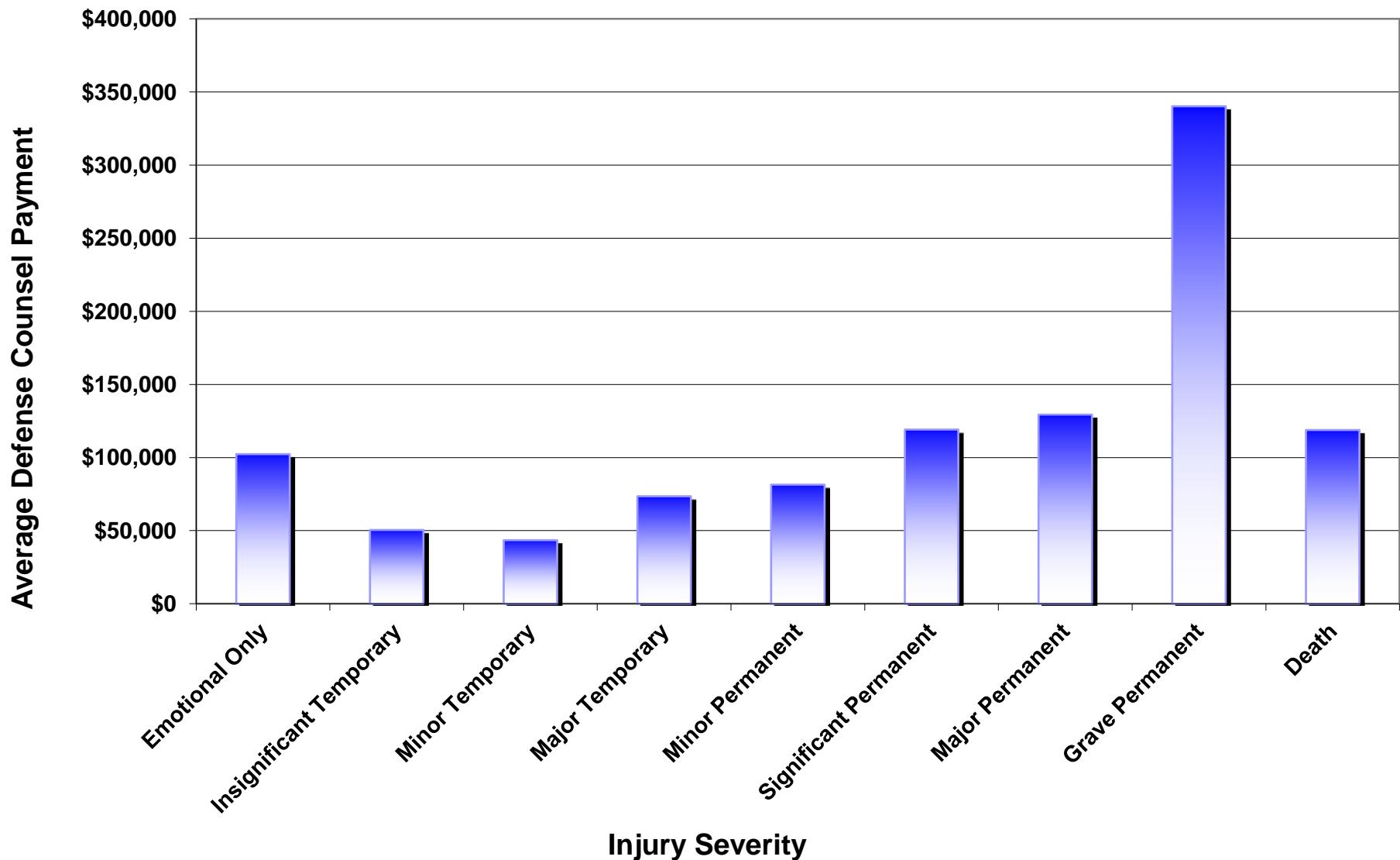
2011 - 2015 Aggregate

<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>
(1)	(2)	(3)	(4)	(5)
Emotional Only	51	37	\$3,786,515	\$102,338
Insignificant Temporary	44	24	\$1,211,305	\$50,471
Minor Temporary	337	201	\$8,740,033	\$43,483
Major Temporary	145	96	\$7,058,381	\$73,525
Minor Permanent	225	191	\$15,558,869	\$81,460
Significant Permanent	137	126	\$15,012,584	\$119,147
Major Permanent	137	127	\$16,431,515	\$129,382
Grave Permanent	32	31	\$10,548,369	\$340,270
Death	368	322	\$38,266,132	\$118,839
Total	1476	1155	\$116,613,703	\$100,964

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury Claims with Indemnity Payment 2011 - 2015 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Severity of Injury

Claims without Indemnity Payments

All Insurers

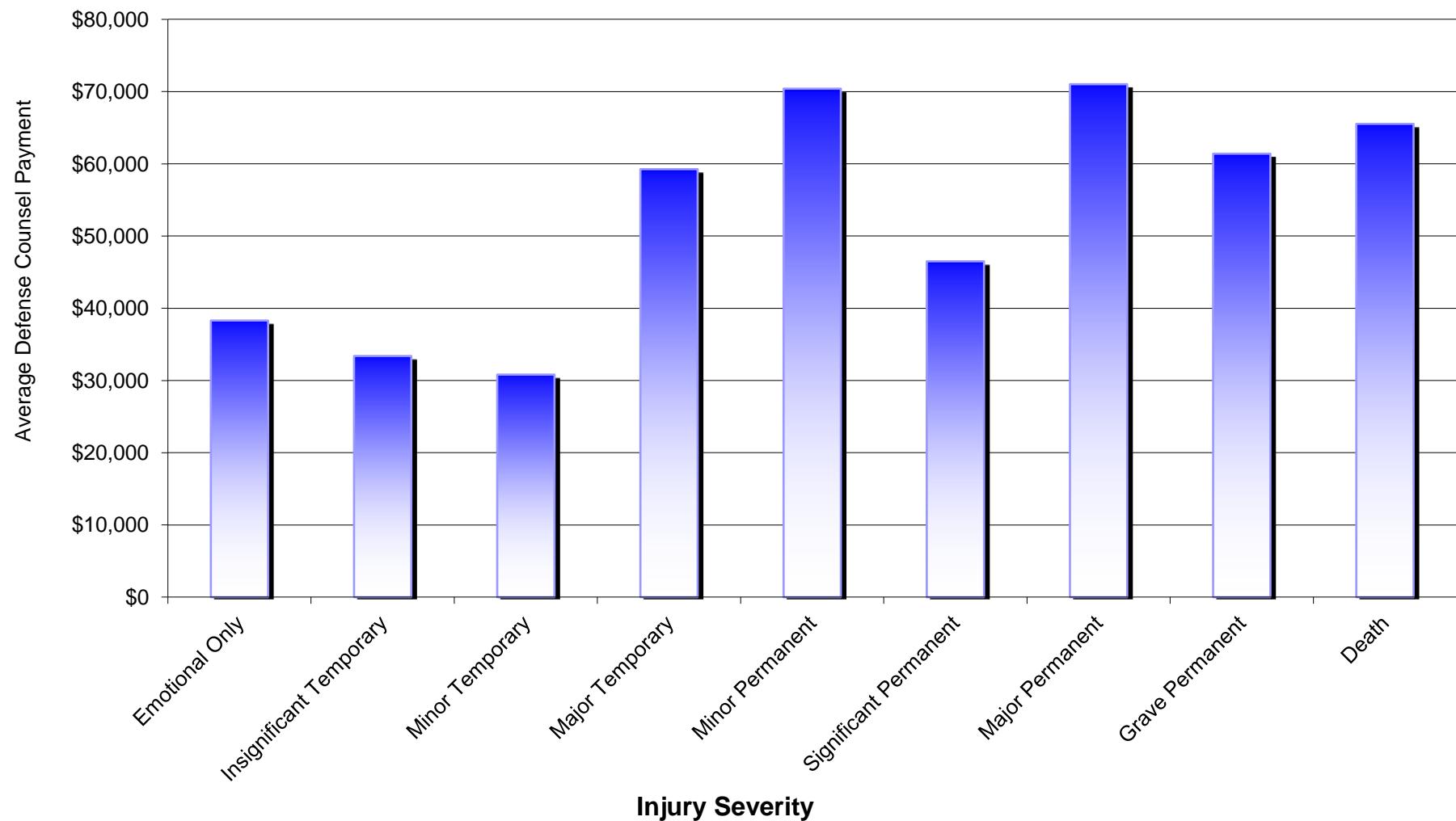
2011 - 2015 Aggregate

<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>
(1)	(2)	(3)	(4)	(5)
Emotional Only	126	72	\$2,757,289	\$38,296
Insignificant Temporary	136	64	\$2,136,848	\$33,388
Minor Temporary	541	250	\$7,702,741	\$30,811
Major Temporary	160	87	\$5,155,357	\$59,257
Minor Permanent	197	115	\$8,096,083	\$70,401
Significant Permanent	165	129	\$5,998,470	\$46,500
Major Permanent	109	84	\$5,965,653	\$71,020
Grave Permanent	19	15	\$920,990	\$61,399
Death	298	232	\$15,202,792	\$65,529
Total	1751	1048	\$53,936,223	\$51,466

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2011 - 2015 Aggregate



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty All Insurers

2011 - 2015 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>
(1)	(2)	(3)	(4)	(5)
Anesthesiology	15	\$12,401,360	\$826,757	1.43%
APRN/RN	20	\$9,088,572	\$454,429	1.05%
Chiropractor	23	\$2,256,515	\$98,109	0.26%
Dentist	115	\$11,997,268	\$104,324	1.39%
Emergency Services/Call Center/Ambulance Service	22	\$20,134,779	\$915,217	2.33%
Freestanding Surgical Center/Rehab Hospital	4	\$810,000	\$202,500	0.09%
Gynecology/OB-GYN	48	\$42,254,344	\$880,299	4.89%
Hospital - General	673	\$501,180,741	\$744,696	57.97%
Hospital - Others	29	\$17,257,392	\$595,082	2.00%
Medical Group/Other Corporate Group Practice	54	\$19,400,753	\$359,273	2.24%
Orthopedics	56	\$28,121,047	\$502,162	3.25%
Physician - Family/Pediatric/General Practice	7	\$4,263,135	\$609,019	0.49%
Physicians - Others	307	\$162,080,166	\$527,948	18.75%
Physicians Assistant	6	\$2,183,000	\$363,833	0.25%
Psychiatry	7	\$1,765,000	\$252,143	0.20%
Radiology/Imaging Center	42	\$22,443,452	\$534,368	2.60%
Other	48	\$6,970,915	\$145,227	0.81%
Total	1476	\$864,608,439	\$585,778	100.0%

(4)=(3)/(2)

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

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty Commercial Insurers

2011 - 2015 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in 2015</i>	<i>Number of Medical Providers in 2015</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>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Anesthesiology	\$759,998	292	13	\$12,171,000	\$936,231	4.04%
APRN/RN	\$7,051,777	14959	16	\$4,693,572	\$293,348	1.56%
Chiropractor	\$1,358,713	1756	17	\$2,127,500	\$125,147	0.71%
Dentist	\$4,556,035	2658	113	\$11,948,768	\$105,741	3.96%
Emergency Services/Call Center/Ambulance Service	\$861,036	86	10	\$5,075,499	\$507,550	1.68%
Freestanding Surgical Center/Rehab Hospital	\$2,282,535	111	2	\$600,000	\$300,000	0.20%
Gynecology/OB-GYN	\$6,470,236	125	20	\$23,721,761	\$1,186,088	7.87%
Hospital - General	\$3,818,856	81	29	\$36,093,122	\$1,244,590	11.98%
Hospital - Others	\$854,481	171	9	\$5,073,387	\$563,710	1.68%
Medical Group/Other Corporate Group Practice	\$4,575,712	791	45	\$17,745,753	\$394,350	5.89%
Orthopedics	\$1,735,898	246	42	\$21,140,722	\$503,351	7.01%
Physician - Family/Pediatric/General Practice	\$3,349,299	395	7	\$4,263,135	\$609,019	1.41%
Physicians - Others	\$21,403,407	2455	230	\$126,330,056	\$549,261	41.92%
Physicians Assistant	\$308,526	200	5	\$2,176,000	\$435,200	0.72%
Psychiatry	\$1,965,258	3369	3	\$282,500	\$94,167	0.09%
Radiology/Imaging Center	\$3,441,853	227	37	\$20,981,852	\$567,077	6.96%
Other	\$1,971,581	2390	48	\$6,970,915	\$145,227	2.31%
Total	\$66,765,201	30,312	646	\$301,395,542	\$466,557	100.0%

(6)=(5)/(4)

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

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty Captives & Self Insurers

2011 - 2015 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>
(1)	(2)	(3)	(4)	(5)
Anesthesiology	2	\$230,360	\$115,180	0.04%
APRN/RN	4	\$4,395,000	\$1,098,750	0.78%
Chiropractor	6	\$129,015	\$21,503	0.02%
Dentist	2	\$48,500	\$24,250	0.01%
Emergency Services/Call Center/Ambulance Service	12	\$15,059,280	\$1,254,940	2.67%
Freestanding Surgical Center/Rehab Hospital	2	\$210,000	\$105,000	0.04%
Gynecology/OB-GYN	28	\$18,532,583	\$661,878	3.29%
Hospital - General	644	\$465,087,619	\$722,186	82.58%
Hospital - Others	20	\$12,184,005	\$609,200	2.16%
Medical Group/Other Corporate Group Practice	9	\$1,655,000	\$183,889	0.29%
Orthopedics	14	\$6,980,325	\$498,595	1.24%
Physicians - Others	77	\$35,750,110	\$464,287	6.35%
Physicians Assistant	1	\$7,000	\$7,000	0.00%
Psychiatry	4	\$1,482,500	\$370,625	0.26%
Radiology/Imaging Center	5	\$1,461,600	\$292,320	0.26%
Total	830	\$563,212,897	\$678,570	100.0%

(4)=(3)/(2)

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

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2011 - 2015 Aggregate

Disposition <i>(1)</i>	Claim Reports		Average Months		Average Severity of Injury Rating <i>(6)</i>	Average paid	
	Number <i>(2)</i>	Percent <i>(3)</i>	Incident to Report <i>(4)</i>	Incident to Disposition <i>(5)</i>		Indemnity <i>(7)</i>	ALAE <i>(8)</i>
In Favor of Plaintiff							
Claims Settled Before Litigation	286	19.4%	7	20	4	\$160,068	\$7,403
Claims Settled Before Trial	843	57.1%	19	66	6	\$587,032	\$100,751
Claims Settled During Trial	99	6.7%	15	87	4	\$786,600	\$80,227
Claims Settled After Trial	212	14.4%	17	60	6	\$898,715	\$143,908
Total Settled	1440	97.6%	16	58	5	\$561,839	\$87,154
Judgment for Plaintiff	29	2.0%	27	80	7	\$1,008,145	\$234,997
Judgment for Plaintiff On Appeal	7	0.5%	8	146	5	\$3,760,618	\$939,766
Total Court Dispositions	36	2.4%	23	93	6	\$1,543,348	\$372,036
Total	1476	100.0%	16	58	5	\$585,778	\$94,102
In Favor of Defendant							
Claims Closed Before Litigation	558	31.9%	13	29	4		\$6,111
Claims Closed Before Trial	798	45.6%	23	61	6		\$39,850
Claims Closed During Trial	12	0.7%	19	61	4		\$91,588
Claims Closed After Trial	193	11.0%	16	94	2		\$26,633
Total Settled	1561	89.1%	19	54	4	\$0	\$26,553
Judgment for Defendant	174	9.9%	24	67	5		\$115,857
Judgment for Defendant On Appeal	16	0.9%	18	97	6		\$197,072
Total Court Dispositions	190	10.9%	24	69	6	\$0	\$122,696
Total	1751	100.0%	19	55	5	\$0	\$36,985

(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

2011 - 2015 Aggregate

Year (1)	Total Number of Closed Claims (2)	Initial Indemnity and Expense Reserves (3)	Average Initial Indemnity and Expense Reserves (4)	Final Indemnity and Expense Reserves (5)	Average Final Indemnity and Expense Reserves (6)	Final Indemnity and Expense Payments (7)	Average Final Indemnity and Expense Payments (8)
2011	698	\$70,677,551	\$101,257	\$186,430,157	\$267,092	\$177,826,491	\$254,766
2012	552	\$58,307,779	\$105,630	\$176,356,861	\$319,487	\$198,527,754	\$359,652
2013	621	\$154,395,701	\$248,624	\$150,982,097	\$243,127	\$192,996,571	\$310,784
2014	526	\$51,326,812	\$97,579	\$134,140,336	\$255,020	\$198,268,924	\$376,937
2015	830	\$74,754,219	\$90,065	\$142,946,168	\$172,224	\$300,644,211	\$362,222
Total	3227	\$409,462,062	\$126,886	\$790,855,619	\$245,075	\$1,068,263,951	\$331,039

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

2011 - 2015 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i> <i>(1)</i>	<i>Initial Indemnity and Expense Reserves</i> <i>(2)</i>	<i>Average Initial Indemnity and Expense Reserves</i> <i>(3)</i>	<i>Final Indemnity and Expense Reserves</i> <i>(4)</i>	<i>Average Final Indemnity and Expense Reserves</i> <i>(5)</i>	<i>Final Indemnity and Expense Payments</i> <i>(6)</i>	<i>Average Final Indemnity and Expense Payments</i> <i>(7)</i>
2011	373	\$31,556,658	\$84,602	\$71,869,015	\$192,678	\$64,007,926	\$171,603
2012	311	\$26,626,810	\$85,617	\$71,852,700	\$231,038	\$81,750,022	\$262,862
2013	331	\$27,609,529	\$83,412	\$69,013,556	\$208,500	\$51,793,148	\$156,475
2014	312	\$27,261,846	\$87,378	\$81,431,017	\$260,997	\$72,405,374	\$232,069
2015	392	\$38,255,138	\$97,590	\$96,053,036	\$245,033	\$114,631,024	\$292,426
Total	1719	\$151,309,981	\$88,022	\$390,219,324	\$227,004	\$384,587,494	\$223,727

(4)=(3)/(2)
(6)=(5)/(2)
(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

2011 - 2015 Aggregate

<i>Year</i> <i>(1)</i>	<i>Total Number of Closed Claims</i> <i>(2)</i>	<i>Initial Indemnity and Expense Reserves</i> <i>(3)</i>	<i>Average Initial Indemnity and Expense Reserves</i> <i>(4)</i>	<i>Final Indemnity and Expense Reserves</i> <i>(5)</i>	<i>Average Final Indemnity and Expense Reserves</i> <i>(6)</i>	<i>Final Indemnity and Expense Payments</i> <i>(7)</i>	<i>Average Final Indemnity and Expense Payments</i> <i>(8)</i>
2011	325	\$39,120,893	\$120,372	\$114,561,142	\$352,496	\$113,818,565	\$350,211
2012	241	\$31,680,969	\$131,456	\$104,504,161	\$433,627	\$116,777,732	\$484,555
2013	290	\$126,786,172	\$437,194	\$81,968,541	\$282,650	\$141,203,423	\$486,908
2014	214	\$24,064,966	\$112,453	\$52,709,319	\$246,305	\$125,863,550	\$588,147
2015	438	\$36,499,081	\$83,331	\$46,893,132	\$107,062	\$186,013,187	\$424,688
Total	1508	\$258,152,081	\$171,188	\$400,636,295	\$265,674	\$683,676,457	\$453,366

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report All Insurers

2011 - 2015 Aggregate

Year	Number of Closed Claims	Total Indemnity Payments	Economic Damages	Non-Economic Damages
	(1)	(2)	(3)	(4)
2011	170	\$68,312,728	\$19,889,849	\$48,422,879
2012	108	\$79,355,039	\$32,927,644	\$46,427,395
2013	139	\$68,418,419	\$28,423,025	\$39,995,394
2014	122	\$68,480,737	\$11,438,339	\$57,042,398
2015	187	\$94,227,357	\$25,390,491	\$68,836,866
Total	726	\$378,794,280	\$118,069,348	\$260,724,932

(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

2011 - 2015 Aggregate

Year	Number of Closed Claims	Total Indemnity Payments	Economic Damages	Non-Economic Damages
	(1)	(2)	(3)	(4)
2011	78	\$32,236,868	\$7,620,668	\$24,616,200
2012	62	\$45,531,917	\$19,628,773	\$25,903,144
2013	66	\$18,135,261	\$3,052,010	\$15,083,251
2014	83	\$39,621,352	\$8,330,895	\$31,290,457
2015	131	\$58,228,251	\$17,050,762	\$41,177,489
Total	420	\$193,753,649	\$55,683,108	\$138,070,541

(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

2011 - 2015 Aggregate

Year	Number of Closed Claims (1)	Total Indemnity Payments (2)	Economic Damages (3)	Non-Economic Damages (4)
2011	92	\$36,075,860	\$12,269,181	\$23,806,679
2012	46	\$33,823,122	\$13,298,871	\$20,524,251
2013	73	\$50,283,158	\$25,371,015	\$24,912,143
2014	39	\$28,859,385	\$3,107,444	\$25,751,941
2015	56	\$35,999,106	\$8,339,729	\$27,659,377
Total	306	\$185,040,631	\$62,386,240	\$122,654,391

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

Appendix 2

Calendar Year Premium and Losses

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

Type (1)	Earned Premium (2)	Paid Losses (3)	Incurred Losses (4)
2011			
Commercial Insurers	\$109,109,890	\$62,475,123	\$64,862,247
Captives	\$96,486,529	\$62,012,481	\$70,064,347
Self Insurers	\$9,624,428	\$6,993,215	\$6,581,027
Totals	\$215,220,847	\$131,480,819	\$141,507,621
2012			
Commercial Insurers	\$102,138,069	\$100,080,945	\$130,412,108
Captives	\$83,866,719	\$45,240,088	\$61,057,453
Self Insurers	\$8,407,184	\$9,414,762	\$5,669,080
Totals	\$194,411,972	\$154,735,795	\$197,138,641
2013			
Commercial Insurers	\$95,081,552	\$53,992,145	\$44,600,350
Captives	\$119,420,920	\$110,625,914	\$239,785,628
Self Insurers	\$10,954,938	\$3,087,860	\$8,525,234
Totals	\$225,457,410	\$167,705,919	\$292,911,212
2014			
Commercial Insurers	\$100,627,243	\$65,083,996	\$70,394,465
Captives	\$70,814,500	\$80,640,280	\$152,035,120
Self Insurers	\$9,560,276	\$8,165,965	\$7,255,701
Totals	\$181,002,019	\$153,890,241	\$229,685,286
2015			
Commercial Insurers	\$92,858,496	\$91,912,448	\$85,080,415
Captives	\$151,151,706	\$154,885,067	\$222,361,622
Self Insurers	\$15,078,634	\$17,394,534	\$18,371,648
Totals	\$259,088,836	\$264,192,049	\$325,813,685

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 Paid	Losses	Premium Earned	Direct Incurred	Losses	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2006	\$222,510,593	\$158,896,289		\$224,464,853	\$150,796,675		\$36,634,700	\$125,823	\$12,424,585	\$5,211,385
2007	\$214,716,085	\$132,509,436		\$217,533,314	\$205,503,250		\$31,810,332	\$162,344	\$12,176,027	\$4,856,024
2008	\$213,015,705	\$160,376,736		\$211,548,606	\$77,779,627		\$27,348,583	\$328,355	\$13,496,213	\$5,141,297
2009	\$205,887,206	\$115,546,502		\$207,188,884	\$81,839,952		\$22,547,098	\$128,361	\$12,153,011	\$5,067,269
2010	\$187,939,784	\$66,577,812		\$183,902,792	\$20,486,393		\$35,514,153	\$214,187	\$13,456,626	\$4,070,048
2011	\$171,700,809	\$94,144,801		\$171,151,556	\$61,919,462		\$22,501,066	\$283,223	\$12,793,838	\$4,203,788
2012	\$172,801,837	\$121,343,097		\$183,579,600	\$46,165,381		\$17,856,776	\$322,460	\$14,135,597	\$3,904,038
2013	\$148,812,180	\$93,150,101		\$151,726,766	\$51,351,379		\$23,622,873	\$4,350,519	\$13,396,369	\$3,302,555
2014	\$168,061,489	\$124,205,248		\$172,282,030	\$102,647,790		\$39,120,838	\$2,201,777	\$11,909,444	\$4,831,584
2015	\$157,006,663	\$138,387,634		\$166,060,387	\$110,370,621		\$26,289,302	\$2,364,585	\$12,027,500	\$4,100,092

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

Data from the Connecticut State Page of the Financial Annual Statement				Figures reported in the NAIC Profitability Report*	
Year	Loss Ratio	Defense and Adjustment Costs	Other Underwriting Expenses	Underwriting Profit	Profit on Insurance Transactions
2006	67.2%	16.3%	7.9%	-6.1%	13.6%
2007	94.5%	14.6%	7.9%	-32.1%	-3.4%
2008	36.8%	12.9%	9.0%	28.1%	26.6%
2009	39.5%	10.9%	8.4%	24.2%	25.9%
2010	11.1%	19.3%	9.6%	47.4%	46.4%
2011	36.2%	13.1%	10.1%	23.4%	30.8%
2012	25.1%	9.7%	10.0%	39.7%	38.8%
2013	33.8%	15.6%	13.9%	21.9%	28.1%
2014	59.6%	22.7%	11.0%	-13.0%	1.3%
2015	66.5%	15.8%	11.1%		

* National Association of Insurance Commissioners, Report on Profitability by Line by State annual volumes for latest ten years

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2006	\$141,517,805	\$110,579,655	\$138,556,070	\$82,579,837	\$22,485,021	\$116,678	\$9,026,596	\$2,988,358
2007	\$136,304,980	\$102,340,760	\$138,626,587	\$77,001,029	\$18,711,509	\$121,094	\$8,783,019	\$2,638,930
2008	\$127,186,309	\$91,508,513	\$126,733,484	\$58,231,375	\$17,293,530	\$273,483	\$8,564,244	\$2,634,577
2009	\$118,636,760	\$68,574,283	\$119,417,586	\$32,252,965	\$11,523,245	\$110,905	\$8,944,414	\$2,446,272
2010	\$111,162,780	\$45,214,396	\$107,602,899	-\$25,557,041	\$24,776,296	\$155,672	\$8,890,910	\$1,984,470
2011	\$104,227,438	\$44,780,366	\$102,941,143	\$35,954,052	\$6,768,159	\$155,657	\$8,353,622	\$2,287,440
2012	\$104,373,747	\$82,665,445	\$116,084,137	\$33,479,847	\$10,341,611	\$168,358	\$9,415,023	\$1,953,860
2013	\$100,764,957	\$37,952,734	\$100,805,050	\$23,010,438	\$16,781,516	\$4,186,734	\$9,744,289	\$2,077,539
2014	\$95,464,847	\$52,346,524	\$98,813,130	\$40,588,569	\$21,030,684	\$2,041,568	\$8,083,428	\$2,181,634
2015	\$81,629,145	\$67,658,841	\$91,216,103	\$63,821,085	\$11,448,173	\$2,234,250	\$8,239,702	\$1,816,363

% of Earned Premium				
Year	Direct Losses		Defense & Cost Containment	Other
	Paid	Incurred	Expenses Incurred	Underwriting Expenses
2006	79.8%	59.6%	16.2%	8.8%
2007	73.8%	55.5%	13.5%	8.3%
2008	72.2%	45.9%	13.6%	9.1%
2009	57.4%	27.0%	9.6%	9.6%
2010	42.0%	-23.8%	23.0%	10.3%
2011	43.5%	34.9%	6.6%	10.5%
2012	71.2%	28.8%	8.9%	9.9%
2013	37.6%	22.8%	16.6%	15.9%
2014	53.0%	41.1%	21.3%	12.5%
2015	74.2%	70.0%	12.6%	13.5%

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Commission and Brokerage Expense	Taxes and Fees
2006	\$25,909,996	\$10,136,295	\$30,880,271	\$9,802,776	\$1,011,542	\$0	\$2,774,046	\$31,738
2007	\$24,669,595	\$10,520,658	\$25,024,091	\$33,995,155	\$1,056,897	\$0	\$3,050,999	\$25,740
2008	\$26,344,811	\$9,527,851	\$25,421,354	-\$8,395,964	-\$241,409	\$0	\$4,717,441	\$65,346
2009	\$24,558,850	\$6,851,389	\$24,772,184	-\$193,689	\$1,934,504	\$0	\$2,972,581	\$56,217
2010	\$25,802,604	\$3,870,580	\$25,202,123	\$1,482,178	\$3,417,487	\$0	\$4,412,404	\$140,063
2011	\$22,906,173	\$10,949,829	\$23,744,608	\$13,258,266	\$3,769,983	\$0	\$4,195,923	\$88,573
2012	\$22,062,594	\$9,686,010	\$21,360,485	\$11,409,059	\$1,859,871	\$20,974	\$3,833,908	\$93,293
2013	\$19,415,484	\$6,930,519	\$22,160,406	\$2,874,968	\$534,941	\$0	\$3,346,095	\$81,627
2014	\$18,941,089	\$9,692,780	\$19,798,365	\$8,173,296	\$1,590,645	\$0	\$3,091,004	\$70,489
2015	\$19,211,403	\$15,607,062	\$19,196,853	\$6,594,333	\$2,274,170	\$0	\$2,872,210	\$73,744

Year	% of Earned Premium			
	Direct Losses		Defense & Cost Containment	Other
	Paid	Incurred	Expenses Incurred	Underwriting Expenses
2006	32.8%	31.7%	3.3%	9.1%
2007	42.0%	135.8%	4.2%	12.3%
2008	37.5%	-33.0%	-0.9%	18.8%
2009	27.7%	-0.8%	7.8%	12.2%
2010	15.4%	5.9%	13.6%	18.1%
2011	46.1%	55.8%	15.9%	18.0%
2012	45.3%	53.4%	8.7%	18.5%
2013	31.3%	13.0%	2.4%	15.5%
2014	49.0%	41.3%	8.0%	16.0%
2015	81.3%	34.4%	11.8%	15.3%

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
2006	\$53,925,316	\$38,178,304	\$53,823,549	\$58,301,534	\$11,932,387	\$9,145	\$439,875	\$2,144,990
2007	\$52,888,440	\$19,583,863	\$52,897,231	\$93,982,654	\$6,314,655	\$41,250	\$210,929	\$2,157,003
2008	\$59,484,585	\$59,340,372	\$59,393,768	\$27,944,216	\$10,296,462	\$54,872	\$214,528	\$2,441,374
2009	\$62,691,596	\$40,120,830	\$62,999,114	\$49,780,676	\$9,089,349	\$17,456	\$236,016	\$2,564,780
2010	\$50,974,400	\$17,492,836	\$51,097,770	\$44,561,256	\$7,320,370	\$58,515	\$153,312	\$1,945,515
2011	\$44,567,198	\$38,414,606	\$44,465,805	\$12,707,144	\$11,962,924	\$127,566	\$244,293	\$1,827,775
2012	\$46,365,496	\$28,991,642	\$46,134,978	\$1,276,475	\$5,655,294	\$133,128	\$886,666	\$1,856,885
2013	\$28,631,739	\$48,266,848	\$28,761,310	\$25,465,973	\$6,306,416	\$163,785	\$305,985	\$1,143,389
2014	\$53,655,553	\$62,165,944	\$53,670,535	\$53,885,925	\$16,499,509	\$160,209	\$735,012	\$2,579,461
2015	\$56,166,115	\$55,121,731	\$55,647,431	\$39,955,203	\$12,566,959	\$130,335	\$915,588	\$2,209,985

% of Earned Premium				
Year	Direct Losses		Defense & Cost Containment	Other Underwriting Expenses
	Paid	Incurred	Expenses Incurred	
2006	70.9%	108.3%	22.2%	4.8%
2007	37.0%	177.7%	11.9%	4.6%
2008	99.9%	47.0%	17.3%	4.6%
2009	63.7%	79.0%	14.4%	4.5%
2010	34.2%	87.2%	14.3%	4.2%
2011	86.4%	28.6%	26.9%	4.6%
2012	62.8%	2.8%	12.3%	6.2%
2013	167.8%	88.5%	21.9%	5.6%
2014	115.8%	100.4%	30.7%	6.5%
2015	99.1%	71.8%	22.6%	5.9%

Top 15 in 2015 Direct Premiums Written

Company Name	Domicile	Direct Premiums Written	Direct Premiums Earned	Dividends Paid	Direct Unearned Premium Reserves	Direct Losses Paid	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense & Cost Containment Expense Paid	Direct Defense & Cost Containment Expense Incurred	Direct Defense & Cost Containment Expense Unpaid	Commission and Brokerage Expense	Taxes, Licenses and Fees
MCIC VT a Recip RRG	VT	45,684,210	45,662,198	0	0	54,158,231	34,625,611	105,648,644	6,387,524	8,408,550	18,695,249	67,506	1,845,531
Proselect Ins Co	MA	35,236,315	38,831,324	0	15,096,066	31,761,500	41,087,523	124,056,979	7,145,139	9,162,569	28,082,577	4,030,896	843,022
Connecticut Medical Ins Co	CT	21,149,339	27,111,101	2,142,038	29,696,164	22,383,323	12,140,402	51,615,320	4,261,044	-3,522,805	17,855,201	471,310	465,746
Continental Cas Co	IL	6,958,139	6,966,030	0	687,205	3,551,920	2,079,127	39,101,098	2,726,119	1,721,392	2,472,250	273,239	126,216
Ironshore Specialty Ins Co	AZ	4,465,719	3,345,768	0	2,729,855	425,000	1,045,784	4,827,327	134,194	282,011	570,882	637,290	268
American Cas Co Of Reading PA	PA	3,550,762	3,522,825	0	1,496,241	813,782	-130,009	2,928,440	128,329	141,275	1,849,605	1,395,253	94,514
Medical Protective Co	IN	3,127,783	3,275,187	0	1,949,550	3,375,000	1,376,500	5,429,000	338,326	1,102,335	3,478,562	350,382	74,754
Applied Medico Legal Solutions RRG	AZ	2,282,521	2,437,966	0	869,732	25,000	-19,470	1,330,755	1,048,731	1,746,410	1,530,540	426,644	91,301
Arch Specialty Ins Co	MO	2,125,076	2,335,501	0	193,156	0	-87,806	2,498,023	15,265	-61,108	684,181	154,538	122
National Specialty Ins Co	TX	1,958,031	1,815,752	0	910,039	0	716,006	1,412,009	111,739	291,144	247,829	61,671	34,293
Lexington Ins Co	DE	1,827,813	1,958,938	0	980,610	1,618,980	-2,678,576	4,797,890	616,402	-58,553	762,485	158,046	0
Homeland Ins Co of NY	NY	1,513,703	1,580,985	0	864,924	2,203,870	922,549	1,876,408	267,715	283,253	328,590	172,613	0
National Union Fire Ins Co Of Pitts	PA	1,430,472	1,416,806	0	675,861	2,423,497	2,290,816	3,555,183	805,330	775,332	664,632	342,044	26,675
Health Care Industry Liab Recip Ins	DC	1,409,814	1,406,998	0	985,411	633,300	699,678	4,721,393	143,748	316,574	2,225,862	408,488	56,393
Preferred Physicians Medical RRG	MO	1,346,730	1,365,555	0	62,071	133,500	1,289,679	3,442,589	346,676	90,419	623,992	0	53,869

Top 15 Total

134,066,427 = 85.4% of total 2015 Direct Premiums Written of \$157,006,663

Top 15 in 2014 Direct Premiums Written

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

Top 15 Total

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

Connecticut Medical Malpractice Annual Report – 2015

Investment Income * – 15 Leading Writers

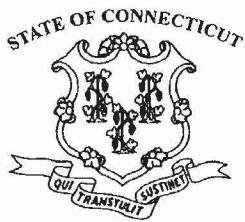
<u>COMPANY NAME</u>	<u>2015</u>	<u>2014</u>
MCIC VT a Recip RRG	\$112,236,367	\$69,076,720
Proselect Ins Co	\$652,035	\$612,180
Connecticut Medical Ins Co	\$14,037,007	\$16,037,234
Continental Cas Co	\$2,074,330,573	\$1,950,345,977
Ironshore Specialty Ins Co	\$15,795,075	\$24,762,201
American Cas Co Of Reading PA	\$2,227,852	\$2,584,555
Medical Protective Co	\$99,008,814	\$91,824,000
Applied Medico Legal Solutions RRG	\$3,776,826	\$2,628,294
Arch Specialty Ins Co	\$7,521,181	\$6,919,687
National Specialty Ins Co	\$1,264,766	\$1,106,735
Lexington Ins Co	\$934,103,290	\$903,706,911
Homeland Ins Co of NY	\$549,795	-\$216,476
National Union Fire Ins Co Of Pitts	\$1,118,592,686	\$960,766,685
Health Care Industry Liab Recip Ins	\$124,258	\$66,881
Preferred Physicians Medical RRG	\$8,620,112	\$5,860,677

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.

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

Appendix 5

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



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION

Introduction:

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

Public Act No. 07-25

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

The link can be found at the following URL address:

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

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

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

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

Definitions and Terms:

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

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

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

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

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

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

Captive Domicile:

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

Captive License #:

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

Non-Hospital Healthcare Provider:

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

Self-Insured Trust:

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

Voluntary Attending Physician:

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

Yearly Reporting Financial Terms & Definitions:

Commercial Insurer

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

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

Hospital/Captive:

Hospital/Captive without Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

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

Hospital/Captive with Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

Hospital Net Retained Incurred Professional Liability Losses –

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

Hospital/Self Insured Trust

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

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

Medical Malpractice Online Reporting Tool Instruction

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

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

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

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

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

Click here to start:

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

To Bookmark this page:

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

Request a User ID

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

 STATE OF CONNECTICUT

Medical Malpractice



Login

Email *

Password *

[Request a User ID](#)

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2. Enter the User Information

 STATE OF CONNECTICUT

Medical Malpractice



Request User ID

Please fill all of the information and submit. We will contact you when your application has been accepted.

User Information

E-Mail *	<input type="text"/>		
Password *	<input type="password"/>		
Re-Password *	<input type="password"/>		
First Name *	<input type="text"/>	MI <input type="text"/>	Last Name * <input type="text"/>
Phone *	<input type="text"/> (e.g. 123-456-7890)		

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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.

 **Medical Malpractice** 

What do you want to do now?

Add New Company Finish User Registration

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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 Connecticut Medical Malpractice website. At the top left is the CT.gov logo for the State of Connecticut. In the center, it says "Medical Malpractice". On the right is the seal of the Insurance Department of the State of Connecticut. Below the header, there's a navigation bar with links: "Welcome- Closed Claims", "Closed Claims", "Home", "List Claims", "Request New Company", and "Logout". The main content area has a title "Claim" and two buttons: "New Claim" and "List Claims". There is also a search bar with a magnifying glass icon and a "Search" button. Below these, a message says "No claims found". At the bottom, there's a footer with the text "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 same Connecticut Medical Malpractice website as above, but now displaying a list of claims. The user is identified as "Welcome- Anh Huynh ,My Hospital Self-Insured Trust". The "List Claims" link is highlighted. The main content area shows a table titled "Claims Results 1-1 of 1 Page-1". The table has columns: "Claim/Loss Number", "Date of Injury or Loss", "Date Claim/Loss Reported", "Date Claim/Loss Closed", and "Complete?". One row is shown with the values: "200804-0001", "01/01/2005", "02/02/2005", "03/03/2008", and "Yes". At the bottom, there's a footer with the text "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 *

County where claim incident occurred *

Date of Injury or Loss *

Date Claim/Loss Reported *

Date Claim/Loss Closed *

Injured Person Details

First Name * Middle Name Last Name *

Date Of Birth Age Group Age Group *

Gender * Male Female

Injury Details

Name of institution where loss/injury occurred *

Type of Location where loss/injury occurred *

Act or Omission Type *

Act or Omission Description *

Severity rating(NAIC) *

Attorney * and/or Attorneys Law Firm *

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

3. Select Insured/Policyholder type – Business Entity or Individual

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

Insured/Entity Details

Name of Entity *	<input type="text"/>
Address1 *	<input type="text"/>
Address2	<input type="text"/>
City *	<input type="text"/>
State *	Connecticut <input type="button" value="▼"/>
Zip Code *	<input type="text"/>
Policy Number *	<input type="text"/>
Specialty *	<input type="button" value="—Select Specialty—"/>
Insured Policy Limits *	<input type="button" value="—Select 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

Proceed >> **Cancel**

Judgment/Settlement Information

Outcome Information

Settlement Withdrawn Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

<< Back **Proceed >>** **Cancel**

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

<< Back **Proceed >>** **Cancel**

- 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 *

2. Estimated Amount of Line 1 allocated to Economic Damages *

3. Estimated Amount of Line 1 allocated to non-Economic Damages *

Submit

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *

2. Estimated Amount of Line 1 allocated to Economic Damages *

3. Estimated Amount of Line 1 allocated to non-Economic Damages *

4. Amount of Initial Award(if rendered by Jury or Awarded by Court) *

Submit

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.

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

[**<< Back**](#) [**Proceed >>**](#) [**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.

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

Date Withdrawn

[**<< Back**](#) [**Proceed >>**](#) [**Cancel**](#)

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *

- Select Outcome-
- Select Outcome-
- Judgment for Plaintiff
- Judgment for Defendant

Appeal Filed

Yes No

[<< Back](#)

[Proceed >>](#)

[Cancel](#)

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *

Appeal Filed

Yes No

Date Appeal Filed *

Date Appeal Decided *

Appeal Outcome *

 Judgment for Plaintiff on Appeal
 Judgment for Defendant on Appeal

[« Back](#) [Proceed »](#) [Cancel](#)

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"/>

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"/>

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

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>			
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>			
Settlement Code	Settlement Before Litigation	Lawsuit Filed	No
Date of Settlement	02/02/2008	Were Other Companies Involved	Yes
<u>Award Detail (1)</u>			
Structured Settlement	No		
1. Total Settlement Paid to Injured Party	\$12,000	2. Estimated Amount of Line 1 allocated to Economic Damages	Unknown
3. Estimated Amount of Line 1 allocated to non-Economic Damages	Unknown		

Yearly Information Report

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

Yearly Information

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

Commercial Insurer

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

[Submit](#) [Cancel](#)

Hospital/Non Hospital – Self Insurer

Yearly Information

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

Hospital/Non Hospital - Self-Insured

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

[Submit](#) [Cancel](#)

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"/>

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"/>

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"/>

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) *	<input type="text"/>
HCP Net Retained Paid Professional Liability Losses *	<input type="text"/>
HCP Net Retained Incurred Professional Liability Losses *	<input type="text"/>