



CT Medical Malpractice Report

To

Insurance and Real Estate Committee

Presented by

Connecticut Insurance Department
Katharine L. Wade, Commissioner

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Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has provided our 2017 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2012 through 2016. The report also includes 2016 rate filing activity, premium information by medical provider specialty for 2016 and industry experience over the last 10 years.

The Department compiled the report with data collected from 150 entities:

- 69 carriers licensed in Connecticut
- 25 risk retention groups (RRGs)
- 56 excess and surplus lines companies.

The two primary pieces of claims data analyzed were:

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 legal defense and include payments to defense counsel and other costs incurred by insurers, such as fees for expert witnesses.

A brief summary of the data includes:

- 3,099 total closed claims over the past five years
 - ✓ 1,461 were resolved in favor of the plaintiff
 - ✓ 1,638 were resolved in favor of the defendant
- 1,649 closed claims reported by commercial insurers
- 1,450 closed claims reported by self-insurers
- \$623,558 was the average indemnity payout to a claimant

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

Respectfully,



Katharine L. Wade
Insurance Commissioner

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Connecticut Medical Malpractice Closed Claim Annual Report – 2017

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 2017 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 2012 through 2016. In addition, it provides a summary of rate filing activity for 2016, premium information by medical provider specialty for 2016 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 reporting tool enhanced 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 150 entities including 69 carriers licensed in Connecticut, 25 risk retention groups (RRG's) and 56 excess and surplus lines companies. We received data on 2016 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 2012 through 2016. 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 2015 and 2016, 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 2007 – 2016. 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, 2016, 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 3,099 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,649. Captives/Self-Insurers reported 1,450 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 (53%) of the claims had no indemnity payments, while the remaining 47% closed with an indemnity payment. The total amount paid to claimants was \$911 million, with an average of \$623,558 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 70%, or 2,164, generated legal expenses to defend the claim. These expenses totaled \$167 million, an average of \$77,026 per claim. Of these almost half 46% (1,001) were for incidents that had no payments to claimants, averaging \$50,577 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$99,791.
- **Indemnity Payments and Size of Claims:** About half (721 out of 1,461) of all claims that have an indemnity payment have a payment of less than \$200,000. But million dollar plus claims, with only 19% of all claim counts represent 69% of all indemnity payments, over \$533 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,461 claims that closed with an indemnity payment, 188 closed within one year of being reported and had an average paid indemnity of \$107,908. That average figure rose to \$984,108 for claims closing between 60 and 90 months from being reported. The average paid generally is near \$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 3,099 reported claims, 1,461 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, 98% were settled, with 83% settled before trial began. The remaining 1,638 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 92% were settled, with 87% 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 3,099 claims, 1,461, or 47% had indemnity payments to a claimant at an average value of \$623,558. While Commercial Insurers reported a greater number of claims in total, Captives/Self-Insurers actually had more claims with indemnity payments (810 to 651). The average claim size for Commercial Insurers (\$483,557) is also lower than for Captives/Self-Insurers (\$736,078). More claims closed in 2015 compared to 2016, in total and for both subgroups. The average values of indemnity payments for 2016 were higher than the 2015 averages.

Of the total 3,099 claims, 70% 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 \$202 million represents the amount expended to defend and investigate claims. This represents 22% of the total indemnity. Commercial Insurers expended a higher percentage than Captives/Self-Insurers.

Claims by Size (Reports 4 and 5)

The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,461 claims, 274, or 19% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$633 million, or 69.5% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 222 claims (15%) with \$157 million of payments. Thus, the 496 claims greater than \$500,000, represents approximately 34% of the claims, but about 87% of the total paid indemnity.

On the other hand, 30% 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 32% 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 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, 27% had defense counsel payments. For claims closing after three years, the percentage is at 86%. 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 \$6,764, while those closing five or more years after being reported averaged \$141,917. 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 46% of claims with an indemnity payment take at least 5 years from date of injury to finally close.

Severity of Injury (Report 7)

Of the 1,461 claims reported as closed with an indemnity payment, 359, or 25% were due to the death of the injured party, with average paid indemnity of \$886,793. 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 170 severe “permanent injury” claims, when combined with the death cases, comprise over 65% 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 170 most serious non-death claims were significantly higher than the overall average. For those claims, 159 of which had defense counsel costs, the average was \$177,897 compared to \$105,854 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, 61% had defense counsel payments that averaged \$50,577. However, for the most serious non-death permanent injury claims, 77% required legal defense at an average cost of \$87,070. 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 (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

about 46% of the claims, the average indemnity payment was \$800,635, about 28% above the overall average. The highest average was for Gynecology/OB-GYN specialty at \$960,138 with only 43 claims. The next highest average was the Hospitals-General category at \$800,635, followed by Emergency Services/Call Center/Ambulance Services with an average claim size at \$757,077. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. We note that four of the specialty areas have 10 or less claims and eight have 21 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 3,099 closed claims, 53% resulted in no payment to the plaintiff. Of these, 92% 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 47% of closed claims resulted in indemnity payments to the plaintiff. Of these, 98% were settled, with most of those being settled before trial. Only 32 of the 1,461 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 20% resulted in payments to the plaintiff. For cases that were settled, 49% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$598,240 with additional expenses for total ALAE of \$92,123 per claim. For cases that had court dispositions, the average payment was over \$1.75 million with \$398,459 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 52% of the 1,461 claims with an indemnity payment, that is 762, insurers failed to provide this split in the reported data as they indicated that such information was not available in the final settlement.

For the claims where the split was provided, approximately 70% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$569,095 or approximately 9% lower than the overall average for all claims with indemnity payments of \$623,558. Commercial Insurers provided the split on 65% of the claims reported with indemnity payments and 70% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 34% of claims reported with indemnity payments and 69% 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 2016, 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 2012 through 2016 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 2016 has decreased 10% compared to 2015 premiums, which is a 20% increase over 2012 premiums. We observe that over the 5-year period from 2012 to 2016, Self-Insurers tripled their total annual earned premium from \$8.5 million to \$26.3 million, and Captives' premium grew by 42% from 2012's \$84 million to 2016's \$119.5 million. During the same time period, Commercial Insurers premium has gone the opposite direction showing a decrease from \$102 million to \$88 million, as a 14% drop over five years.

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 2016. Exhibit 1 displays experience for all companies combined and also includes profitability ratios from the NAIC Report on Profitability by Line by State (Profitability Report). Ratios are shown separately for underwriting profit (premiums less losses and expenses as a percent of earned premium) and profit on the insurance transaction (underwriting profit plus investment earnings less federal income taxes as a percent of earned premium). These results show that from 2008 to 2013, the profit on insurance transaction were all over 25%. This profitability on insurance transaction dropped to 1.3% in 2014, and 0.0% in 2015. The draft 2016 Profitability Report dated 04/25/2017 indicates an 11.2% loss on insurance transaction as the incurred loss and loss expense ratio up to 75.9% for 2016, up from 66.5% in 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 2007 through 2009; the 2010 year reflects substantial reserve takedowns, with experience for 2011-2016 also showing some volatility relative to the historical ratios. The written premium decline that we observed in the last few years continues in 2016 for licensed companies. But after a two year decline for excess/surplus companies, we see an increase in written premiums for 2015 and 2016. Risk retention groups written premium has increased the last three years surpassing the peak premiums in 2008/2009.

Exhibits 5 and 6 provide premium, loss and expense experience for 2016 and 2015 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 67% of total direct written premium for the state.

In addition, we have provided Exhibit 7 which displays investment income for 2015 and 2016 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

2012 - 2016 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> |
| 2012 | 552 | 230 | 322 | \$161,424,479 | \$701,846 |
| 2013 | 619 | 302 | 317 | \$154,765,755 | \$512,469 |
| 2014 | 524 | 241 | 283 | \$158,468,795 | \$657,547 |
| 2015 | 835 | 394 | 441 | \$235,617,088 | \$598,013 |
| 2016 | 569 | 294 | 275 | \$200,742,181 | \$682,797 |
| Total | 3099 | 1461 | 1638 | \$911,018,298 | \$623,558 |

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Commercial Insurers

2012 - 2016 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> |
| 2012 | 311 | 98 | 213 | \$65,189,728 | \$665,201 |
| 2013 | 329 | 120 | 209 | \$37,576,760 | \$313,140 |
| 2014 | 311 | 116 | 195 | \$57,277,852 | \$493,775 |
| 2015 | 392 | 187 | 205 | \$90,925,751 | \$486,234 |
| 2016 | 306 | 130 | 176 | \$63,825,279 | \$490,964 |
| Total | 1649 | 651 | 998 | \$314,795,370 | \$483,557 |

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Captives and Self Insurers

2012 - 2016 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> |
| 2012 | 241 | 132 | 109 | \$96,234,751 | \$729,051 |
| 2013 | 290 | 182 | 108 | \$117,188,995 | \$643,896 |
| 2014 | 213 | 125 | 88 | \$101,190,943 | \$809,528 |
| 2015 | 443 | 207 | 236 | \$144,691,337 | \$698,992 |
| 2016 | 263 | 164 | 99 | \$136,916,902 | \$834,859 |
| Total | 1450 | 810 | 640 | \$596,222,928 | \$736,078 |

(6)=(5)/(3)

Connecticut Department of Insurance
Defense Counsel Payments
All Insurers

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Claims with Payment to Defense Counsel</i> | | <i>Claims with Payment to Defense Counsel Only</i> | | <i>Claims with Payment to Defense Counsel and Indemnity Payments</i> | |
|--------------|--------------------------------------|---|----------------------|--|------------------------|--|------------------------|
| | | <i>Number of Claims</i> | <i>Total Payment</i> | <i>Number of Claims</i> | <i>Average Payment</i> | <i>Number of Claims</i> | <i>Average Payment</i> |
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> | <i>(8)</i> |
| 2012 | 552 | 357 | \$30,053,982 | 187 | \$41,384 | 170 | \$131,266 |
| 2013 | 619 | 431 | \$31,759,072 | 205 | \$68,788 | 226 | \$78,131 |
| 2014 | 524 | 373 | \$32,486,163 | 171 | \$60,102 | 202 | \$109,944 |
| 2015 | 835 | 584 | \$39,612,038 | 267 | \$39,743 | 317 | \$91,485 |
| 2016 | 569 | 419 | \$32,773,771 | 171 | \$46,193 | 248 | \$100,301 |
| Total | 3099 | 2164 | \$166,685,026 | 1001 | \$50,577 | 1163 | \$99,791 |

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Claims with Payment to Defense Counsel</i> | | <i>Claims with Payment to Defense Counsel Only</i> | | <i>Claims with Payment to Defense Counsel and Indemnity Payments</i> | |
|--------------|--------------------------------------|---|----------------------|--|------------------------|--|------------------------|
| | | <i>Number of Claims</i> | <i>Total Payment</i> | <i>Number of Claims</i> | <i>Average Payment</i> | <i>Number of Claims</i> | <i>Average Payment</i> |
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> | <i>(8)</i> |
| 2012 | 311 | 206 | \$12,256,450 | 122 | \$34,672 | 84 | \$95,552 |
| 2013 | 329 | 225 | \$10,797,188 | 131 | \$49,471 | 94 | \$45,919 |
| 2014 | 311 | 213 | \$11,348,049 | 107 | \$38,834 | 106 | \$67,856 |
| 2015 | 392 | 267 | \$15,531,505 | 123 | \$41,830 | 144 | \$72,127 |
| 2016 | 306 | 203 | \$11,125,123 | 95 | \$40,701 | 108 | \$67,209 |
| Total | 1649 | 1114 | \$61,058,315 | 578 | \$41,311 | 536 | \$69,367 |

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insurers

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Claims with Payment to Defense Counsel</i> | | <i>Claims with Payment to Defense Counsel Only</i> | | <i>Claims with Payment to Defense Counsel and Indemnity Payments</i> | |
|--------------|--------------------------------------|---|----------------------|--|------------------------|--|------------------------|
| | | <i>Number of Claims</i> | <i>Total Payment</i> | <i>Number of Claims</i> | <i>Average Payment</i> | <i>Number of Claims</i> | <i>Average Payment</i> |
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> | <i>(8)</i> |
| 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 | 213 | 160 | \$21,138,114 | 64 | \$95,659 | 96 | \$156,416 |
| 2015 | 443 | 317 | \$24,080,533 | 144 | \$37,959 | 173 | \$107,598 |
| 2016 | 263 | 216 | \$21,648,648 | 76 | \$53,058 | 140 | \$125,830 |
| Total | 1450 | 1050 | \$105,626,711 | 423 | \$63,239 | 627 | \$125,800 |

(3)=(5)+(7)

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

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Total Number of Closed Claims with ALAE</i> | <i>Total Indemnity Payments</i> | <i>Total Payment to Defense Counsel</i> | <i>Total Payment to Other ALAE</i> | <i>Total ALAE Payments as a Percent of Total Indemnity</i> |
|--------------|--------------------------------------|--|---------------------------------|---|------------------------------------|--|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> |
| 2012 | 552 | 387 | \$161,424,479 | \$30,053,982 | \$7,049,293 | 23.0% |
| 2013 | 619 | 456 | \$154,765,755 | \$31,759,072 | \$6,471,744 | 24.7% |
| 2014 | 524 | 399 | \$158,468,795 | \$32,486,163 | \$6,802,347 | 24.8% |
| 2015 | 835 | 605 | \$235,617,088 | \$39,612,038 | \$11,034,083 | 21.5% |
| 2016 | 569 | 453 | \$200,742,181 | \$32,773,771 | \$4,307,762 | 18.5% |
| Total | 3099 | 2300 | \$911,018,298 | \$166,685,026 | \$35,665,229 | 22.2% |

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

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

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Total Number of Closed Claims with ALAE</i> | <i>Total Indemnity Payments</i> | <i>Total Payment to Defense Counsel</i> | <i>Total Payment to Other ALAE</i> | <i>Total ALAE Payments as a Percent of Total Indemnity</i> |
|--------------|--------------------------------------|--|---------------------------------|---|------------------------------------|--|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> |
| 2012 | 311 | 223 | \$65,189,728 | \$12,256,450 | \$4,303,844 | 25.4% |
| 2013 | 329 | 245 | \$37,576,760 | \$10,797,188 | \$3,419,200 | 37.8% |
| 2014 | 311 | 229 | \$57,277,852 | \$11,348,049 | \$3,778,462 | 26.4% |
| 2015 | 392 | 283 | \$90,925,751 | \$15,531,505 | \$8,173,768 | 26.1% |
| 2016 | 306 | 233 | \$63,825,279 | \$11,125,123 | \$3,157,713 | 22.4% |
| Total | 1649 | 1213 | \$314,795,370 | \$61,058,315 | \$22,832,987 | 26.6% |

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

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

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Total Number of Closed Claims with ALAE</i> | <i>Total Indemnity Payments</i> | <i>Total Payment to Defense Counsel</i> | <i>Total Payment to Other ALAE</i> | <i>Total ALAE Payments as a Percent of Total Indemnity</i> |
|--------------|--------------------------------------|--|---------------------------------|---|------------------------------------|--|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> |
| 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 | 213 | 170 | \$101,190,943 | \$21,138,114 | \$3,023,885 | 23.9% |
| 2015 | 443 | 322 | \$144,691,337 | \$24,080,533 | \$2,860,315 | 18.6% |
| 2016 | 263 | 220 | \$136,916,902 | \$21,648,648 | \$1,150,049 | 16.7% |
| Total | 1450 | 1087 | \$596,222,928 | \$105,626,711 | \$12,832,242 | 19.9% |

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2012 - 2016 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 | 549 | 37.6% | \$17,290,101 | \$31,494 | 1.9% |
| \$100,000 - \$199,999 | 172 | 11.8% | \$24,088,160 | \$140,047 | 2.6% |
| \$200,000 - \$299,999 | 87 | 6.0% | \$20,755,229 | \$238,566 | 2.3% |
| \$300,000 - \$399,999 | 90 | 6.2% | \$29,818,393 | \$331,315 | 3.3% |
| \$400,000 - \$499,999 | 67 | 4.6% | \$29,309,443 | \$437,454 | 3.2% |
| \$500,000 - \$599,999 | 68 | 4.7% | \$35,455,039 | \$521,398 | 3.9% |
| \$600,000 - \$699,999 | 42 | 2.9% | \$26,560,919 | \$632,403 | 2.9% |
| \$700,000 - \$799,999 | 38 | 2.6% | \$28,074,439 | \$738,801 | 3.1% |
| \$800,000 - \$899,999 | 31 | 2.1% | \$26,227,558 | \$846,050 | 2.9% |
| \$900,000 - \$999,999 | 43 | 2.9% | \$40,402,018 | \$939,582 | 4.4% |
| \$1,000,000 and Over | 274 | 18.8% | \$633,036,999 | \$2,310,354 | 69.5% |
| Total | 1461 | 100.0% | \$911,018,298 | \$623,558 | 100.0% |

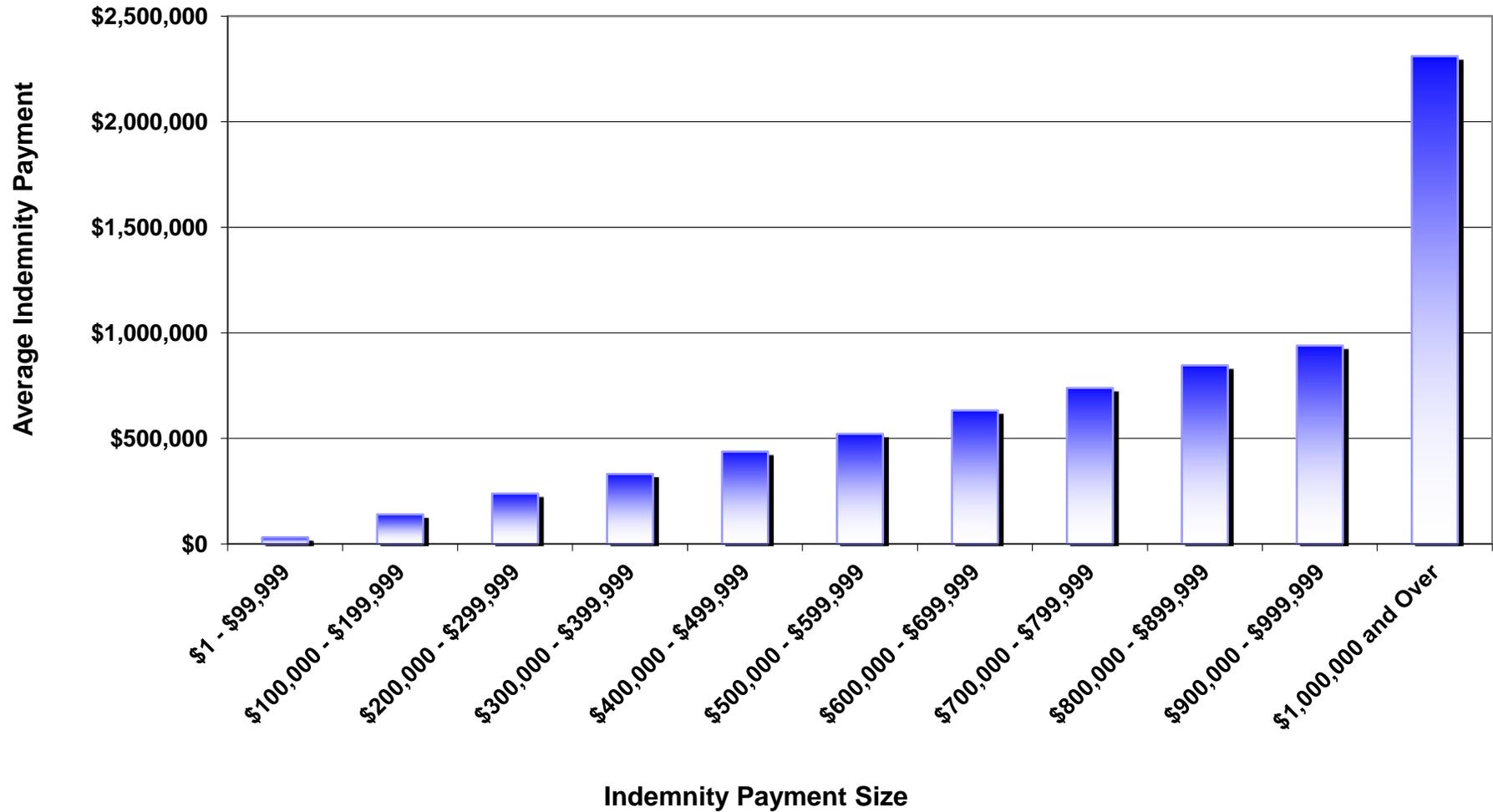
(3)=(2) for each range/(2) total

(5)=(4)/(2)

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

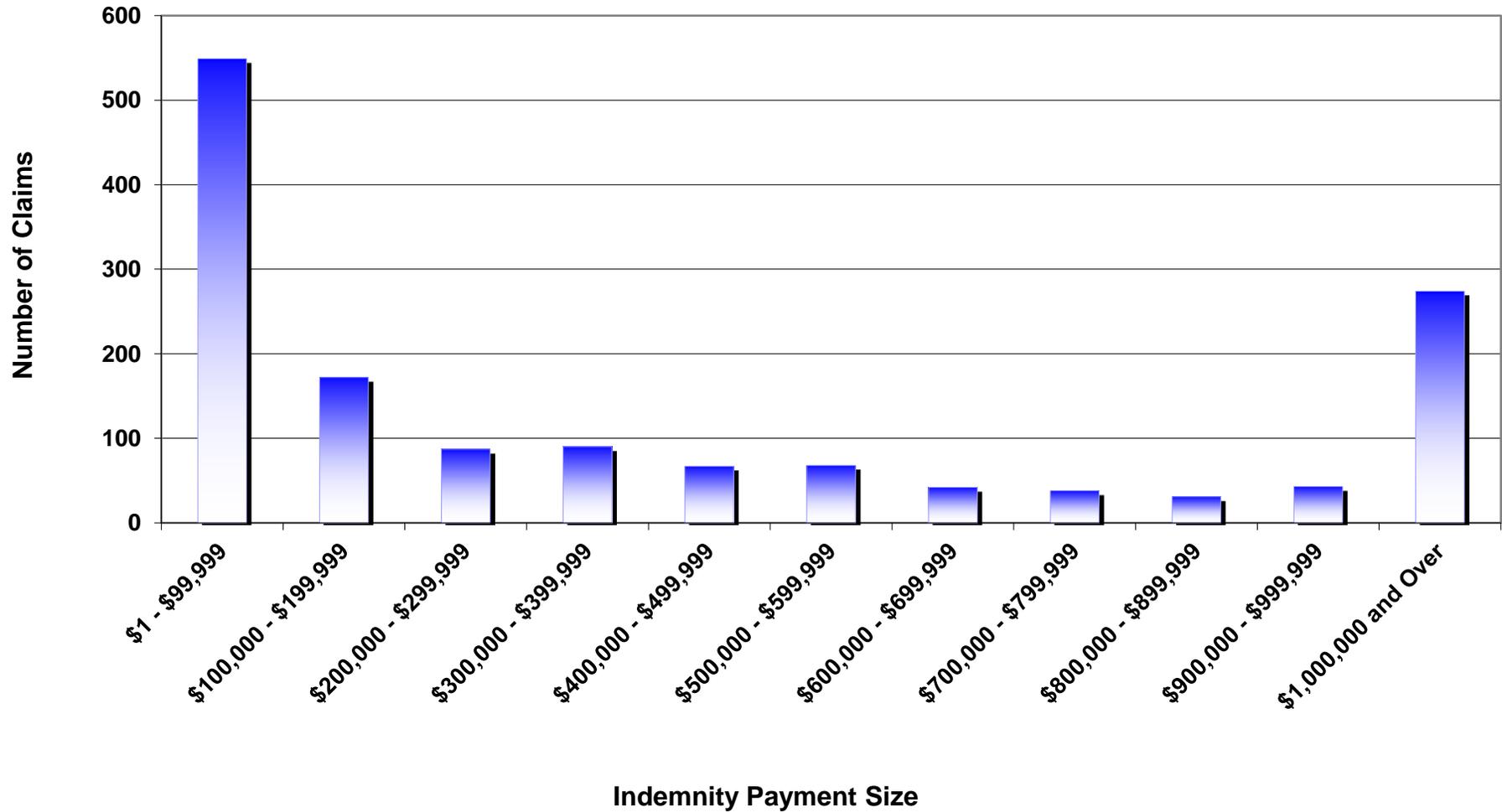
Connecticut Department of Insurance

Average Indemnity Payment by Indemnity Payment Size 2012 - 2016 Aggregate



Connecticut Department of Insurance

Number of Claims by Indemnity Payment Size 2012 - 2016 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

2012 - 2016 Aggregate

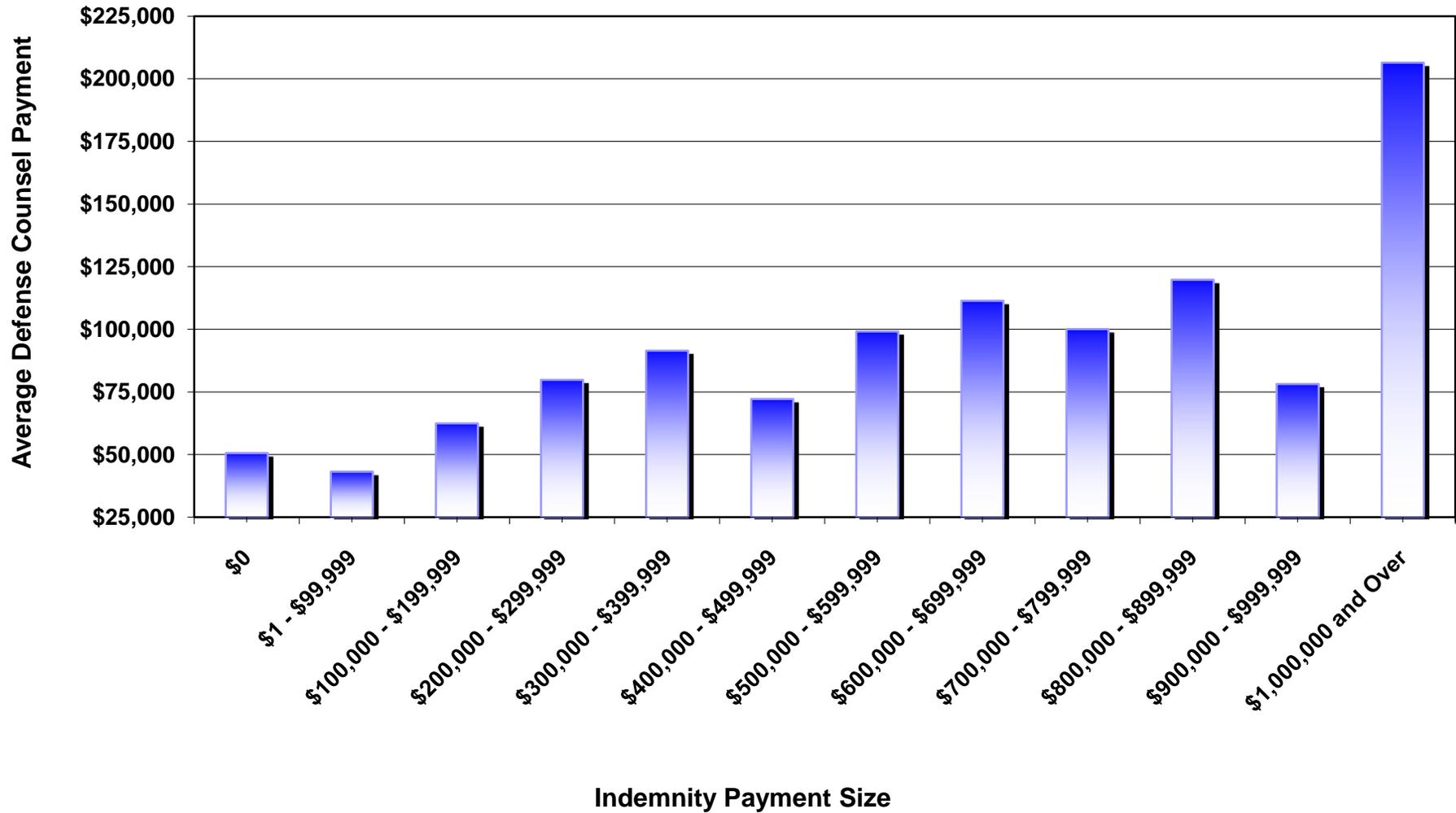
| <i>Indemnity Payment</i> | <i>Total Number of Closed Claims</i> | <i>Number of Claims with Payments to Defense Counsel</i> | <i>Total Payment to Defense Counsel</i> | <i>Average Payment to Defense Counsel</i> | <i>Percent of Total Payments to Defense Counsel</i> |
|--------------------------|--------------------------------------|--|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) |
| \$0 | 1638 | 1001 | \$50,628,045 | \$50,577 | 30.4% |
| \$1 - \$99,999 | 549 | 320 | \$13,810,249 | \$43,157 | 8.3% |
| \$100,000 - \$199,999 | 172 | 149 | \$9,303,058 | \$62,437 | 5.6% |
| \$200,000 - \$299,999 | 87 | 79 | \$6,305,096 | \$79,811 | 3.8% |
| \$300,000 - \$399,999 | 90 | 82 | \$7,501,252 | \$91,479 | 4.5% |
| \$400,000 - \$499,999 | 67 | 64 | \$4,619,829 | \$72,185 | 2.8% |
| \$500,000 - \$599,999 | 68 | 67 | \$6,640,759 | \$99,116 | 4.0% |
| \$600,000 - \$699,999 | 42 | 38 | \$4,231,849 | \$111,364 | 2.5% |
| \$700,000 - \$799,999 | 38 | 37 | \$3,702,419 | \$100,065 | 2.2% |
| \$800,000 - \$899,999 | 31 | 28 | \$3,353,021 | \$119,751 | 2.0% |
| \$900,000 - \$999,999 | 43 | 40 | \$3,126,311 | \$78,158 | 1.9% |
| \$1,000,000 and Over | 274 | 259 | \$53,463,138 | \$206,421 | 32.1% |
| Total | 3099 | 2164 | \$166,685,026 | \$77,026 | 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 2012 - 2016 Aggregate



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

2012 - 2016 Aggregate

| <i>Report to Closure Date</i> | <i>Total Number of Closed Claims</i> | <i>Percent of Total Closed Claims</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Percent of Claims with Indemnity Payments</i> | <i>Number of Claims with Defense Counsel Payments</i> | <i>Percent of Claims with Defense Counsel Payments</i> |
|---------------------------------|--------------------------------------|---------------------------------------|---|--|---|--|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> |
| 0 - 6 Months | 248 | 8.0% | 91 | 6.2% | 68 | 3.1% |
| 6 - 12 Months | 300 | 9.7% | 97 | 6.6% | 103 | 4.8% |
| 12 - 18 Months | 249 | 8.0% | 96 | 6.6% | 137 | 6.3% |
| 18 - 24 Months | 275 | 8.9% | 112 | 7.7% | 177 | 8.2% |
| 24 - 36 Months | 539 | 17.4% | 236 | 16.2% | 398 | 18.4% |
| 36 - 60 Months | 897 | 28.9% | 533 | 36.5% | 794 | 36.7% |
| 60 - 90 Months | 420 | 13.6% | 225 | 15.4% | 369 | 17.1% |
| 90 - 120 Months | 97 | 3.1% | 40 | 2.7% | 80 | 3.7% |
| 120 Months and Over | 74 | 2.4% | 31 | 2.1% | 38 | 1.8% |
| Total | 3099 | 100.0% | 1461 | 100.0% | 2164 | 100.0% |
| Average Length of Claims | 3.86 YEARS | | 3.85 YEARS | | 4.19 YEARS | |

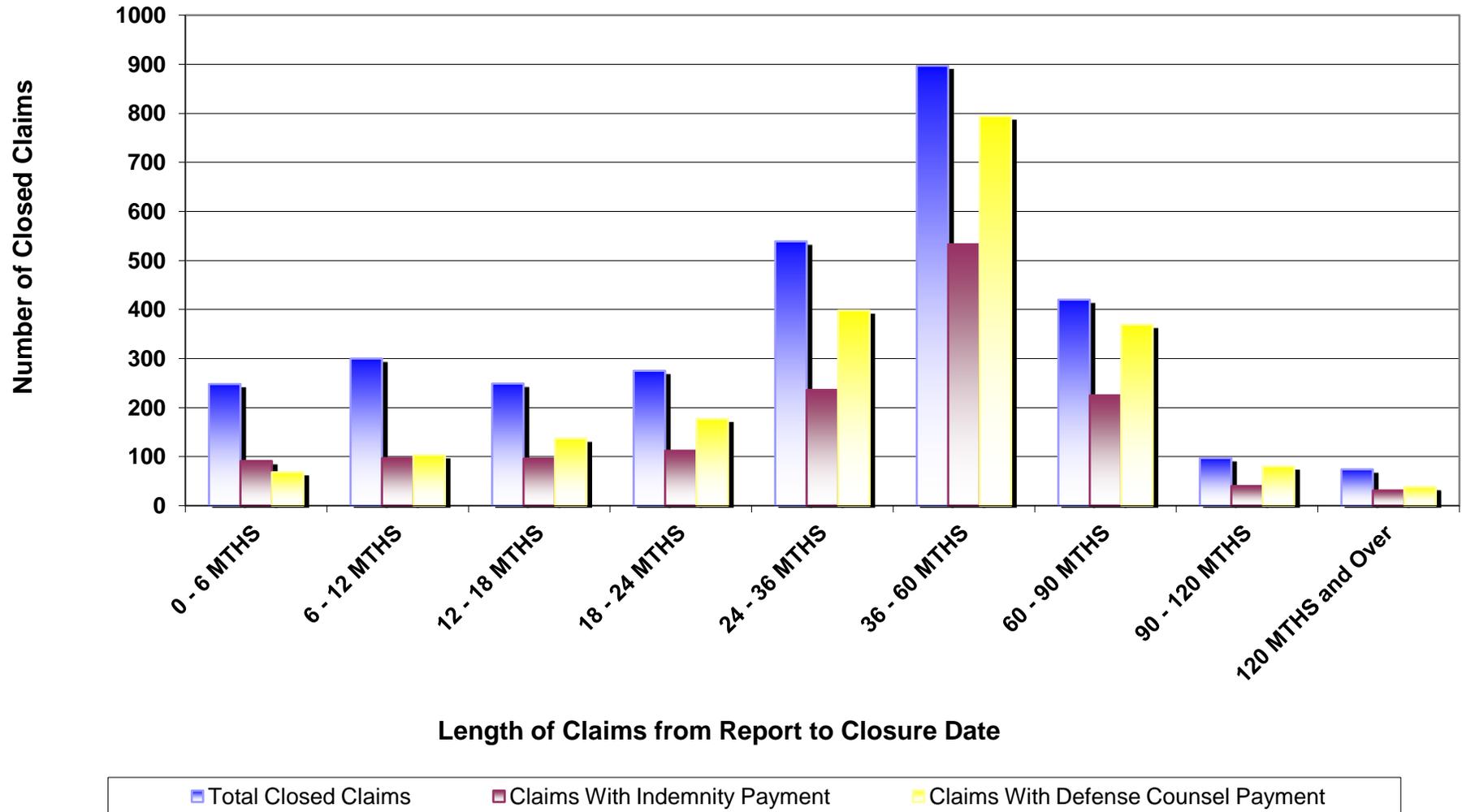
(3)=(2) for each range/(2) total

(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 2012 - 2016 Aggregate



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

2012 - 2016 Aggregate

| <i>Report Date to Closure Date</i> | <i>Total Number of Closed Claims</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Paid Ratio</i> | <i>Total Indemnity Payments</i> | <i>Percent of Total Indemnity Payments</i> | <i>Average Indemnity of Paid Claims</i> |
|--|--|---|-------------------|-------------------------------------|--|---|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> |
| 0 - 6 Months | 248 | 91 | 36.7% | \$9,123,713 | 1.0% | \$100,261 |
| 6 - 12 Months | 300 | 97 | 32.3% | \$11,163,009 | 1.2% | \$115,083 |
| 12 - 18 Months | 249 | 96 | 38.6% | \$23,943,950 | 2.6% | \$249,416 |
| 18 - 24 Months | 275 | 112 | 40.7% | \$56,842,914 | 6.2% | \$507,526 |
| 24 - 36 Months | 539 | 236 | 43.8% | \$123,643,394 | 13.6% | \$523,913 |
| 36 - 60 Months | 897 | 533 | 59.4% | \$391,248,903 | 42.9% | \$734,050 |
| 60 - 90 Months | 420 | 225 | 53.6% | \$221,424,238 | 24.3% | \$984,108 |
| 90 - 120 Months | 97 | 40 | 41.2% | \$45,471,568 | 5.0% | \$1,136,789 |
| 120 Months and Over | 74 | 31 | 41.9% | \$28,156,609 | 3.1% | \$908,278 |
| Total | 3099 | 1461 | 47.1% | \$911,018,298 | 100.0% | \$623,558 |

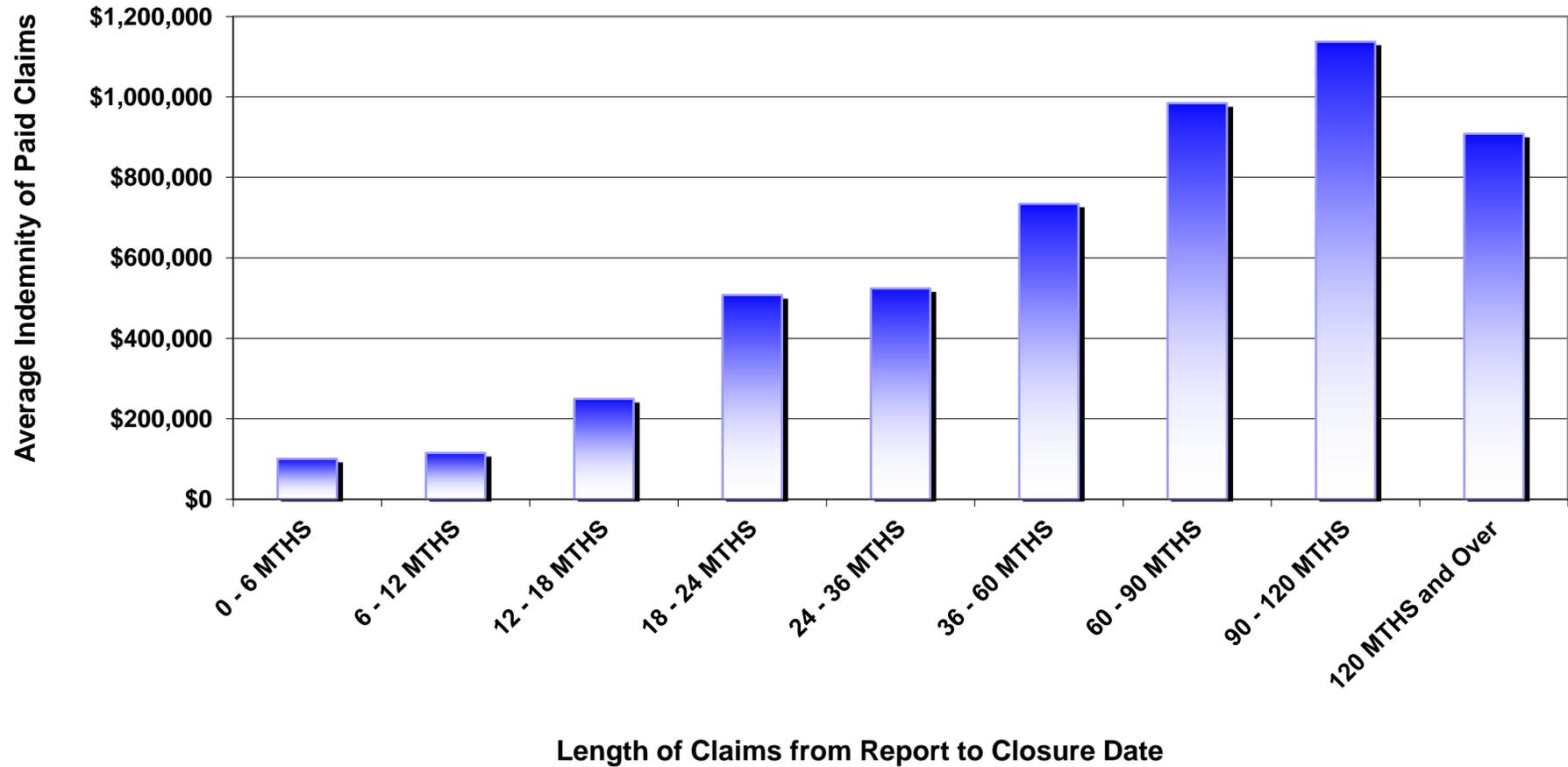
(4)=(3)/(2)

(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 2012 - 2016 Aggregate



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

2012 - 2016 Aggregate

| <i>Report Date to Closure Date</i> | <i>Total Number of Closed Claims</i> | <i>Number of Claims with Defense Counsel Payments</i> | <i>Paid Ratio</i> | <i>Total Defense Counsel Payments</i> | <i>Percent of Total Defense Counsel Payments</i> | <i>Average Defense Counsel Payments</i> |
|--|--|---|-------------------|---|--|---|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> |
| 0 - 6 Months | 248 | 68 | 27.4% | \$459,931 | 0.3% | \$6,764 |
| 6 - 12 Months | 300 | 103 | 34.3% | \$581,495 | 0.3% | \$5,646 |
| 12 - 18 Months | 249 | 137 | 55.0% | \$1,498,630 | 0.9% | \$10,939 |
| 18 - 24 Months | 275 | 177 | 64.4% | \$6,611,698 | 4.0% | \$37,354 |
| 24 - 36 Months | 539 | 398 | 73.8% | \$20,568,173 | 12.3% | \$51,679 |
| 36 - 60 Months | 897 | 794 | 88.5% | \$67,851,564 | 40.7% | \$85,455 |
| 60 - 90 Months | 420 | 369 | 87.9% | \$49,793,532 | 29.9% | \$134,942 |
| 90 - 120 Months | 97 | 80 | 82.5% | \$12,436,072 | 7.5% | \$155,451 |
| 120 Months and Over | 74 | 38 | 51.4% | \$6,883,931 | 4.1% | \$181,156 |
| Total | 3099 | 2164 | 69.8% | \$166,685,026 | 100.0% | \$77,026 |

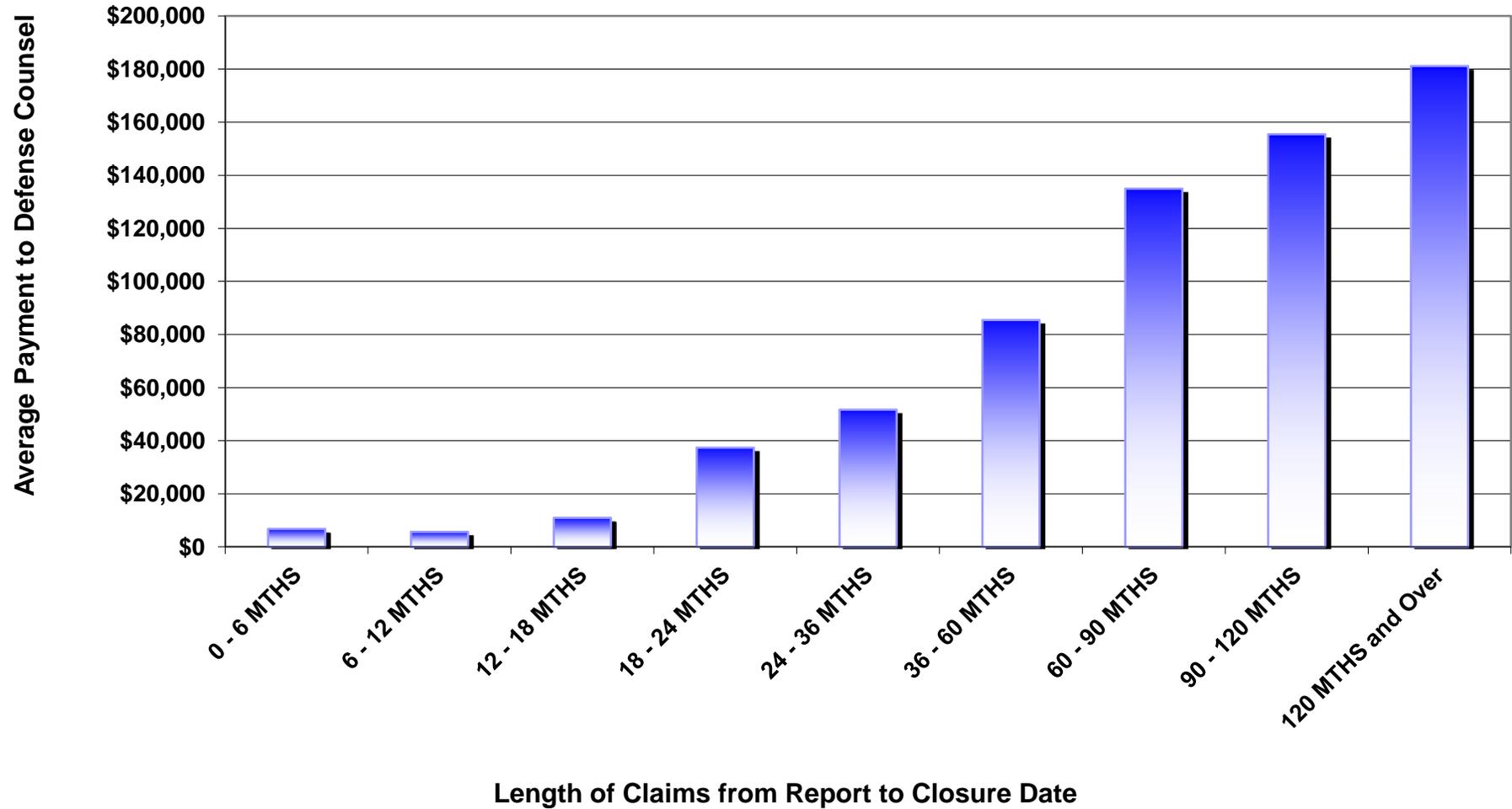
(4)=(3)/(2)

(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
2012 - 2016 Aggregate



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

2012 - 2016 Aggregate

| <i>Injury Date to Report Date</i> | <i>Total Number of Closed Claims</i> | <i>Percent of Total Closed Claims</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Percent of Claims with Indemnity Payments</i> |
|-----------------------------------|--------------------------------------|---------------------------------------|---|--|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> |
| 0 - 6 Months | 1082 | 34.9% | 567 | 38.8% |
| 6 - 12 Months | 350 | 11.3% | 162 | 11.1% |
| 12 - 18 Months | 277 | 8.9% | 114 | 7.8% |
| 18 - 24 Months | 455 | 14.7% | 217 | 14.9% |
| 24 - 36 Months | 708 | 22.8% | 308 | 21.1% |
| 36 - 60 Months | 130 | 4.2% | 54 | 3.7% |
| 60 - 90 Months | 51 | 1.6% | 25 | 1.7% |
| 90 - 120 Months | 30 | 1.0% | 8 | 0.5% |
| 120 Months and Over | 16 | 0.5% | 6 | 0.4% |
| Total | 3099 | 100.0% | 1461 | 100.0% |
| Average Length of Claims | 1.44 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

2012 - 2016 Aggregate

| <i>Injury Date to Closure Date</i> | <i>Total Number of Closed Claims</i> | <i>Percent of Total Closed Claims</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Percent of Claims with Indemnity Payments</i> |
|--|--|---|---|--|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> |
| 0 - 6 Months | 77 | 2.5% | 44 | 3.0% |
| 6 - 12 Months | 118 | 3.8% | 52 | 3.6% |
| 12 - 18 Months | 135 | 4.4% | 62 | 4.2% |
| 18 - 24 Months | 189 | 6.1% | 83 | 5.7% |
| 24 - 36 Months | 462 | 14.9% | 139 | 9.5% |
| 36 - 60 Months | 815 | 26.3% | 406 | 27.8% |
| 60 - 90 Months | 877 | 28.3% | 491 | 33.6% |
| 90 - 120 Months | 250 | 8.1% | 116 | 7.9% |
| 120 Months and Over | 176 | 5.7% | 68 | 4.7% |
| Total | 3099 | 100.0% | 1461 | 100.0% |
| Average Length of Claims | 5.32 YEARS | | 5.22 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

2012 - 2016 Aggregate

| <i>Severity of Injury</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Percent of Claims with Indemnity Payments</i> | <i>Total Indemnity Payments</i> | <i>Average Indemnity of Paid Claims</i> | <i>Percent of Total Indemnity Payments</i> |
|---------------------------|---|--|---------------------------------|---|--|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> |
| Emotional Only | 44 | 3.0% | \$4,783,510 | \$108,716 | 0.5% |
| Insignificant Temporary | 38 | 2.6% | \$866,406 | \$22,800 | 0.1% |
| Minor Temporary | 348 | 23.8% | \$64,331,485 | \$184,861 | 7.1% |
| Major Temporary | 148 | 10.1% | \$39,324,265 | \$265,704 | 4.3% |
| Minor Permanent | 215 | 14.7% | \$72,728,295 | \$338,271 | 8.0% |
| Significant Permanent | 139 | 9.5% | \$133,281,828 | \$958,862 | 14.6% |
| Major Permanent | 137 | 9.4% | \$175,457,523 | \$1,280,712 | 19.3% |
| Grave Permanent | 33 | 2.3% | \$101,886,446 | \$3,087,468 | 11.2% |
| Death | 359 | 24.6% | \$318,358,540 | \$886,793 | 34.9% |
| Total | 1461 | 100.0% | \$911,018,298 | \$623,558 | 100.0% |

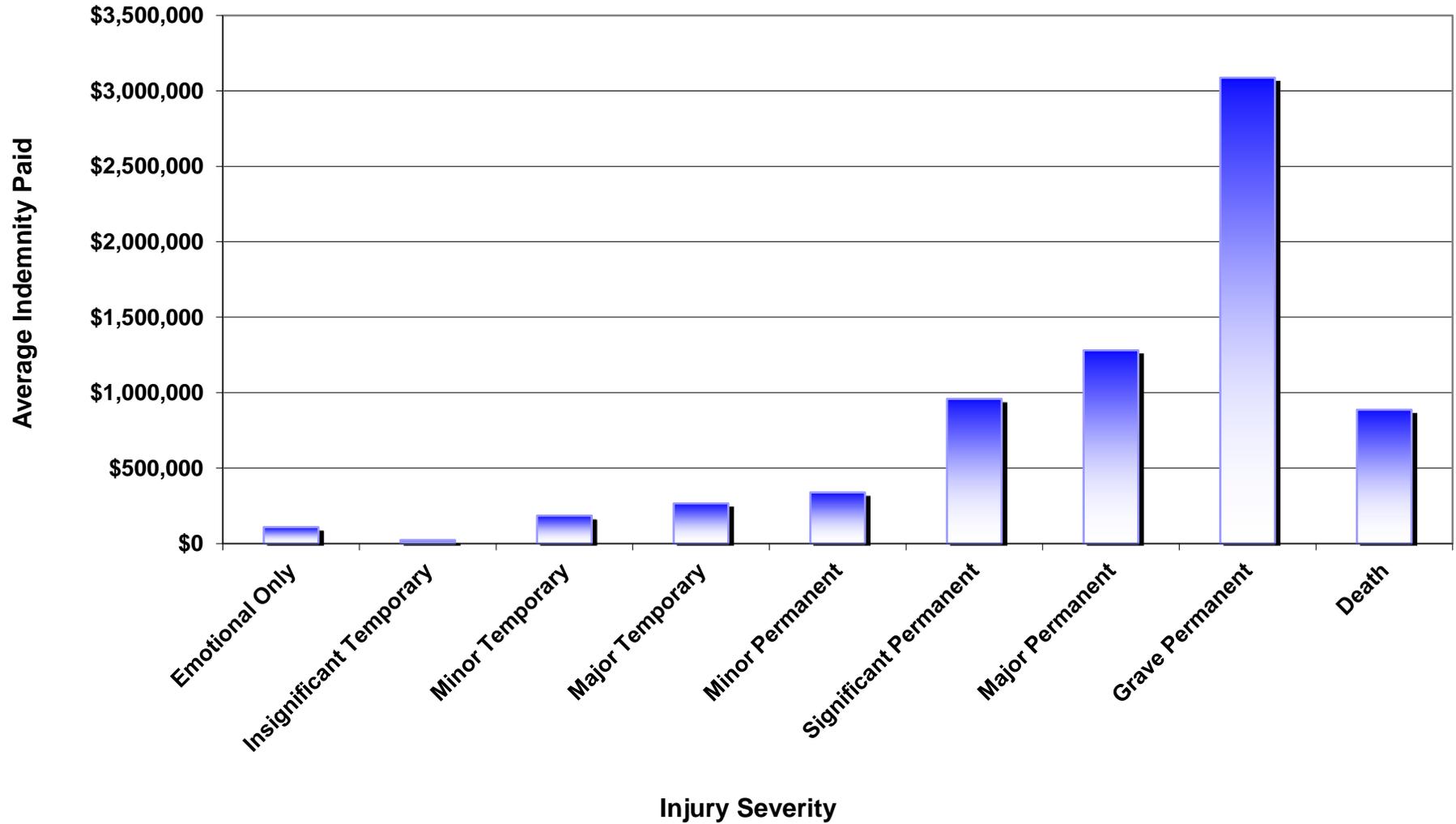
(3)=(2) for each category/(2) total

(5)=(4)/(2)

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

Connecticut Department of Insurance

Average Indemnity Paid by Severity of Injury 2012 - 2016 Aggregate



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

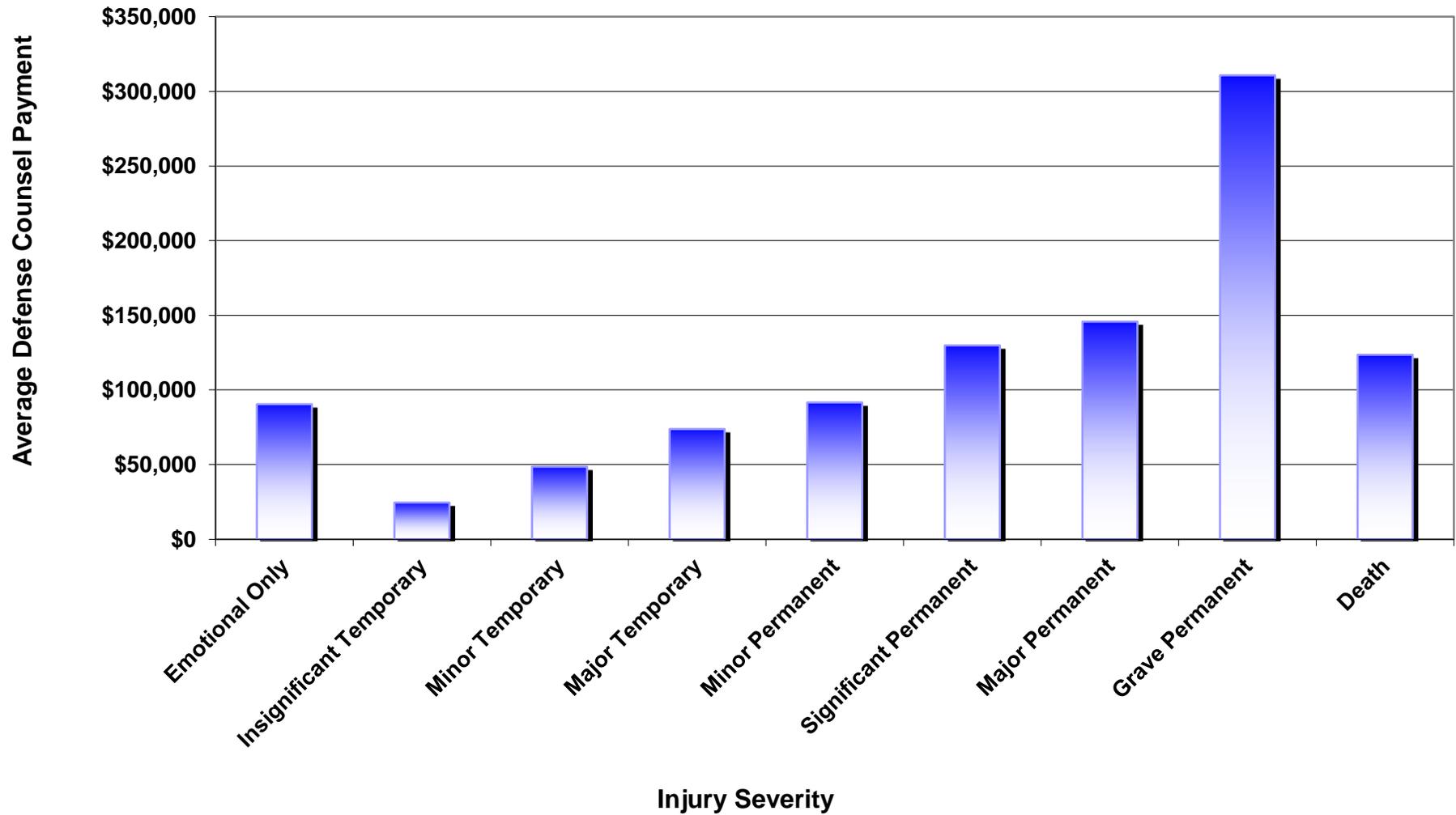
2012 - 2016 Aggregate

| <i>Severity of Injury</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Number of Claims with Indemnity and Defense Counsel Payments</i> | <i>Total Payment to Defense Counsel for Claims in (3)</i> | <i>Average Payment to Defense Counsel for Claims in (3)</i> |
|---------------------------|---|---|---|---|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> |
| Emotional Only | 44 | 30 | \$2,712,480 | \$90,416 |
| Insignificant Temporary | 38 | 19 | \$465,704 | \$24,511 |
| Minor Temporary | 348 | 216 | \$10,487,245 | \$48,552 |
| Major Temporary | 148 | 102 | \$7,522,219 | \$73,747 |
| Minor Permanent | 215 | 184 | \$16,854,717 | \$91,602 |
| Significant Permanent | 139 | 131 | \$17,002,956 | \$129,794 |
| Major Permanent | 137 | 128 | \$18,652,740 | \$145,725 |
| Grave Permanent | 33 | 31 | \$9,632,872 | \$310,738 |
| Death | 359 | 322 | \$39,777,427 | \$123,532 |
| Total | 1461 | 1163 | \$123,108,360 | \$105,854 |

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2012 - 2016 Aggregate



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

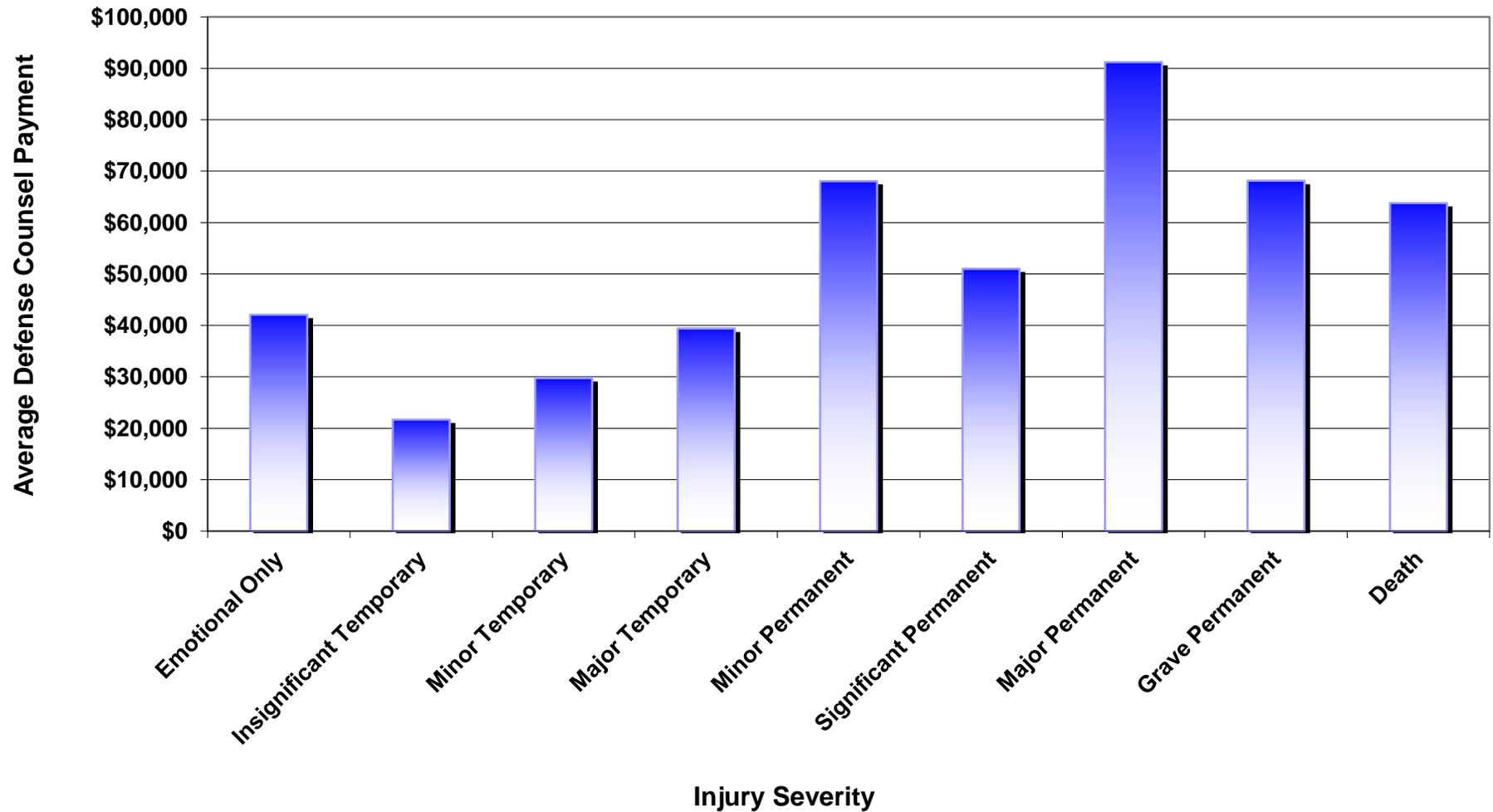
2012 - 2016 Aggregate

| <i>Severity of Injury</i> | <i>Number of Claims without Indemnity Payments</i> | <i>Number of Claims with Payment to Defense Counsel only</i> | <i>Total Payment to Defense Counsel for Claims in (3)</i> | <i>Average Payment to Defense Counsel for Claims in (3)</i> |
|---------------------------|--|--|---|---|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> |
| Emotional Only | 118 | 68 | \$2,860,060 | \$42,060 |
| Insignificant Temporary | 103 | 46 | \$996,919 | \$21,672 |
| Minor Temporary | 524 | 267 | \$7,939,879 | \$29,737 |
| Major Temporary | 149 | 81 | \$3,191,161 | \$39,397 |
| Minor Permanent | 191 | 116 | \$7,893,372 | \$68,046 |
| Significant Permanent | 147 | 113 | \$5,762,843 | \$50,999 |
| Major Permanent | 103 | 78 | \$7,113,484 | \$91,199 |
| Grave Permanent | 21 | 17 | \$1,158,239 | \$68,132 |
| Death | 282 | 215 | \$13,712,088 | \$63,777 |
| Total | 1638 | 1001 | \$50,628,045 | \$50,577 |

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2012 - 2016 Aggregate



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2012 - 2016 Aggregate

| <i>Medical Provider Specialty</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Total Indemnity Payments</i> | <i>Average Indemnity of Paid Claims</i> | <i>Percent of Indemnity Payment</i> |
|--|---|---------------------------------|---|-------------------------------------|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> |
| Anesthesiology | 20 | \$14,183,500 | \$709,175 | 1.56% |
| APRN/RN | 20 | \$5,062,739 | \$253,137 | 0.56% |
| Chiropractor | 21 | \$1,989,515 | \$94,739 | 0.22% |
| Dentist | 113 | \$13,728,768 | \$121,494 | 1.51% |
| Emergency Services/Call Center/Ambulance Service | 28 | \$21,198,165 | \$757,077 | 2.33% |
| Freestanding Surgical Center/Rehab Hospital | 5 | \$757,500 | \$151,500 | 0.08% |
| Gynecology/OB-GYN | 43 | \$41,285,913 | \$960,138 | 4.53% |
| Hospital - General | 669 | \$535,625,114 | \$800,635 | 58.79% |
| Hospital - Others | 21 | \$11,442,137 | \$544,864 | 1.26% |
| Medical Group/Other Corporate Group Practice | 58 | \$27,071,359 | \$466,748 | 2.97% |
| Orthopedics | 58 | \$27,893,048 | \$480,915 | 3.06% |
| Physician - Family/Pediatric/General Practice | 10 | \$5,618,724 | \$561,872 | 0.62% |
| Physicians - Others | 289 | \$169,713,428 | \$587,244 | 18.63% |
| Physicians Assistant | 4 | \$1,568,000 | \$392,000 | 0.17% |
| Psychiatry | 6 | \$1,685,000 | \$280,833 | 0.18% |
| Radiology/Imaging Center | 45 | \$25,536,452 | \$567,477 | 2.80% |
| Other | 51 | \$6,658,936 | \$130,567 | 0.73% |
| Total | 1461 | \$911,018,298 | \$623,558 | 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

2012 - 2016 Aggregate

| <i>Medical Provider Specialty</i> | <i>Base Premium in 2016</i> | <i>Number of Medical Providers in 2016</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Total Indemnity Payments</i> | <i>Average Indemnity of Paid Claims</i> | <i>Percent of Indemnity Payments</i> |
|--|-----------------------------|--|---|---------------------------------|---|--------------------------------------|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> |
| Anesthesiology | \$777,120 | 303 | 19 | \$13,953,500 | \$734,395 | 4.43% |
| APRN/RN | \$6,250,369 | 15516 | 18 | \$3,612,739 | \$200,708 | 1.15% |
| Chiropractor | \$1,790,634 | 1820 | 17 | \$1,883,500 | \$110,794 | 0.60% |
| Dentist | \$4,540,821 | 2677 | 109 | \$12,990,268 | \$119,177 | 4.13% |
| Emergency Services/Call Center/Ambulance Service | \$762,856 | 97 | 12 | \$5,096,499 | \$424,708 | 1.62% |
| Freestanding Surgical Center/Rehab Hospital | \$2,662,954 | 399 | 3 | \$690,000 | \$230,000 | 0.22% |
| Gynecology/OB-GYN | \$5,910,146 | 122 | 23 | \$27,029,163 | \$1,175,181 | 8.59% |
| Hospital - General | \$5,299,890 | 73 | 31 | \$45,680,640 | \$1,473,569 | 14.51% |
| Hospital - Others | \$995,714 | 193 | 8 | \$2,085,887 | \$260,736 | 0.66% |
| Medical Group/Other Corporate Group Practice | \$4,517,597 | 811 | 49 | \$18,901,359 | \$385,742 | 6.00% |
| Orthopedics | \$1,693,764 | 260 | 44 | \$21,692,723 | \$493,016 | 6.89% |
| Physician - Family/Pediatric/General Practice | \$3,188,300 | 340 | 10 | \$5,618,724 | \$561,872 | 1.78% |
| Physicians - Others | \$19,404,183 | 2506 | 210 | \$122,358,080 | \$582,658 | 38.87% |
| Physicians Assistant | \$334,345 | 181 | 3 | \$1,561,000 | \$520,333 | 0.50% |
| Psychiatry | \$2,546,372 | 3491 | 3 | \$282,500 | \$94,167 | 0.09% |
| Radiology/Imaging Center | \$2,804,900 | 246 | 41 | \$24,699,852 | \$602,435 | 7.85% |
| Other | \$2,589,242 | 3689 | 51 | \$6,658,936 | \$130,567 | 2.12% |
| Total | \$66,069,207 | 32,724 | 651 | \$314,795,370 | \$483,557 | 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

2012 - 2016 Aggregate

| <i>Medical Provider Specialty</i> | <i>Number of Claims with Indemnity Payments</i> | <i>Total Indemnity Payments</i> | <i>Average Indemnity of Paid Claims</i> | <i>Percent of Indemnity Payment</i> |
|--|---|---------------------------------|---|-------------------------------------|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> |
| Anesthesiology | 1 | \$230,000 | \$230,000 | 0.04% |
| APRN/RN | 2 | \$1,450,000 | \$725,000 | 0.24% |
| Chiropractor | 4 | \$106,015 | \$26,504 | 0.02% |
| Dentist | 4 | \$738,500 | \$184,625 | 0.12% |
| Emergency Services/Call Center/Ambulance Service | 16 | \$16,101,666 | \$1,006,354 | 2.70% |
| Freestanding Surgical Center/Rehab Hospital | 2 | \$67,500 | \$33,750 | 0.01% |
| Gynecology/OB-GYN | 20 | \$14,256,750 | \$712,838 | 2.39% |
| Hospital - General | 638 | \$489,944,474 | \$767,938 | 82.17% |
| Hospital - Others | 13 | \$9,356,250 | \$719,712 | 1.57% |
| Medical Group/Other Corporate Group Practice | 9 | \$8,170,000 | \$907,778 | 1.37% |
| Orthopedics | 14 | \$6,200,325 | \$442,880 | 1.04% |
| Physicians - Others | 79 | \$47,355,348 | \$599,435 | 7.94% |
| Physicians Assistant | 1 | \$7,000 | \$7,000 | 0.00% |
| Psychiatry | 3 | \$1,402,500 | \$467,500 | 0.24% |
| Radiology/Imaging Center | 4 | \$836,600 | \$209,150 | 0.14% |
| Total | 810 | \$596,222,928 | \$736,078 | 100.0% |

(4)=(3)/(2)

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

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2012 - 2016 Aggregate

| Disposition (1) | Claim Reports | | Average Months | | Average Severity of Injury Rating (6) | Average paid | |
|----------------------------------|---------------|----------------|------------------------------|-----------------------------------|--|--------------------|------------------|
| | Number (2) | Percent (3) | Incident to Report (4) | Incident to Disposition (5) | | Indemnity (7) | ALAE (8) |
| In Favor of Plaintiff | | | | | | | |
| Claims Settled Before Litigation | 324 | 22.2% | 8 | 36 | 4 | \$180,046 | \$14,588 |
| Claims Settled Before Trial | 886 | 60.6% | 19 | 67 | 6 | \$681,608 | \$108,658 |
| Claims Settled During Trial | 15 | 1.0% | 25 | 79 | 8 | \$1,565,565 | \$161,842 |
| Claims Settled After Trial | 204 | 14.0% | 16 | 60 | 5 | \$829,225 | \$138,330 |
| Total Settled | 1429 | 97.8% | 16 | 59 | 6 | \$598,240 | \$92,123 |
| Judgment for Plaintiff | 25 | 1.7% | 28 | 79 | 6 | \$1,192,374 | \$246,893 |
| Judgment for Plaintiff On Appeal | 7 | 0.5% | 8 | 146 | 5 | \$3,760,618 | \$939,766 |
| Total Court Dispositions | 32 | 2.2% | 23 | 94 | 6 | \$1,754,177 | \$398,459 |
| Total | 1461 | 100.0% | 17 | 60 | 6 | \$623,558 | \$98,833 |
| In Favor of Defendant | | | | | | | |
| Claims Closed Before Litigation | 629 | 38.4% | 12 | 46 | 4 | | \$3,089 |
| Claims Closed Before Trial | 793 | 48.4% | 23 | 61 | 6 | | \$38,191 |
| Claims Closed During Trial | 6 | 0.4% | 21 | 62 | 4 | | \$147,582 |
| Claims Closed After Trial | 82 | 5.0% | 21 | 57 | 4 | | \$35,908 |
| Total Settled | 1510 | 92.2% | 18 | 55 | 5 | \$0 | \$23,880 |
| Judgment for Defendant | 114 | 7.0% | 28 | 82 | 6 | | \$164,920 |
| Judgment for Defendant On Appeal | 14 | 0.9% | 19 | 101 | 6 | | \$221,143 |
| Total Court Dispositions | 128 | 7.8% | 27 | 84 | 6 | \$0 | \$171,069 |
| Total | 1638 | 100.0% | 19 | 57 | 5 | \$0 | \$35,382 |

(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

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Initial Indemnity and Expense Reserves</i> | <i>Average Initial Indemnity and Expense Reserves</i> | <i>Final Indemnity and Expense Reserves</i> | <i>Average Final Indemnity and Expense Reserves</i> | <i>Final Indemnity and Expense Payments</i> | <i>Average Final Indemnity and Expense Payments</i> |
|--------------|--|---|---|---|---|---|---|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> | <i>(8)</i> |
| 2012 | 552 | \$58,307,779 | \$105,630 | \$176,356,861 | \$319,487 | \$198,527,754 | \$359,652 |
| 2013 | 619 | \$154,389,701 | \$249,418 | \$150,976,097 | \$243,903 | \$192,996,571 | \$311,788 |
| 2014 | 524 | \$51,269,312 | \$97,842 | \$134,100,336 | \$255,917 | \$197,757,305 | \$377,399 |
| 2015 | 835 | \$76,387,219 | \$91,482 | \$143,227,199 | \$171,530 | \$286,263,208 | \$342,830 |
| 2016 | 569 | \$60,622,450 | \$106,542 | \$138,436,119 | \$243,297 | \$237,823,714 | \$417,968 |
| Total | 3099 | \$400,976,461 | \$129,389 | \$743,096,612 | \$239,786 | \$1,113,368,552 | \$359,267 |

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance
Reserves
Commercial Insurers

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Initial Indemnity and Expense Reserves</i> | <i>Average Initial Indemnity and Expense Reserves</i> | <i>Final Indemnity and Expense Reserves</i> | <i>Average Final Indemnity and Expense Reserves</i> | <i>Final Indemnity and Expense Payments</i> | <i>Average Final Indemnity and Expense Payments</i> |
|--------------|--------------------------------------|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| 2012 | 311 | \$26,626,810 | \$85,617 | \$71,852,700 | \$231,038 | \$81,750,022 | \$262,862 |
| 2013 | 329 | \$27,603,529 | \$83,901 | \$69,007,556 | \$209,749 | \$51,793,148 | \$157,426 |
| 2014 | 311 | \$27,221,846 | \$87,530 | \$81,391,017 | \$261,707 | \$72,404,363 | \$232,811 |
| 2015 | 392 | \$38,255,138 | \$97,590 | \$96,053,036 | \$245,033 | \$114,631,024 | \$292,426 |
| 2016 | 306 | \$25,287,002 | \$82,637 | \$77,803,213 | \$254,259 | \$78,108,115 | \$255,255 |
| Total | 1649 | \$144,994,325 | \$87,929 | \$396,107,522 | \$240,211 | \$398,686,672 | \$241,775 |

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance
Reserves
Captives and Self Insurers

2012 - 2016 Aggregate

| <i>Year</i> | <i>Total Number of Closed Claims</i> | <i>Initial Indemnity and Expense Reserves</i> | <i>Average Initial Indemnity and Expense Reserves</i> | <i>Final Indemnity and Expense Reserves</i> | <i>Average Final Indemnity and Expense Reserves</i> | <i>Final Indemnity and Expense Payments</i> | <i>Average Final Indemnity and Expense Payments</i> |
|--------------|--------------------------------------|---|---|---|---|---|---|
| <i>(1)</i> | <i>(2)</i> | <i>(3)</i> | <i>(4)</i> | <i>(5)</i> | <i>(6)</i> | <i>(7)</i> | <i>(8)</i> |
| 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 | 213 | \$24,047,466 | \$112,899 | \$52,709,319 | \$247,462 | \$125,352,942 | \$588,511 |
| 2015 | 443 | \$38,132,081 | \$86,077 | \$47,174,163 | \$106,488 | \$171,632,184 | \$387,432 |
| 2016 | 263 | \$35,335,448 | \$134,355 | \$60,632,906 | \$230,543 | \$159,715,599 | \$607,284 |
| Total | 1450 | \$255,982,136 | \$176,539 | \$346,989,090 | \$239,303 | \$714,681,880 | \$492,884 |

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance
Yearly Information Report
All Insurers

2012 - 2016 Aggregate

| <i>Year</i> | <i>Number of Closed Claims</i> <i>(1)</i> | <i>Total Indemnity Payments</i> <i>(2)</i> | <i>Economic Damages</i> <i>(3)</i> | <i>Non-Economic Damages</i> <i>(4)</i> |
|--------------|--|---|---------------------------------------|---|
| 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 |
| 2016 | 143 | \$87,315,654 | \$22,143,970 | \$65,171,684 |
| Total | 699 | \$397,797,206 | \$120,323,469 | \$277,473,737 |

(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

2012 - 2016 Aggregate

| <i>Year</i> | <i>Number of Closed Claims</i> <i>(1)</i> | <i>Total Indemnity Payments</i> <i>(2)</i> | <i>Economic Damages</i> <i>(3)</i> | <i>Non-Economic Damages</i> <i>(4)</i> |
|--------------|--|---|---------------------------------------|---|
| 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 |
| 2016 | 78 | \$36,531,279 | \$10,682,566 | \$25,848,713 |
| Total | 420 | \$198,048,060 | \$58,745,006 | \$139,303,054 |

(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

2012 - 2016 Aggregate

| <i>Year</i> | <i>Number of Closed Claims</i> (1) | <i>Total Indemnity Payments</i> (2) | <i>Economic Damages</i> (3) | <i>Non-Economic Damages</i> (4) |
|--------------|---------------------------------------|--|--------------------------------|------------------------------------|
| 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 |
| 2016 | 65 | \$50,784,375 | \$11,461,404 | \$39,322,971 |
| Total | 279 | \$199,749,146 | \$61,578,463 | \$138,170,683 |

(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

| <i>Type</i> (1) | <i>Earned Premium</i> (2) | <i>Paid Losses</i> (3) | <i>Incurred Losses</i> (4) |
|---------------------|------------------------------|---------------------------|-------------------------------|
| 2012 | | | |
| Commercial Insurers | \$102,235,277 | \$100,080,945 | \$130,412,108 |
| Captives | \$83,963,927 | \$45,240,088 | \$61,057,453 |
| Self Insurers | \$8,504,392 | \$9,414,762 | \$5,669,080 |
| Totals | \$194,703,596 | \$154,735,795 | \$197,138,641 |
| 2013 | | | |
| Commercial Insurers | \$95,178,760 | \$53,992,145 | \$44,600,350 |
| Captives | \$119,518,128 | \$110,625,914 | \$239,785,628 |
| Self Insurers | \$11,052,146 | \$3,087,860 | \$8,525,234 |
| Totals | \$225,749,034 | \$167,705,919 | \$292,911,212 |
| 2014 | | | |
| Commercial Insurers | \$100,724,451 | \$65,083,996 | \$70,394,465 |
| Captives | \$70,911,708 | \$80,640,280 | \$152,035,120 |
| Self Insurers | \$9,657,484 | \$8,165,965 | \$7,255,701 |
| Totals | \$181,293,643 | \$153,890,241 | \$229,685,286 |
| 2015 | | | |
| Commercial Insurers | \$92,858,496 | \$91,912,448 | \$85,080,415 |
| Captives | \$151,248,914 | \$154,885,067 | \$222,381,622 |
| Self Insurers | \$15,078,634 | \$17,394,534 | \$18,371,648 |
| Totals | \$259,186,044 | \$264,192,049 | \$325,833,685 |
| 2016 | | | |
| Commercial Insurers | \$88,218,841 | \$67,200,562 | \$71,940,471 |
| Captives | \$119,508,821 | \$98,538,881 | \$94,699,161 |
| Self Insurers | \$26,281,301 | \$35,148,614 | \$36,364,898 |
| Totals | \$234,008,963 | \$200,888,057 | \$203,004,530 |

Appendix 3

Insurance Industry Financial Data

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

| Year | Premium Written | Direct Losses Paid | Defense & Cost Containment | | | Dividends | Comssion and Brokerage Expense | Taxes and Fees |
|------|-----------------|--------------------|----------------------------|------------------------|-------------------|-------------|--------------------------------|----------------|
| | | | Premium Earned | Direct Losses Incurred | Expenses Incurred | | | |
| 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 |
| 2016 | \$171,554,520 | \$111,852,733 | \$180,372,492 | \$136,898,339 | \$33,341,104 | \$2,536,549 | \$12,054,843 | \$4,554,706 |

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

| Year | Data from the Connecticut State Page of the Financial Annual Statement | | | Figures reported in the NAIC Profitability Report* | |
|------|--|------------------------------|-----------------------------|--|----------------------------------|
| | Loss Ratio | Defense and Adjustment Costs | Other Underwriting Expenses | Underwriting Profit | Profit on Insurance Transactions |
| 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% | -14.8% | 0.0% |
| 2016 | 75.9% | 18.5% | 10.6% | -27.5% | -11.2% |

* 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 | Comssion and Brokerage Expense | Taxes and Fees |
|-------------|------------------------|---------------------------|-----------------------|-------------------------------|---|------------------|---------------------------------------|-----------------------|
| 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 |
| 2016 | \$78,794,526 | \$51,492,522 | \$88,317,355 | \$68,479,449 | \$20,040,090 | \$2,409,402 | \$7,718,994 | \$2,365,823 |

| % of Earned Premium | | | | |
|---------------------|---------------------------|-------------------------------|---|------------------------------------|
| Year | Direct Losses Paid | Direct Losses Incurred | Defense & Cost Containment Expenses Incurred | Other Underwriting Expenses |
| 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% |
| 2016 | 58.3% | 77.5% | 22.7% | 14.1% |

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

| Year | Premium Written | Direct Losses Paid | Premium Earned | Direct Losses Incurred | Defense & Cost Containment Expenses Incurred | Dividends | Comssion and Brokerage Expense | Taxes and Fees |
|-------------|------------------------|---------------------------|-----------------------|-------------------------------|---|------------------|---------------------------------------|-----------------------|
| 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 |
| 2016 | \$20,338,255 | \$6,128,989 | \$20,072,354 | \$18,787,689 | \$3,127,718 | \$0 | \$3,182,045 | \$65,054 |

| % of Earned Premium | | | | |
|---------------------|---------------------------|-------------------------------|---|------------------------------------|
| Year | Direct Losses Paid | Direct Losses Incurred | Defense & Cost Containment Expenses Incurred | Other Underwriting Expenses |
| 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% |
| 2016 | 30.5% | 93.6% | 15.6% | 16.2% |

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 | Comssion and Brokerage Expense | Taxes and Fees |
|-------------|------------------------|---------------------------|-----------------------|-------------------------------|---|------------------|---------------------------------------|-----------------------|
| 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 |
| 2016 | \$72,421,739 | \$54,231,222 | \$71,982,783 | \$49,631,201 | \$10,173,296 | \$127,147 | \$1,153,804 | \$2,123,829 |

| % of Earned Premium | | | | |
|---------------------|---------------------------|-------------------------------|---|------------------------------------|
| Year | Direct Losses Paid | Direct Losses Incurred | Defense & Cost Containment Expenses Incurred | Other Underwriting Expenses |
| 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% | 4.9% |
| 2012 | 62.8% | 2.8% | 12.3% | 4.6% |
| 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% |
| 2016 | 75.3% | 68.9% | 14.1% | 4.7% |

Top 15 in 2016 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 | 62,179,359 | 62,168,380 | 0 | 0 | 50,886,228 | 45,473,441 | 100,236,050 | 8,394,596 | 9,283,258 | 19,583,718 | 74,365 | 1,731,531 |
| Proselect Ins Co | NE | 33,337,378 | 37,131,027 | 0 | 11,465,479 | 27,338,167 | 24,608,336 | 121,327,148 | 6,642,512 | 5,484,597 | 26,924,662 | 3,414,540 | 607,206 |
| Connecticut Medical Ins Co | CT | 19,896,242 | 25,462,823 | 2,332,212 | 21,698,652 | 11,906,022 | 23,210,791 | 61,271,159 | 3,518,814 | 5,249,987 | 19,586,374 | 672,953 | 482,850 |
| Continental Cas Co | IL | 8,103,634 | 8,192,319 | 0 | 598,520 | 5,399,842 | 2,742,817 | 36,444,073 | 2,951,121 | 3,249,478 | 2,770,606 | 292,232 | 156,391 |
| American Cas Co Of Reading PA | PA | 3,495,962 | 3,504,510 | 0 | 1,487,693 | 286,667 | 82,395 | 2,724,168 | 124,796 | 76,596 | 1,801,405 | 1,368,094 | 62,043 |
| Medical Protective Co | IN | 3,108,054 | 3,060,092 | 0 | 1,997,512 | 1,300,000 | 3,737,500 | 7,866,500 | 461,742 | 1,116,265 | 4,133,085 | 393,809 | 49,862 |
| National Fire & Marine Ins Co | NE | 3,025,217 | 1,905,562 | 0 | 1,273,879 | 0 | 1,228,949 | 1,817,076 | 12,821 | 330,705 | 457,105 | 547,303 | 0 |
| Ironshore Specialty Ins Co | AZ | 2,554,981 | 3,616,867 | 0 | 1,667,969 | 362,500 | 4,333,252 | 8,798,079 | 136,209 | 614,851 | 1,049,524 | 465,307 | 84 |
| Coverys Specialty Ins Co | NJ | 2,234,875 | 1,657,534 | 0 | 577,341 | 0 | 1,370,760 | 1,370,760 | 14,317 | 515,380 | 501,062 | 44,626 | 1,740 |
| Applied Medico Legal Solutions RRG | AZ | 1,952,011 | 2,019,814 | 0 | 801,929 | 70,000 | 898,928 | 2,159,683 | 868,464 | 108,351 | 770,427 | 353,468 | 72,080 |
| National Union Fire Ins Co Of Pitts | PA | 1,363,774 | 1,421,115 | 0 | 618,519 | 231,473 | 8,672,898 | 11,996,608 | 502,683 | 1,910,723 | 2,072,672 | 325,238 | 25,533 |
| Lexington Ins Co | DE | 1,271,065 | 1,484,486 | 0 | 767,190 | 344,849 | 234,768 | 4,687,808 | 400,317 | 409,029 | 771,196 | 100,695 | 0 |
| Preferred Physicians Medical RRG | MO | 1,252,987 | 1,249,273 | 0 | 65,785 | 2,040,000 | 1,874,536 | 3,275,621 | 139,084 | 170,846 | 655,078 | 0 | 50,119 |
| Health Care Industry Liab Recip Ins | DC | 1,243,845 | 1,354,661 | 0 | 874,596 | 550,000 | 690,921 | 4,862,314 | 1,122,191 | 371,006 | 1,474,678 | 359,840 | 49,754 |
| Oms Natl Ins Co Rrg | IL | 1,206,945 | 1,246,824 | 0 | 706,486 | 0 | 460,153 | 1,535,913 | 100,999 | 267,979 | 3,145,367 | 74,611 | 48,277 |

Top 15 Total 146,226,329 = 85.2% of total 2016 Direct Premiums Written of \$171,554,520

Top 3 Total 115,412,979 = 67.3% of total 2016 Direct Premiums Written of \$171,554,520

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 3 Total 102,069,864 = 65.0% of total 2015 Direct Premiums Written of \$157,006,663

Connecticut Medical Malpractice Annual Report – 2016

Investment Income * – 15 Leading Writers

| <u>COMPANY NAME</u> | <u>2016</u> | <u>2015</u> |
|-------------------------------------|-----------------|-----------------|
| MCIC VT a Recip RRG | \$51,923,600 | \$112,236,367 |
| Proselect Ins Co | \$782,668 | \$652,035 |
| Connecticut Medical Ins Co | \$14,579,662 | \$14,037,007 |
| Continental Cas Co | \$2,076,351,417 | \$2,074,330,573 |
| American Cas Co Of Reading PA | \$9,931,779 | \$2,227,852 |
| Medical Protective Co | \$103,380,582 | \$99,008,814 |
| National Fire & Marine Ins Co | \$898,172,379 | \$237,764,853 |
| Ironshore Specialty Ins Co | \$20,176,996 | \$15,795,075 |
| Coverys Specialty Ins Co | \$1,338,269 | \$935,946 |
| Applied Medico Legal Solutions RRG | \$4,102,779 | \$3,776,826 |
| National Union Fire Ins Co Of Pitts | \$1,219,339,397 | \$1,118,592,686 |
| Lexington Ins Co | \$1,170,779,037 | \$934,103,290 |
| Preferred Physicians Medical RRG | \$7,263,200 | \$8,620,112 |
| Health Care Industry Liab Recip Ins | \$128,877 | \$124,258 |
| Oms Natl Ins Co Rrg | \$11,609,891 | \$8,084,132 |

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

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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

Medical Malpractice Online Reporting Tool Instruction

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

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

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

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

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

Click here to start:

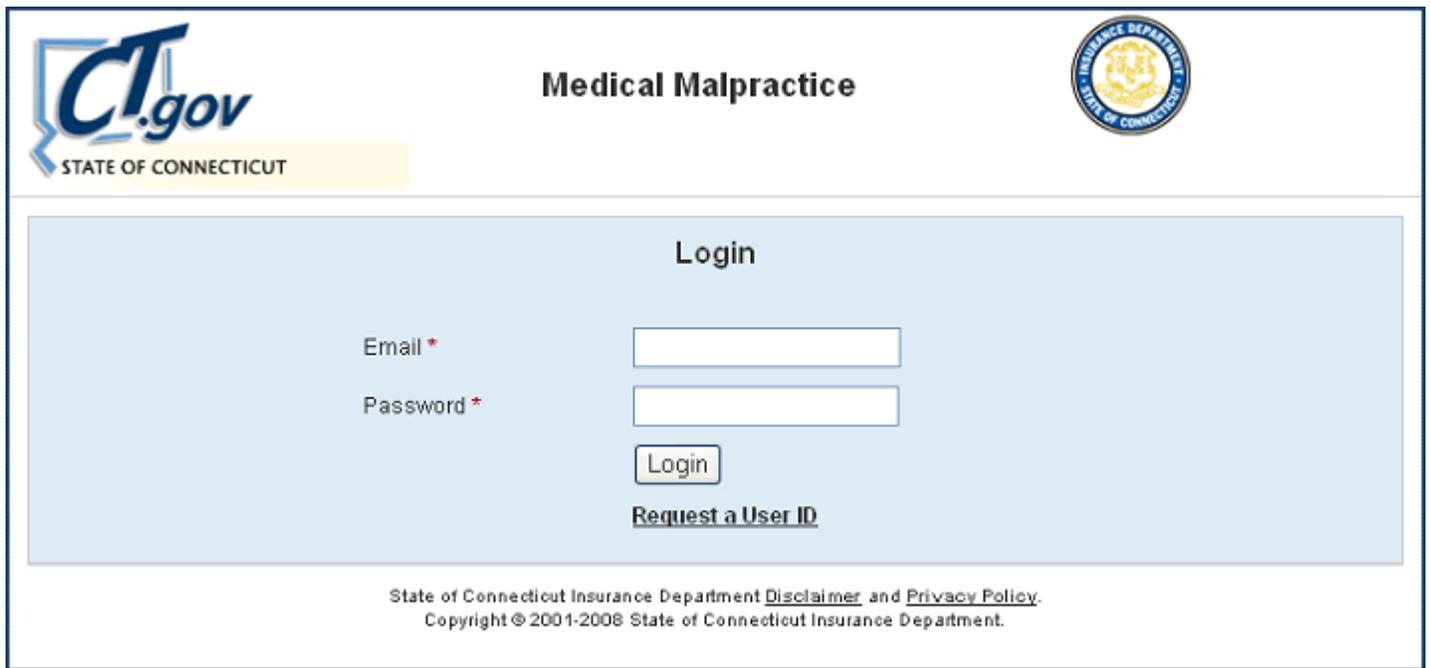
https://www.cid-online.ct.gov/mmdc/Login_input.action

To Bookmark this page:

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

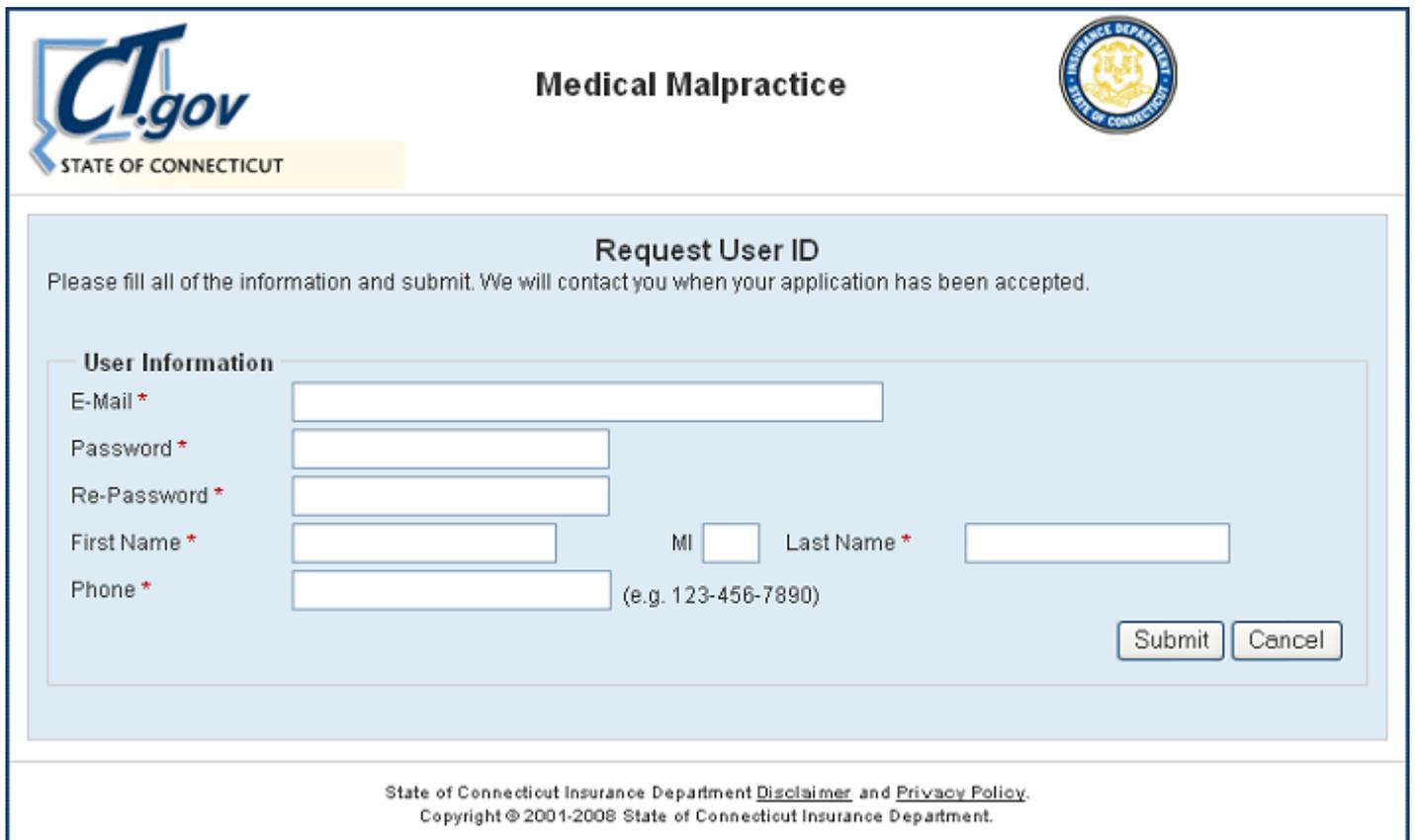
Request a User ID

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



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

2. Enter the User Information



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

3. Enter the Company Information

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

Request a Company

Please enter the information of the company to register

Business Type *

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

Name of Self-Insured *

What Information do you require to access?

Yearly Information Closed Claims

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

Yes No

Contact person for questions regarding data

First Name * MI Last Name *

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

E-mail *

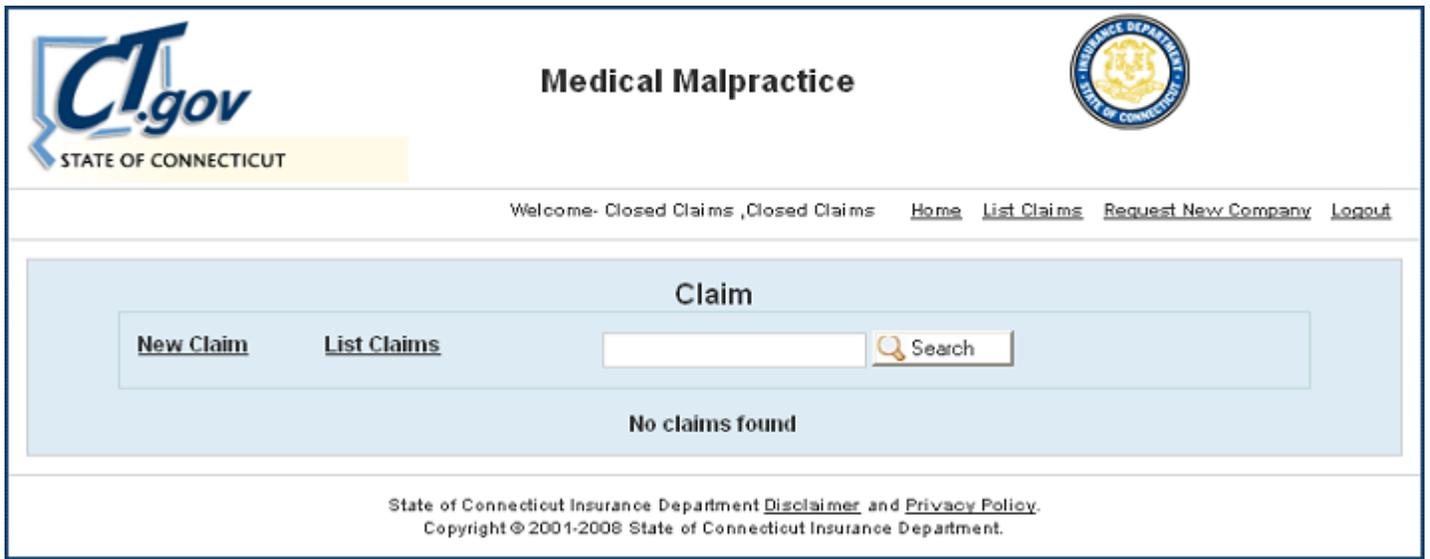
4. Add another Company or Finish – This option is for the Third Party Administrator who will be responsible to submit data for more than one company. You can add another company now or you can wait until any other time. Click “Finish User Registration” and you will be brought back to the Login Page.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



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

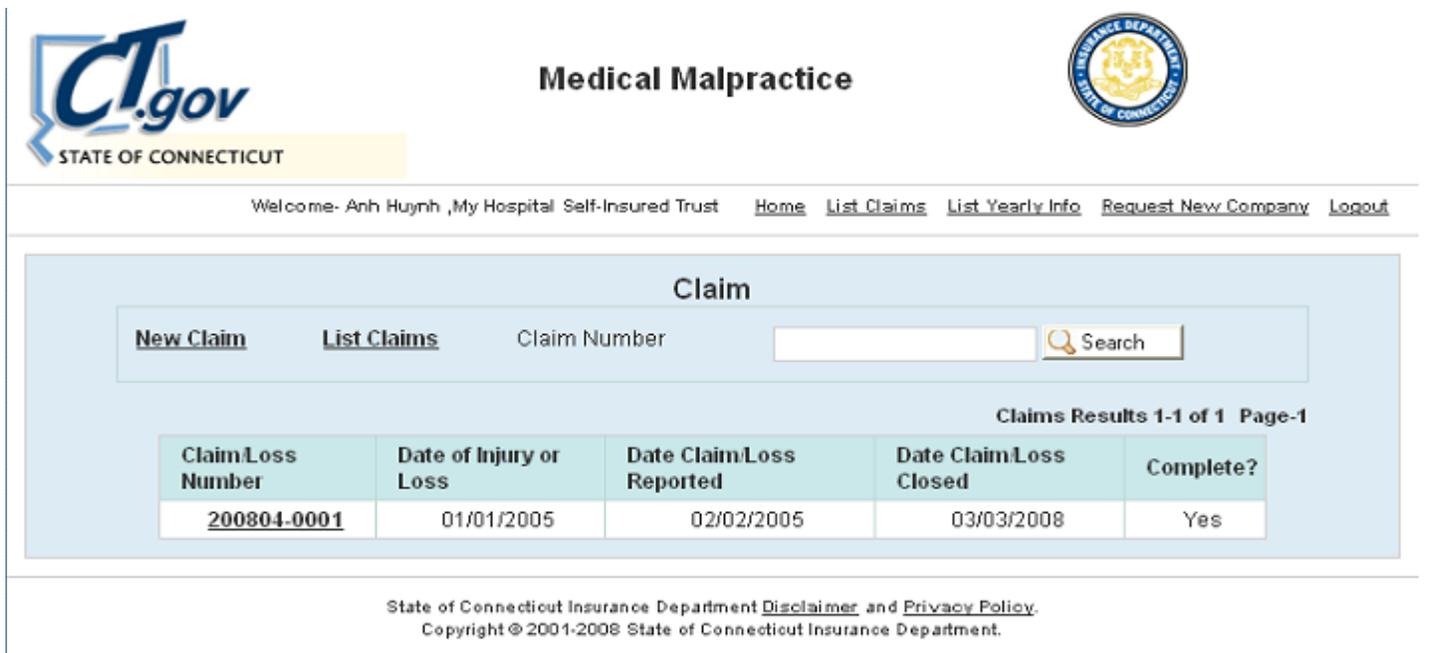
Closed Claim reporting

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



The screenshot shows the CT.gov Medical Malpractice portal. The header includes the CT.gov logo and the State of Connecticut seal. The main navigation bar contains links for Home, List Claims, Request New Company, and Logout. The central content area is titled 'Claim' and features a search bar with a search button. Below the search bar, the text 'No claims found' is displayed. At the bottom, there is a disclaimer and copyright notice for the State of Connecticut Insurance Department.

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



The screenshot shows the CT.gov Medical Malpractice portal with a list of claims. The header and navigation bar are the same as in the previous screenshot. The central content area is titled 'Claim' and features a search bar with a search button. Below the search bar, the text 'Claims Results 1-1 of 1 Page-1' is displayed. A table with the following data is shown:

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

At the bottom, there is a disclaimer and copyright notice for the State of Connecticut Insurance Department.

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

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

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

Injured Party Information

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

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

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

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

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

Insured/Entity Details

| | |
|-------------------------|---|
| Name of Entity * | <input style="width: 95%;" type="text"/> |
| Address1 * | <input style="width: 95%;" type="text"/> |
| Address2 | <input style="width: 95%;" type="text"/> |
| City * | <input style="width: 95%;" type="text"/> |
| State * | <input style="width: 95%;" type="text" value="Connecticut"/> |
| Zip Code * | <input style="width: 95%;" type="text"/> |
| Policy Number * | <input style="width: 95%;" type="text"/> |
| Specialty * | <input style="width: 95%;" type="text" value="-Select Specialty-"/> |
| Insured Policy Limits * | <input style="width: 95%;" type="text" value="-Select Insured Policy Limits-"/> |

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

Is Insured/Entity *
 Primary Excess

Occurrence/Claim *
 Occurrence Claim-Made

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

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

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

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

Outcome Information:

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

Trial Information:

- Radio buttons: Judgment by Jury, Judgment by Court, Withdrawn, Dismitted

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

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

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

Outcome Information:

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

Trial Information:

- Radio buttons: Judgment by Jury, Judgment by Court, Withdrawn, Dismitted
- Text: "Date Withdrawn" followed by a date input field with a calendar icon.

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

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

Appeal Filed

Yes No

<< Back

Proceed >>

Cancel

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury
 Judgment by Court
 Withdrawn
 Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

Lawsuit Outcome *

Appeal Filed

Yes No

Date Appeal Filed *

Date Appeal Decided *

Appeal Outcome *

-Select Appeal Outcome-

Judgment for Plaintiff on Appeal

Judgment for Defendant on Appeal

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

Jury Award

Jury Award

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

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

Court Award

Court Award

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

11. Claim Detail screen

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

New Claim
Mark as Completed

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

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

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

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

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

Yearly Information Report

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

Yearly Information

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

Commercial Insurer

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

Hospital/Non Hospital – Self Insurer

Yearly Information

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

Hospital/Non Hospital - Self-Insured

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

Hospital – Captive with Voluntary Physicians

Yearly Information

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

Hospital - Captive with Voluntary Physicians Attending

| | |
|--|----------------------|
| Year | 2007 |
| Hospital Professional Liability Premium (No General Liability) * | <input type="text"/> |
| Hospital Net Retained Paid Professional Liability Losses * | <input type="text"/> |
| Hospital Net Retained Incurred Professional Liability Losses * | <input type="text"/> |
| Voluntary Attending Physicians Professional Liability Premium * | <input type="text"/> |
| Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] * | <input type="text"/> |
| Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses * | <input type="text"/> |
| No. Of Voluntary Attending Physicians Covered * | <input type="text"/> |

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) *

HCP Net Retained Paid Professional Liability Losses *

HCP Net Retained Incurred Professional Liability Losses *