



CT Medical Malpractice Report

To

Insurance and Real Estate Committee

Presented by

**Connecticut Insurance Department
Katharine L. Wade, Commissioner**

June 8, 2018

Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has provided our 2018 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2013 through 2017. The report also includes 2017 rate filing activity, premium information by medical provider specialty for 2017 and industry experience over the last 10 years.

The Department compiled the report with data collected from 152 entities:

- 73 carriers licensed in Connecticut
- 23 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:

- 2,827 total closed claims over the past five years
 - ✓ 1,444 were resolved in favor of the plaintiff
 - ✓ 1,383 were resolved in favor of the defendant
- \$617,986 was the average indemnity payout to a claimant
 - ✓ \$468,985 was the average payout by a commercial insurer
 - ✓ \$760,132 was the average payout by a self-insurer

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 – 2018

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 2018 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 2013 through 2017. In addition, it provides a summary of rate filing activity for 2017, premium information by medical provider specialty for 2017 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 became operational in the 2008 fourth quarter and year-end reporting. Since that time users have been able to submit closed claim information directly to the Department’s website. This reporting tool enhances 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 152 entities including 73 carriers licensed in Connecticut, 23 risk retention groups (RRG's) and 56 excess and surplus lines companies. We received data on 2017 closed claims from 67 insuring entities, which included 41 admitted insurance companies, 16 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.

We note that this year we uncovered some discrepancies with the MCIC data. We found that some large claim information showed N/A as the description and when we had the company investigate it turned out that this was the result of some mergers that occurred in 2017. These were actually duplicate claims that had been previously entered by entities MCIC purchased in 2016 and 2017. This was the first time we ran into the issue; and we are able to have the company identify and correct.

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 2013 through 2017. 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 2016 and 2017, 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 2008 – 2017. 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, 2017, 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. Please note that due to the correction of duplicated claims reported in the past, as discussed at the end of Section III,

the number of claims in this report for calendar year 2016 is slightly less than those in last year's report.

- **Total Claims:** A total of 2,827 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,640. Captives/Self-Insurers reported 1,187 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. About half, 49%, of the claims had no indemnity payments, while the remaining 51% closed with an indemnity payment. The total amount paid to claimants was \$892 million, with an average of \$617,986 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages.
- **Defense Counsel Payments:** About half of the claims closed with no payments to claimants, yet 72%, or 2,030, generated legal expenses to defend the claim. These expenses totaled \$162 million, an average of \$79,767 per claim. Of these almost half 43% (871) were for incidents that had no payments to claimants, averaging \$54,956 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$97,821.
- **Indemnity Payments and Size of Claims:** About half (684 out of 1,444) of all claims that have an indemnity payment have a payment of less than \$200,000. But million dollar plus claims, with only 20% of all claim counts represent 68% of all indemnity payments, over \$610 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,444 claims that closed with an indemnity payment, 182 closed within one year of being reported and had an average paid indemnity of \$124,530. That average figure rose to \$907,420 for claims closing between 60 and 90 months from being reported. The average paid generally is over \$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 2,827 reported claims, 1,444 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, more than 98% were settled, with 93% settled before trial began. The remaining 1,383 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 90% were settled, with 86% of those settled before trial began.

VII. Detailed Findings

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

Claims by Insurer (Reports 1, 2 and 3)

Of the total of 2,827 claims, 1,444, or 51% had indemnity payments to a claimant at an average value of \$617,986. While Commercial Insurers reported a greater number of claims, Captives/Self-Insurers had both more claims with an indemnity payment and a higher percentage (62% to 43%) of claims with indemnity payments. The average indemnity payment size for Commercial Insurers (\$468,985) is lower than for Captives/Self-Insurers (\$760,132). Numbers of claims closed in 2017 are similar to those of 2016, in total and for the Commercial Insurers, while the Captives/Self-Insurers are impacted by the MCIC issue. The average values of indemnity payments for 2017 were lower than the 2016 averages both in total and for both subgroups.

Of the total 2,827 claims, 72% had payments to defense counsel. While there is little difference in the proportion of claims with legal defense costs between Commercial Insurers and Captives/Self-Insurers, the average legal expenses for the Captives/Self-Insurers sub group is larger than for Commercial Insurers (\$110,020 versus \$55,959).

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$197 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 1,444 claims, 282, or 20% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$610 million, or 68% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 227 claims (16%) with \$159 million of payments. Thus, the 509 claims greater than \$500,000, represents more than 35% of the claims, but over 86% 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 another 29% of the total.

Age of Claim (Report 6)

These exhibits display claims by age at the time of closing from both report date and injury date and provide the average length of time to closure. 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 eighteen 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, 32% had defense counsel payments. For claims closing after three years, the percentage is at 89%. 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 \$11,196, while those closing five or more years after being reported averaged \$166,723. 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 45% of claims with an indemnity payment take at least five years from date of injury to finally close.

Severity of Injury (Report 7)

Of the 1,444 claims reported as closed with an indemnity payment, 389, or 27% were due to the death of the injured party, with average paid indemnity of \$921,596. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity about \$1.4 million, which was more than double the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 171 severe “permanent injury” claims, when combined with the death cases, comprise about 67% 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 171 most serious non-death claims were higher than the overall average. For those claims, 165 of which had defense counsel costs, the average legal cost was \$119,268 compared to \$97,821 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, 63% had defense counsel payments that averaged \$54,956. However, for the most serious non-death permanent injury claims, 78% required legal defense at an average cost of \$87,730. 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 41% of the claims, the average indemnity payment was \$810,752, about 31% above the overall average. It is also the highest average among all categories. The next highest average indemnity payment was the Gynecology/OB-GYN category at \$640,375 with only 48 claims. Physicians–Others has the third highest indemnity payment size at \$636,313 with 74% of the 316 claims reported by commercial insurers. 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 another four have 26 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 2,827 closed claims, 49% resulted in no payment to the plaintiff. Of these, 90% 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 51% of closed claims resulted in indemnity payments to the plaintiff. Of these, 98% were settled, with most of those being settled before trial. Only 22 of the 1,444 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 14% resulted in payments to the plaintiff. For cases that were settled, 53% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$600,884 with additional expenses for total ALAE of \$92,626 per claim on average. For cases that had court dispositions, the average payment was over \$1.7 million with \$388,594 of ALAE per claim on average.
- 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 are generally 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 48% of the 1,444 claims with an indemnity payment, that is 698, 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 73% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$529,053 or approximately 14% lower than the overall average for all claims with indemnity payments of \$617,986 shown in Report 1. Commercial Insurers provided the split on 65% of the claims reported with indemnity payments and 75% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 39% of claims reported with indemnity payments and 71% 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, from 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.

During 2017, the following were received: ProSelect Insurance Company: +5.0% for Physicians and Surgeons line of business; Allied World Insurance Company: -2.3% for Psychiatrists Professional; and Medical Protective: -10.0% for Healthcare Professionals – Podiatrists.

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

Report 12 displays calendar year earned premium and losses for 2013 through 2017 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 2017 has increase 7% compared to 2016 premiums, which is a 12% increase over 2013 premiums. We observe that over the 5-year period from 2013 to 2017, Self-Insurers nearly tripled their total annual earned premium from \$14.8 million to \$42.6 million. The 2017 Captives premium of \$123.6 million has been relatively stable over the last five years. During the same time period, Commercial Insurers premium has gone the opposite direction showing a decrease from the peak of \$101 million in 2014 to \$86 million 2017.

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 2017. 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 2016 Profitability Report dated 10/19/2017 indicates a 10.9% loss on insurance transaction as the incurred loss and loss expense ratio increased to 75.9% for 2016, up from 66.5% in 2015. This trend continued in 2017, and the ratio is at 87% for the year.

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. Licensed companies' experience is also showing some volatility relative to the historical ratios. The written premium decline that we observed in the last few years continues in 2017 for licensed companies. But after a two

year decline for excess/surplus companies, we see an increase in written premiums for 2015, 2016, and slightly in 2017. Risk retention groups written premium has increased the last four years surpassing the prior peak premiums in 2008/2009.

Exhibits 5 and 6 provide premium, loss and expense experience for 2016 and 2017 separately for the top fifteen writers. The market remains concentrated with over 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 69% of total direct written premium for the state.

In addition, we have provided Exhibit 7 which displays investment income for 2016 and 2017 for the 15 leading insurers in the state. As noted above, these companies write over 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

2013 - 2017 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>
2013	618	302	316	\$154,765,754	\$512,469
2014	524	241	283	\$158,468,795	\$657,547
2015	627	323	304	\$211,161,268	\$653,750
2016	543	281	262	\$174,367,181	\$620,524
2017	515	297	218	\$193,609,116	\$651,883
Total	2827	1444	1383	\$892,372,114	\$617,986

(6)=(5)/(3)

Wednesday, May 23, 2018

Report 1 - Part 1

Connecticut Department of Insurance
Indemnity Payments
Commercial Insurers

2013 - 2017 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>
2013	328	120	208	\$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	\$59,225,279	\$455,579
2017	303	152	151	\$85,629,121	\$563,349
Total	1640	705	935	\$330,634,763	\$468,985

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Captives and Self Insurers

2013 - 2017 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>
2013	290	182	108	\$117,188,994	\$643,896
2014	213	125	88	\$101,190,943	\$809,528
2015	235	136	99	\$120,235,517	\$884,085
2016	237	151	86	\$115,141,902	\$762,529
2017	212	145	67	\$107,979,995	\$744,690
Total	1187	739	448	\$561,737,351	\$760,132

(6)=(5)/(3)

Connecticut Department of Insurance

Defense Counsel Payments

All Insurers

2013 - 2017 Aggregate

Year	Total Number of Closed Claims	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims	Total Payment	Number of Claims	Average Payment	Number of Claims	Average Payment
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2013	618	431	\$31,759,072	205	\$68,788	226	\$78,131
2014	524	373	\$32,486,163	171	\$60,102	202	\$109,944
2015	627	447	\$35,831,730	193	\$47,611	254	\$104,893
2016	543	393	\$30,753,421	158	\$47,858	235	\$98,689
2017	515	386	\$31,097,219	144	\$46,784	242	\$97,825
Total	2827	2030	\$161,927,605	871	\$54,956	1159	\$97,821

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

2013 - 2017 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>
2013	328	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
2017	303	228	\$14,767,429	97	\$42,053	131	\$76,348
Total	1640	1136	\$63,569,294	553	\$42,906	583	\$67,162

(3)=(5)+(7)

Connecticut Department of Insurance

Defense Counsel Payments

Captives and Self Insurers

2013 - 2017 Aggregate

Year	Total Number of Closed Claims	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims	Total Payment	Number of Claims	Average Payment	Number of Claims	Average Payment
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
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	235	180	\$20,300,225	70	\$57,769	110	\$147,785
2016	237	190	\$19,628,298	63	\$58,649	127	\$125,460
2017	212	158	\$16,329,790	47	\$56,549	111	\$123,171
Total	1187	894	\$98,358,311	318	\$75,910	576	\$128,852

(3)=(5)+(7)

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

2013 - 2017 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>
2013	618	456	\$154,765,754	\$31,759,072	\$6,471,744	24.7%
2014	524	399	\$158,468,795	\$32,486,163	\$6,802,347	24.8%
2015	627	468	\$211,161,268	\$35,831,730	\$11,034,083	22.2%
2016	543	427	\$174,367,181	\$30,753,421	\$4,307,762	20.1%
2017	515	412	\$193,609,116	\$31,097,219	\$6,135,738	19.2%
Total	2827	2162	\$892,372,114	\$161,927,605	\$34,751,674	22.0%

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

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

2013 - 2017 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>
2013	328	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	\$59,225,279	\$11,125,123	\$3,157,713	24.1%
2017	303	249	\$85,629,121	\$14,767,429	\$3,929,189	21.8%
Total	1640	1239	\$330,634,763	\$63,569,294	\$22,458,332	26.0%

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

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

2013 - 2017 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>
2013	290	211	\$117,188,994	\$20,961,884	\$3,052,544	20.5%
2014	213	170	\$101,190,943	\$21,138,114	\$3,023,885	23.9%
2015	235	185	\$120,235,517	\$20,300,225	\$2,860,315	19.3%
2016	237	194	\$115,141,902	\$19,628,298	\$1,150,049	18.0%
2017	212	163	\$107,979,995	\$16,329,790	\$2,206,549	17.2%
Total	1187	923	\$561,737,351	\$98,358,311	\$12,293,342	19.7%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2013 - 2017 Aggregate

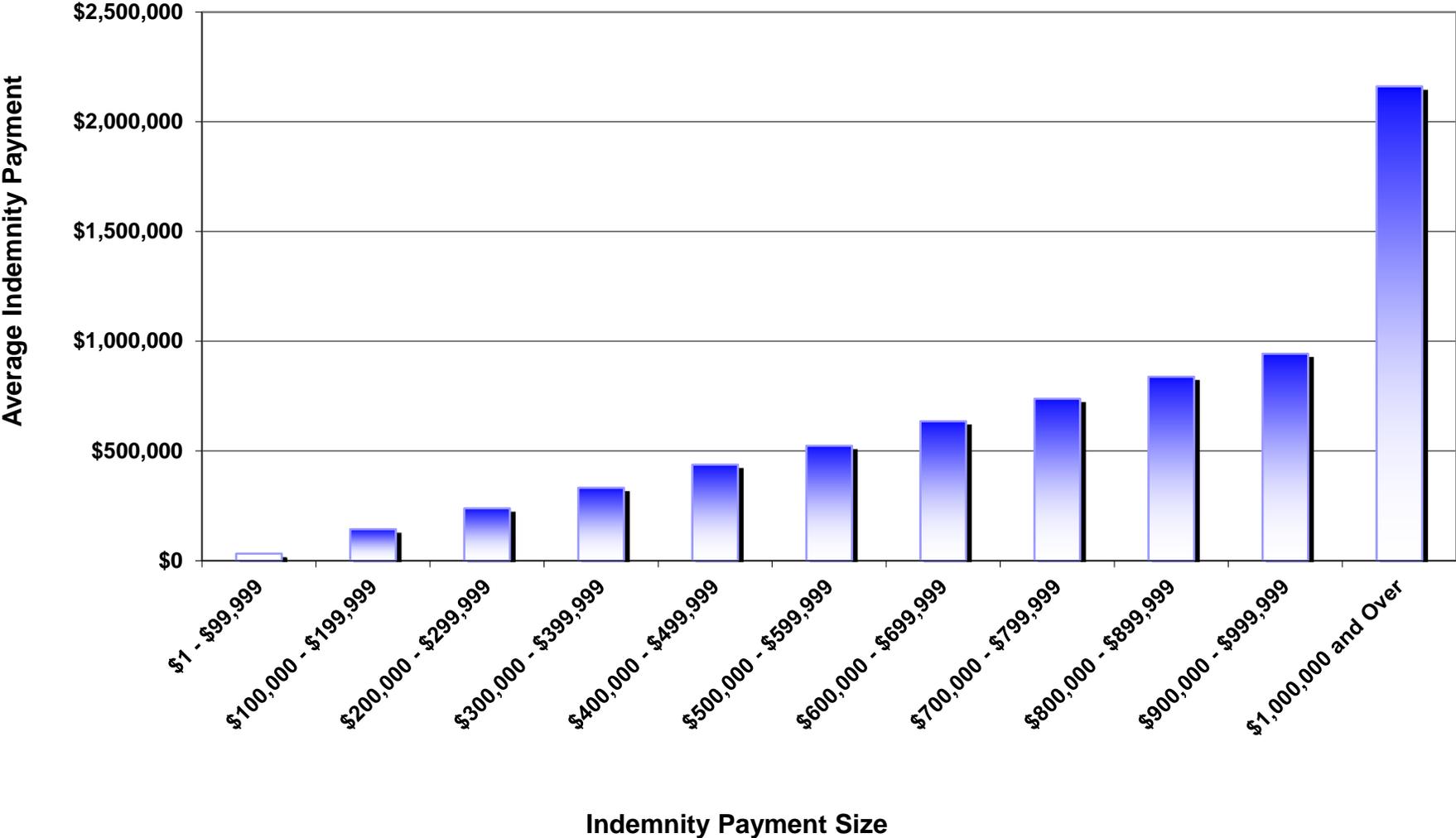
<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
\$1 - \$99,999	518	35.9%	\$16,725,812	\$32,289	1.9%
\$100,000 - \$199,999	166	11.5%	\$23,819,329	\$143,490	2.7%
\$200,000 - \$299,999	89	6.2%	\$21,249,659	\$238,760	2.4%
\$300,000 - \$399,999	83	5.7%	\$27,575,037	\$332,229	3.1%
\$400,000 - \$499,999	79	5.5%	\$34,578,443	\$437,702	3.9%
\$500,000 - \$599,999	73	5.1%	\$38,228,869	\$523,683	4.3%
\$600,000 - \$699,999	46	3.2%	\$29,235,419	\$635,553	3.3%
\$700,000 - \$799,999	33	2.3%	\$24,355,000	\$738,030	2.7%
\$800,000 - \$899,999	35	2.4%	\$29,339,423	\$838,269	3.3%
\$900,000 - \$999,999	40	2.8%	\$37,724,518	\$943,113	4.2%
\$1,000,000 and Over	282	19.5%	\$609,540,605	\$2,161,492	68.3%
Total	1444	100.0%	\$892,372,114	\$617,986	100.0%

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

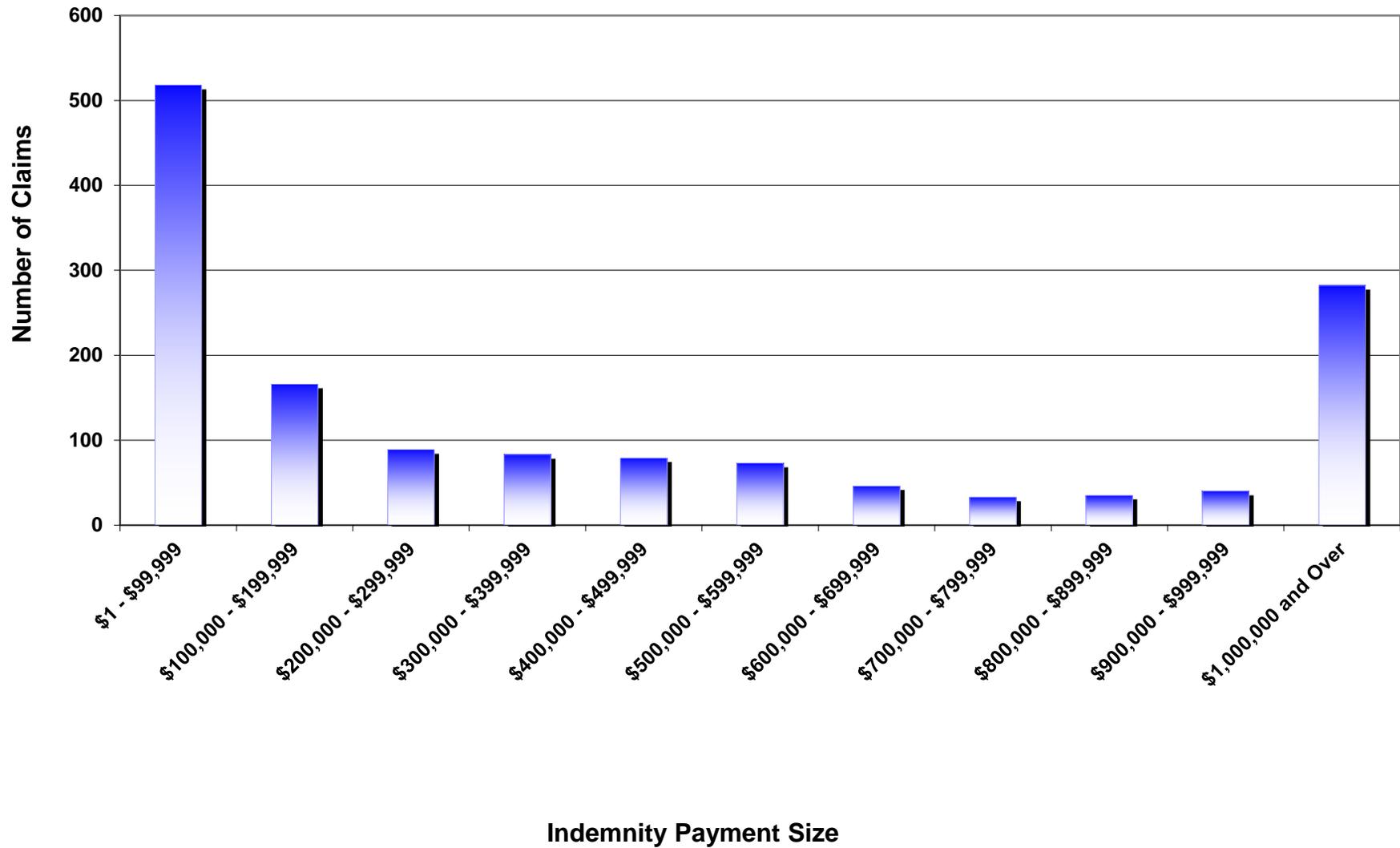
(5)=(4)/(2)

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

Average Indemnity Payment by Indemnity Payment Size 2013 - 2017 Aggregate



Number of Claims by Indemnity Payment Size 2013 - 2017 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

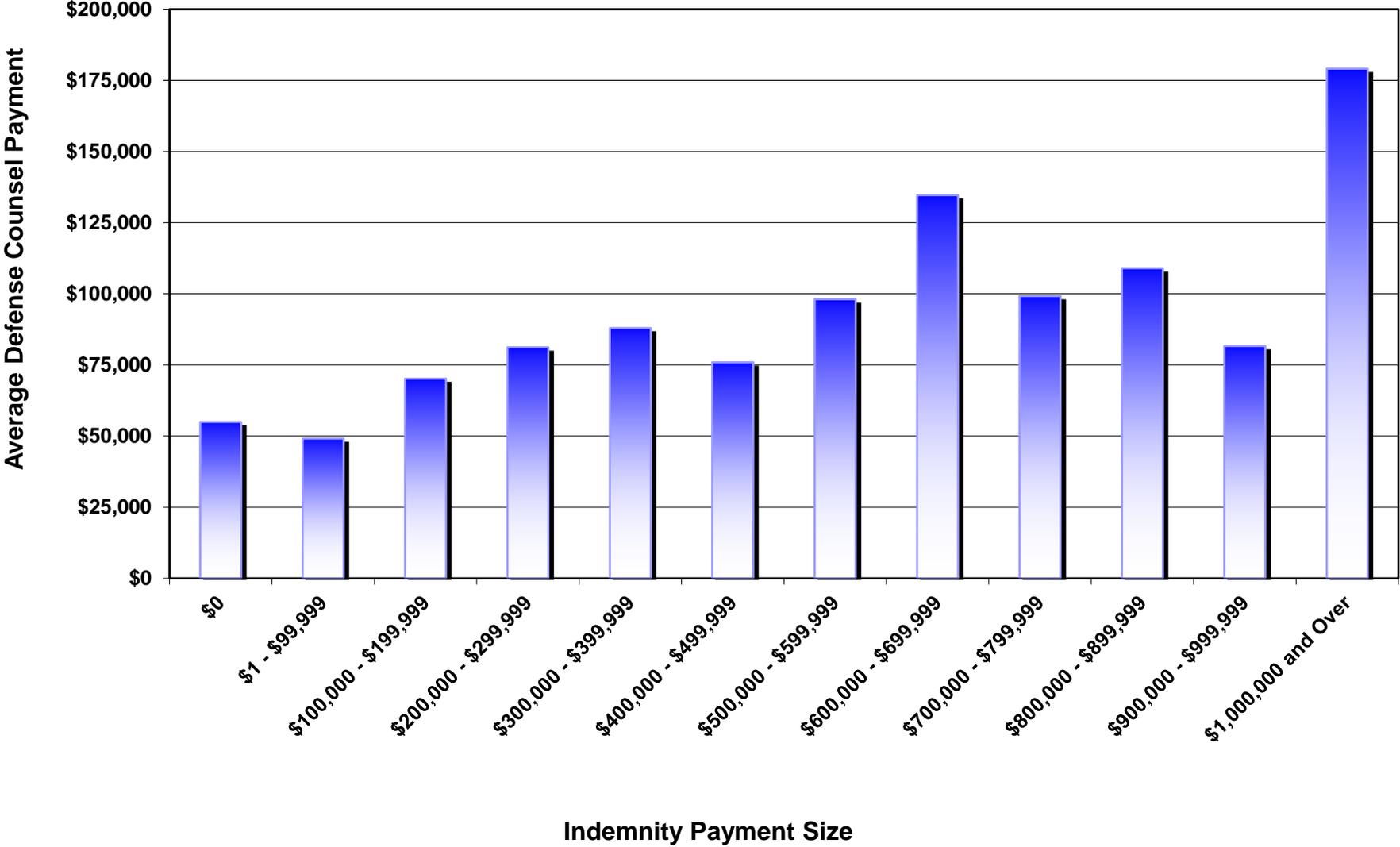
2013 - 2017 Aggregate

<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	1383	871	\$47,866,814	\$54,956	29.6%
\$1 - \$99,999	518	296	\$14,537,337	\$49,113	9.0%
\$100,000 - \$199,999	166	146	\$10,244,535	\$70,168	6.3%
\$200,000 - \$299,999	89	82	\$6,658,231	\$81,198	4.1%
\$300,000 - \$399,999	83	76	\$6,685,613	\$87,969	4.1%
\$400,000 - \$499,999	79	76	\$5,770,883	\$75,933	3.6%
\$500,000 - \$599,999	73	72	\$7,063,999	\$98,111	4.4%
\$600,000 - \$699,999	46	42	\$5,655,734	\$134,660	3.5%
\$700,000 - \$799,999	33	33	\$3,274,119	\$99,216	2.0%
\$800,000 - \$899,999	35	33	\$3,597,139	\$109,004	2.2%
\$900,000 - \$999,999	40	38	\$3,102,042	\$81,633	1.9%
\$1,000,000 and Over	282	265	\$47,471,159	\$179,136	29.3%
Total	2827	2030	\$161,927,605	\$79,767	100.0%

(5)=(4)/(3)

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

Average Payment to Defense Counsel by Indemnity Payment Size 2013 - 2017 Aggregate



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

2013 - 2017 Aggregate

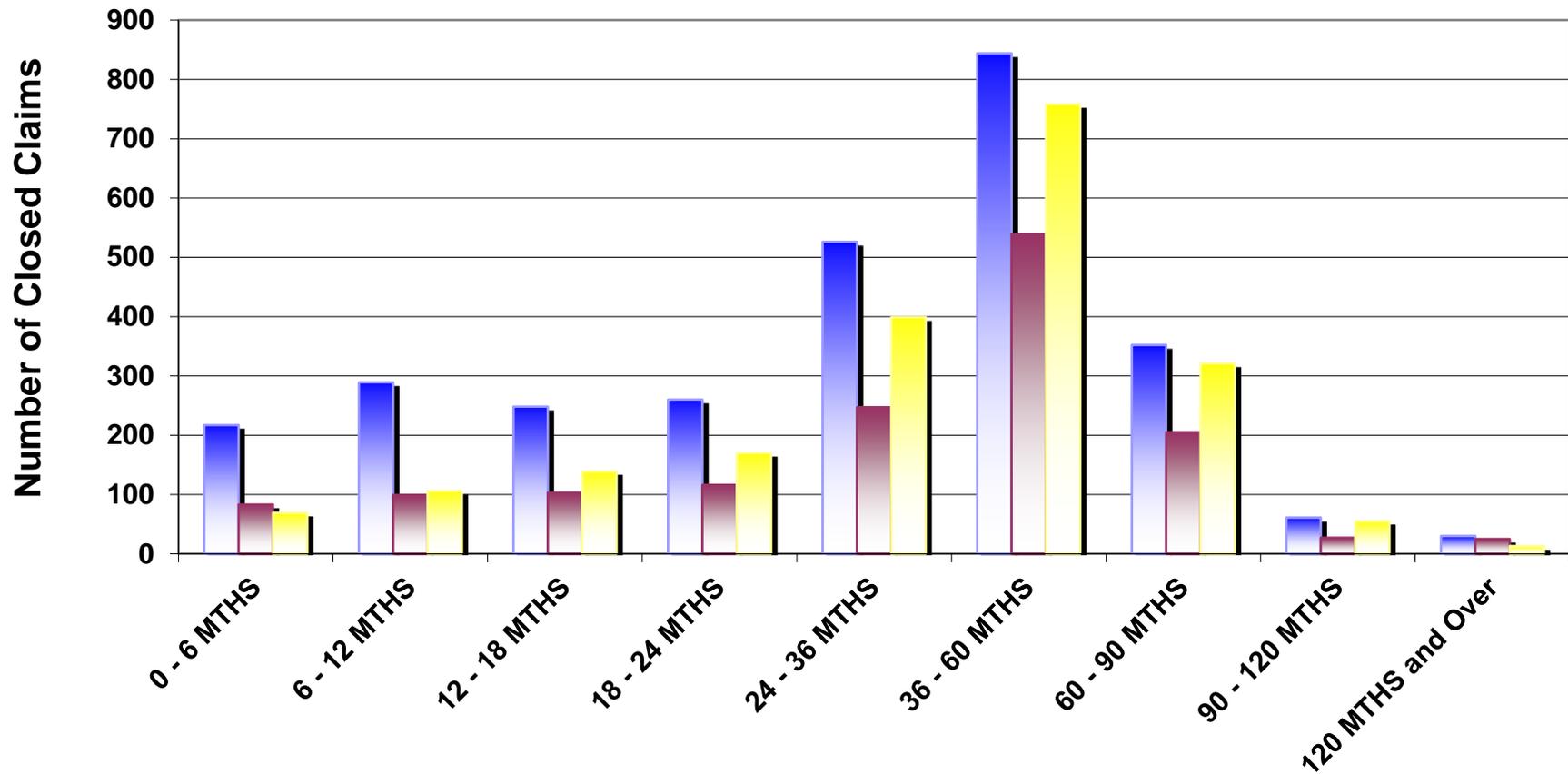
<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</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	217	7.7%	83	5.7%	69	3.4%
6 - 12 Months	289	10.2%	99	6.9%	106	5.2%
12 - 18 Months	248	8.8%	103	7.1%	139	6.8%
18 - 24 Months	260	9.2%	116	8.0%	170	8.4%
24 - 36 Months	526	18.6%	247	17.1%	399	19.7%
36 - 60 Months	844	29.9%	539	37.3%	758	37.3%
60 - 90 Months	352	12.5%	205	14.2%	321	15.8%
90 - 120 Months	61	2.2%	27	1.9%	55	2.7%
120 Months and Over	30	1.1%	25	1.7%	13	0.6%
Total	2827	100.0%	1444	100.0%	2030	100.0%
Average Length of Claims	3.04 YEARS		3.41 YEARS		3.53 YEARS	

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

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

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

Length of Claims From Report to Closure Date 2013 - 2017 Aggregate



Length of Claims from Report to Closure Date



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

Claims with Indemnity Payments - From All Insurers

2013 - 2017 Aggregate

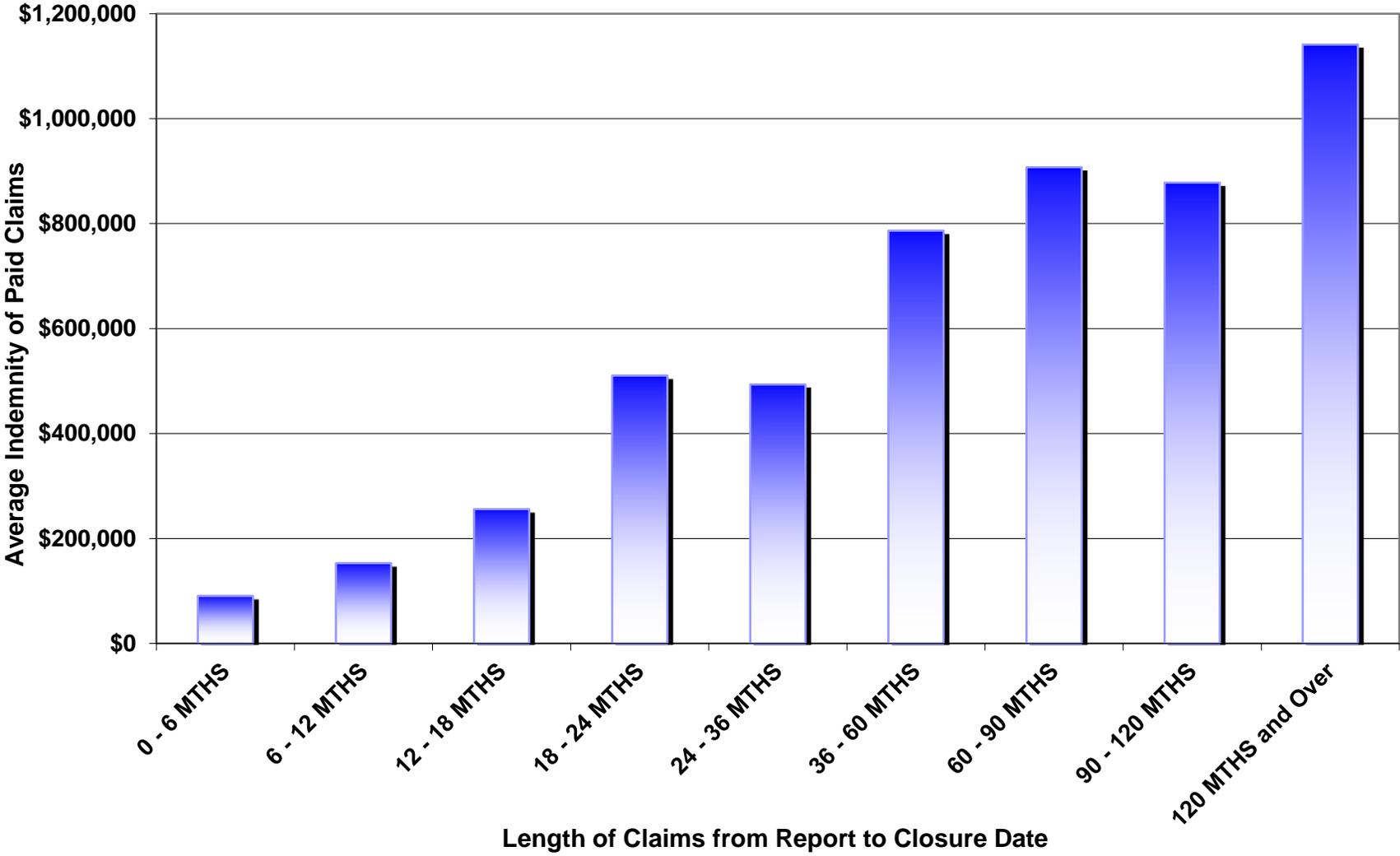
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	217	83	38.2%	\$7,516,908	0.8%	\$90,565
6 - 12 Months	289	99	34.3%	\$15,147,547	1.7%	\$153,006
12 - 18 Months	248	103	41.5%	\$26,361,930	3.0%	\$255,941
18 - 24 Months	260	116	44.6%	\$59,223,742	6.6%	\$510,550
24 - 36 Months	526	247	47.0%	\$121,894,510	13.7%	\$493,500
36 - 60 Months	844	539	63.9%	\$423,966,675	47.5%	\$786,580
60 - 90 Months	352	205	58.2%	\$186,021,125	20.8%	\$907,420
90 - 120 Months	61	27	44.3%	\$23,707,568	2.7%	\$878,058
120 Months and Over	30	25	83.3%	\$28,532,109	3.2%	\$1,141,284
Total	2827	1444	51.1%	\$892,372,114	100.0%	\$617,986

(4)=(3)/(2)

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

(7)=(5)/(3)

**Length of Claims From Report to Closure Date
Average Indemnity of Paid Claims
2013 - 2017 Aggregate**



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

2013 - 2017 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	217	69	31.8%	\$772,504	0.5%	\$11,196
6 - 12 Months	289	106	36.7%	\$636,549	0.4%	\$6,005
12 - 18 Months	248	139	56.0%	\$1,741,243	1.1%	\$12,527
18 - 24 Months	260	170	65.4%	\$3,564,444	2.2%	\$20,967
24 - 36 Months	526	399	75.9%	\$21,896,238	13.5%	\$54,878
36 - 60 Months	844	758	89.8%	\$68,461,315	42.3%	\$90,318
60 - 90 Months	352	321	91.2%	\$47,350,282	29.2%	\$147,509
90 - 120 Months	61	55	90.2%	\$10,622,533	6.6%	\$193,137
120 Months and Over	30	13	43.3%	\$6,882,497	4.3%	\$529,423
Total	2827	2030	71.8%	\$161,927,605	100.0%	\$79,767

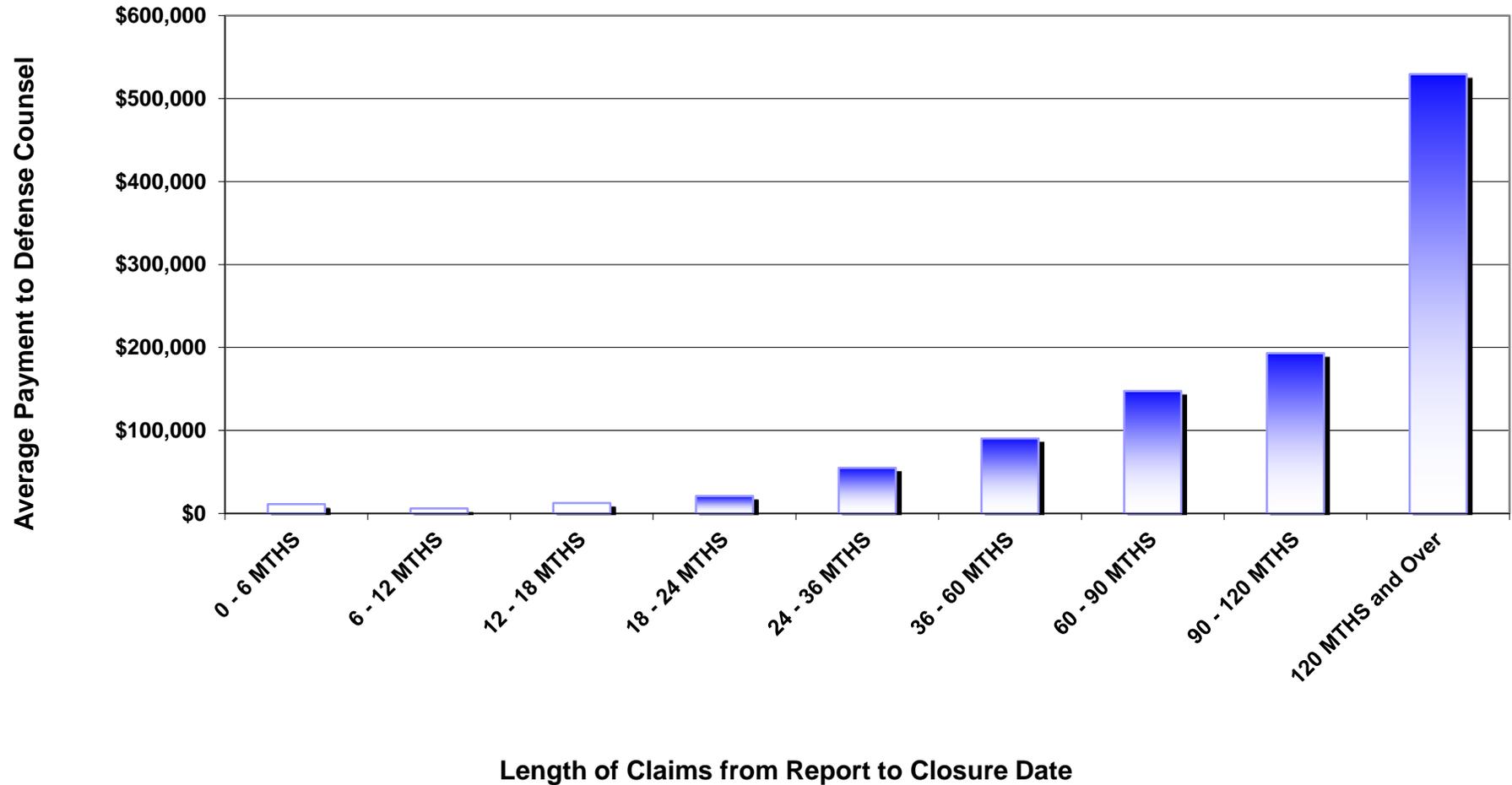
(4)=(3)/(2)

(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 2013 - 2017 Aggregate



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

2013 - 2017 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	934	33.0%	514	35.6%
6 - 12 Months	323	11.4%	166	11.5%
12 - 18 Months	263	9.3%	131	9.1%
18 - 24 Months	429	15.2%	234	16.2%
24 - 36 Months	659	23.3%	308	21.3%
36 - 60 Months	125	4.4%	53	3.7%
60 - 90 Months	54	1.9%	26	1.8%
90 - 120 Months	24	0.8%	5	0.3%
120 Months and Over	16	0.6%	7	0.5%
Total	2827	100.0%	1444	100.0%
Average Length of Claims	1.49 YEARS		1.36 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

2013 - 2017 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	68	2.4%	42	2.9%
6 - 12 Months	110	3.9%	40	2.8%
12 - 18 Months	119	4.2%	55	3.8%
18 - 24 Months	180	6.4%	83	5.7%
24 - 36 Months	442	15.6%	157	10.9%
36 - 60 Months	774	27.4%	415	28.7%
60 - 90 Months	819	29.0%	493	34.1%
90 - 120 Months	208	7.4%	106	7.3%
120 Months and Over	107	3.8%	53	3.7%
Total	2827	100.0%	1444	100.0%
Average Length of Claims	4.55 YEARS		4.79 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

2013 - 2017 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	40	2.8%	\$3,567,810	\$89,195	0.4%
Insignificant Temporary	40	2.8%	\$1,078,583	\$26,965	0.1%
Minor Temporary	277	19.2%	\$24,501,196	\$88,452	2.7%
Major Temporary	154	10.7%	\$45,636,936	\$296,344	5.1%
Minor Permanent	225	15.6%	\$79,047,441	\$351,322	8.9%
Significant Permanent	148	10.2%	\$144,324,035	\$975,162	16.2%
Major Permanent	132	9.1%	\$146,691,193	\$1,111,297	16.4%
Grave Permanent	39	2.7%	\$89,024,018	\$2,282,667	10.0%
Death	389	26.9%	\$358,500,902	\$921,596	40.2%
Total	1444	100.0%	\$892,372,114	\$617,986	100.0%

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

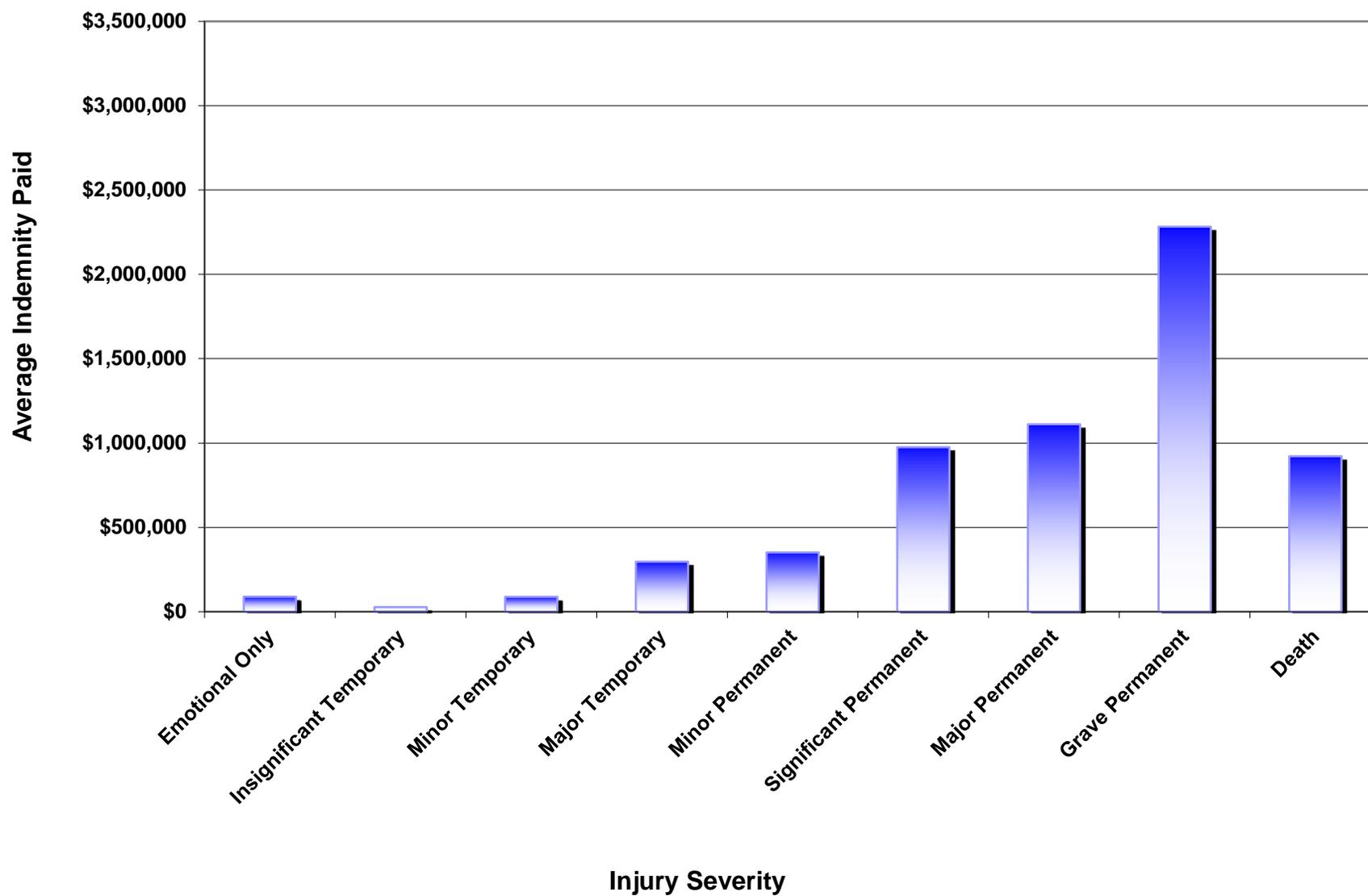
(5)=(4)/(2)

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

Wednesday, May 23, 2018

Report 7 - Part I

Average Indemnity Paid by Severity of Injury 2013 - 2017 Aggregate



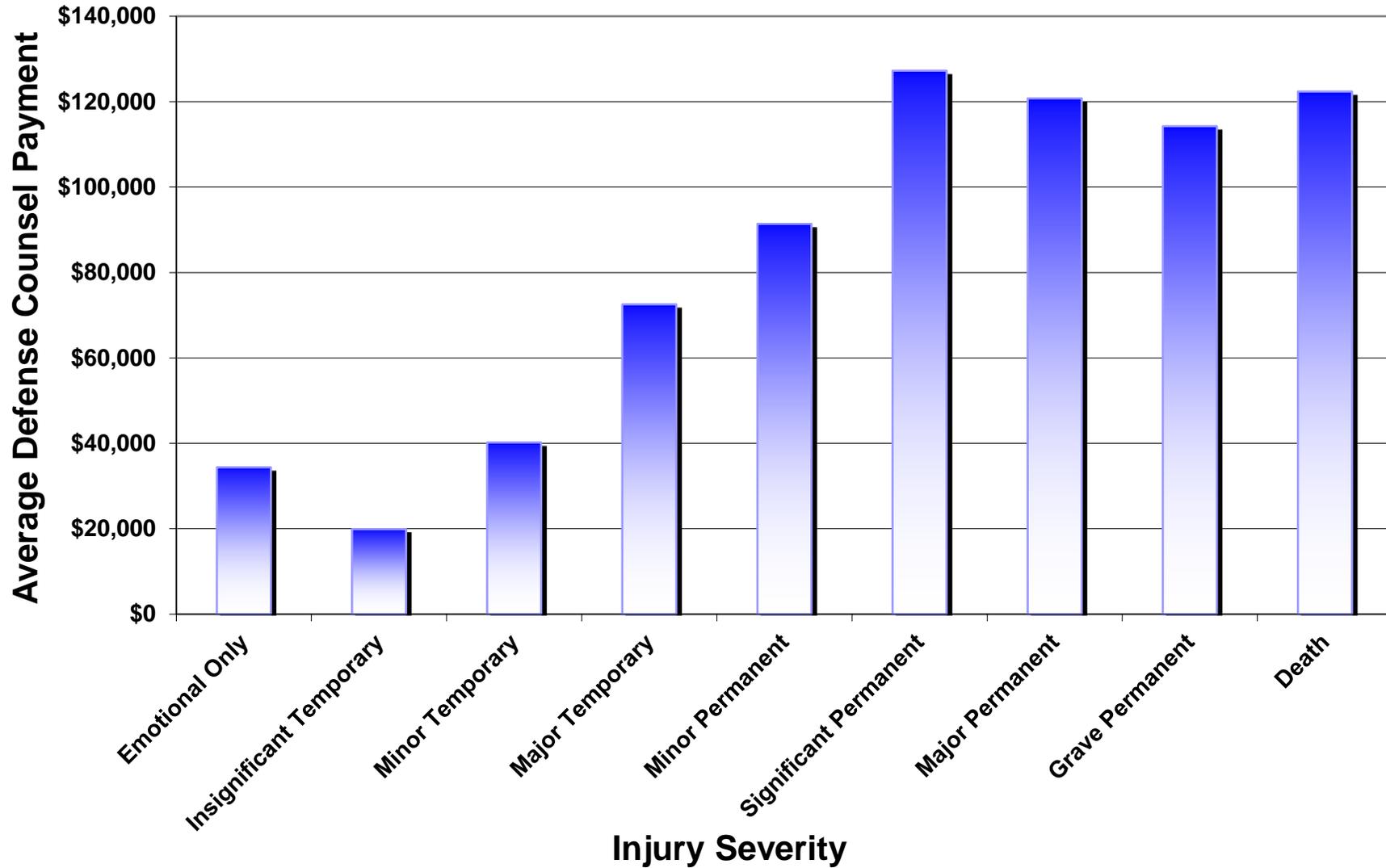
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims with Indemnity Payments
All Insurers

2013 - 2017 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	40	28	\$962,864	\$34,388
Insignificant Temporary	40	20	\$398,024	\$19,901
Minor Temporary	277	153	\$6,151,515	\$40,206
Major Temporary	154	111	\$8,051,963	\$72,540
Minor Permanent	225	194	\$17,729,517	\$91,389
Significant Permanent	148	140	\$17,815,225	\$127,252
Major Permanent	132	127	\$15,337,900	\$120,771
Grave Permanent	39	38	\$4,341,384	\$114,247
Death	389	348	\$42,586,080	\$122,374
Total	1444	1159	\$113,374,472	\$97,821

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2013 - 2017 Aggregate**



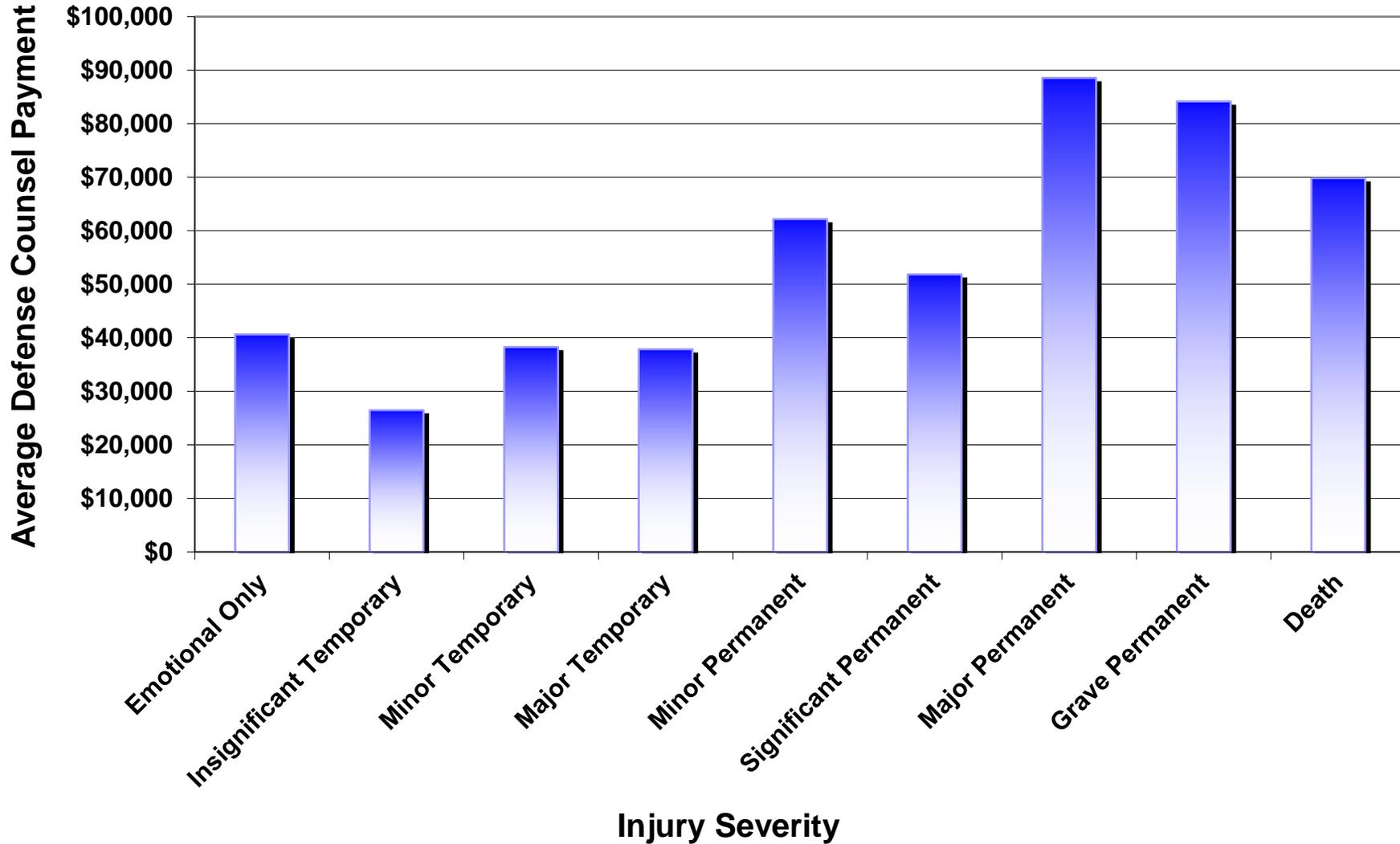
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims without Indemnity Payments
All Insurers

2013 - 2017 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	108	63	\$2,559,879	\$40,633
Insignificant Temporary	83	35	\$926,757	\$26,479
Minor Temporary	363	182	\$6,965,281	\$38,271
Major Temporary	144	85	\$3,217,881	\$37,857
Minor Permanent	181	119	\$7,399,350	\$62,179
Significant Permanent	129	98	\$5,080,451	\$51,841
Major Permanent	91	70	\$6,198,087	\$88,544
Grave Permanent	19	16	\$1,346,677	\$84,167
Death	265	203	\$14,172,056	\$69,813
Total	1383	871	\$47,866,419	\$54,956

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2013 - 2017 Aggregate**



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2013 - 2017 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	\$10,594,000	\$529,700	1.19%
APRN/RN	26	\$9,430,239	\$362,702	1.06%
Chiropractor	25	\$2,747,345	\$109,894	0.31%
Dentist	109	\$13,993,039	\$128,377	1.57%
Emergency Services/Call Center/Ambulance Service	41	\$24,447,165	\$596,272	2.74%
Freestanding Surgical Center/Rehab Hospital	5	\$762,500	\$152,500	0.09%
Gynecology/OB-GYN	48	\$30,737,984	\$640,375	3.44%
Hospital - General	590	\$478,343,494	\$810,752	53.60%
Hospital - Others	26	\$14,427,137	\$554,890	1.62%
Medical Group/Other Corporate Group Practice	59	\$32,998,095	\$559,290	3.70%
Orthopedics	49	\$26,963,548	\$550,276	3.02%
Physician - Family/Pediatric/General Practice	10	\$3,573,089	\$357,309	0.40%
Physicians - Others	316	\$201,074,793	\$636,313	22.53%
Physicians Assistant	6	\$2,303,000	\$383,833	0.26%
Psychiatry	10	\$4,605,000	\$460,500	0.52%
Radiology/Imaging Center	44	\$25,809,750	\$586,585	2.89%
Other	60	\$9,561,936	\$159,366	1.07%
Total	1444	\$892,372,114	\$617,986	100.0%

(4)=(3)/(2)

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

Wednesday, May 23, 2018

Report 8 - Part 1

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2013 - 2017 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in 2017</i>	<i>Number of Medical Providers in 2017</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	\$568,698	278	20	\$10,594,000	\$529,700	3.20%
APRN/RN	\$9,417,685	17459	24	\$7,980,239	\$332,510	2.41%
Chiropractor	\$2,371,828	2862	23	\$2,666,345	\$115,928	0.81%
Dentist	\$4,667,919	4133	106	\$13,260,539	\$125,099	4.01%
Emergency Services/Call Center/Ambulance Service	\$959,654	101	19	\$8,410,499	\$442,658	2.54%
Freestanding Surgical Center/Rehab Hospital	\$3,069,592	46	4	\$705,000	\$176,250	0.21%
Gynecology/OB-GYN	\$5,613,350	116	22	\$10,756,734	\$488,942	3.25%
Hospital - General	\$1,927,293	55	28	\$34,968,424	\$1,248,872	10.58%
Hospital - Others	\$2,641,324	245	15	\$8,635,887	\$575,726	2.61%
Medical Group/Other Corporate Group Practice	\$2,464,750	965	52	\$22,361,095	\$430,021	6.76%
Orthopedics	\$1,745,681	233	38	\$21,133,223	\$556,137	6.39%
Physician - Family/Pediatric/General Practice	\$3,652,875	349	8	\$3,515,589	\$439,449	1.06%
Physicians - Others	\$21,706,604	3064	233	\$146,507,003	\$628,785	44.31%
Physicians Assistant	\$420,669	242	5	\$2,296,000	\$459,200	0.69%
Psychiatry	\$3,406,790	3631	7	\$3,202,500	\$457,500	0.97%
Radiology/Imaging Center	\$5,835,050	231	42	\$25,479,750	\$606,661	7.71%
Other	\$3,662,993	4657	59	\$8,161,936	\$138,338	2.47%
Total	\$74,132,755	38,667	705	\$330,634,763	\$468,985	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

2013 - 2017 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>
APRN/RN	2	\$1,450,000	\$725,000	0.26%
Chiropractor	2	\$81,000	\$40,500	0.01%
Dentist	3	\$732,500	\$244,167	0.13%
Emergency Services/Call Center/Ambulance Service	22	\$16,036,666	\$728,939	2.85%
Freestanding Surgical Center/Rehab Hospital	1	\$57,500	\$57,500	0.01%
Gynecology/OB-GYN	26	\$19,981,250	\$768,510	3.56%
Hospital - General	562	\$443,375,070	\$788,924	78.93%
Hospital - Others	11	\$5,791,250	\$526,477	1.03%
Medical Group/Other Corporate Group Practice	7	\$10,637,000	\$1,519,571	1.89%
Orthopedics	11	\$5,830,325	\$530,030	1.04%
Physician - Family/Pediatric/General Practice	2	\$57,500	\$28,750	0.01%
Physicians - Others	83	\$54,567,790	\$657,443	9.71%
Physicians Assistant	1	\$7,000	\$7,000	0.00%
Psychiatry	3	\$1,402,500	\$467,500	0.25%
Radiology/Imaging Center	2	\$330,000	\$165,000	0.06%
Other	1	\$1,400,000	\$1,400,000	0.25%
Total	739	\$561,737,351	\$760,132	100.0%

(4)=(3)/(2)

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

Wednesday, May 23, 2018

Report 8 - Part 3

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2013 - 2017 Aggregate

<i>Disposition</i>	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i>	<i>Average paid</i>	
	<i>Number</i>	<i>Percent</i>	<i>Incident to Report</i>	<i>Incident to Disposition</i>		<i>Indemnity</i>	<i>ALAE</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
In Favor of Plaintiff							
Claims Settled Before Litigation	243	16.8%	7	21	4	\$141,455	\$6,157
Claims Settled Before Trial	1100	76.2%	19	66	6	\$621,852	\$102,940
Claims Settled During Trial	62	4.3%	17	63	7	\$1,738,944	\$219,597
Claims Settled After Trial	17	1.2%	20	79	7	\$1,660,631	\$198,198
Total Settled	1422	98.5%	17	58	6	\$600,884	\$92,626
Judgement for Plaintiff	16	1.1%	15	66	6	\$1,646,334	\$206,931
Judgement for Plaintiff On Appeal	6	0.4%	9	153	5	\$1,929,054	\$873,031
Total Court Dispositions	22	1.5%	14	90	5	\$1,723,439	\$388,594
Total	1444	100.0%	17	59	6	\$617,986	\$97,135
In Favor of Defendant							
Claims Closed Before Litigation	463	33.5%	12	29	4		\$3,023
Claims Closed Before Trial	727	52.6%	23	62	6		\$40,726
Claims Closed After Trial	56	4.0%	18	50	5		\$42,020
Total Settled	1246	90.1%	19	49	5		\$26,774
Judgement for Defendant	126	9.1%	27	80	5		\$162,057
Judgement for Defendant On Appeal	11	0.8%	14	100	5		\$239,630
Total Court Dispositions	137	9.9%	26	81	5		\$168,285
Total	1383	100.0%	20	52	5		\$40,792

(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

2013 - 2017 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)
2013	618	\$154,379,701	\$249,805	\$150,975,097	\$244,296	\$192,996,569	\$312,292
2014	524	\$51,269,312	\$97,842	\$134,100,336	\$255,917	\$197,757,305	\$377,399
2015	627	\$67,132,219	\$107,069	\$142,552,199	\$227,356	\$258,027,081	\$411,526
2016	543	\$59,181,450	\$108,990	\$138,938,413	\$255,872	\$209,428,364	\$385,688
2017	515	\$53,394,776	\$103,679	\$156,331,513	\$303,556	\$230,842,073	\$448,237
Total	2827	\$385,357,458	\$136,313	\$722,897,558	\$255,712	\$1,089,051,392	\$385,232

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

2013 - 2017 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)
2013	328	\$27,593,529	\$84,127	\$69,006,556	\$210,386	\$51,793,148	\$157,906
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	\$73,508,115	\$240,223
2017	303	\$30,814,397	\$101,698	\$104,973,856	\$346,448	\$104,325,739	\$344,309
Total	1640	\$149,171,912	\$90,958	\$429,227,678	\$261,724	\$416,662,389	\$254,062

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

2013 - 2017 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)
2013	290	\$126,786,172	\$437,194	\$81,968,541	\$282,650	\$141,203,421	\$486,908
2014	213	\$24,047,466	\$112,899	\$52,709,319	\$247,462	\$125,352,942	\$588,511
2015	235	\$28,877,081	\$122,881	\$46,499,163	\$197,869	\$143,396,057	\$610,196
2016	237	\$33,894,448	\$143,015	\$61,135,200	\$257,954	\$135,920,249	\$573,503
2017	212	\$22,580,379	\$106,511	\$51,357,657	\$242,253	\$126,516,334	\$596,775
Total	1187	\$236,185,546	\$198,977	\$293,669,880	\$247,405	\$672,389,003	\$566,461

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

2013 - 2017 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>
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	142	\$78,015,654	\$17,443,970	\$65,171,684
2017	156	\$85,531,662	\$29,493,868	\$56,037,794
Total	746	\$394,673,829	\$112,189,693	\$287,084,136

(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

2013 - 2017 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)
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	\$31,931,279	\$10,682,566	\$25,848,713
2017	102	\$51,624,120	\$16,239,744	\$35,384,376
Total	460	\$199,540,263	\$55,355,977	\$148,784,286

(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

2013 - 2017 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>
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	64	\$46,084,375	\$6,761,404	\$39,322,971
2017	54	\$33,907,542	\$13,254,124	\$20,653,418
Total	286	\$195,133,566	\$56,833,716	\$138,299,850

(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> <i>(1)</i>	<i>Earned Premium</i> <i>(2)</i>	<i>Paid Losses</i> <i>(3)</i>	<i>Incurred Losses</i> <i>(4)</i>
2013			
Commercial Insurers	\$95,178,760	\$53,992,145	\$44,600,350
Captives	\$115,723,752	\$106,745,375	\$235,275,090
Self Insurers	\$14,846,522	\$6,968,399	\$13,035,772
Totals	\$225,749,034	\$167,705,919	\$292,911,212
2014			
Commercial Insurers	\$100,724,451	\$65,083,996	\$70,394,465
Captives	\$67,244,532	\$71,935,072	\$148,540,734
Self Insurers	\$13,324,660	\$16,871,173	\$10,750,087
Totals	\$181,293,643	\$153,890,241	\$229,685,286
2015			
Commercial Insurers	\$92,858,496	\$91,912,448	\$91,765,130
Captives	\$148,306,215	\$154,471,994	\$220,252,189
Self Insurers	\$18,021,333	\$17,807,607	\$20,659,173
Totals	\$259,186,044	\$264,192,049	\$332,676,492
2016			
Commercial Insurers	\$88,508,385	\$67,200,562	\$82,940,531
Captives	\$119,453,449	\$96,478,337	\$93,599,340
Self Insurers	\$28,288,684	\$38,147,622	\$41,679,595
Totals	\$236,250,518	\$201,826,521	\$218,219,466
2017			
Commercial Insurers	\$86,966,654	\$104,991,881	\$98,216,971
Captives	\$123,600,805	\$74,765,925	\$149,773,109
Self Insurers	\$42,616,040	\$27,940,396	\$37,085,571
Totals	\$253,183,499	\$207,698,202	\$285,075,651

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			
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
2017	\$181,836,455	\$138,809,686	\$176,644,109	\$153,598,815	\$26,962,046	\$1,976,685	\$12,227,467	\$4,015,343

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
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%	-10.9%
2017	87.0%	15.3%	10.3%		

* 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	Comsion and Brokerage Expense	Taxes and Fees
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
2017	\$73,646,849	\$84,536,063	\$70,264,692	\$53,219,821	\$8,388,620	\$1,793,792	\$7,671,073	\$1,497,215

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2017	120.3%	75.7%	11.9%	15.6%

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
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
2017	\$20,482,905	\$12,029,528	\$19,615,026	\$15,603,593	\$2,193,829	\$0	\$3,485,354	\$45,368

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2017	61.3%	79.5%	11.2%	18.0%

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
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
2017	\$87,706,701	\$42,244,095	\$86,764,391	\$84,775,401	\$16,379,597	\$182,893	\$1,071,040	\$2,472,760

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%	6.2%
2013	167.8%	88.5%	21.9%	4.6%
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%
2017	48.7%	97.7%	18.9%	4.3%

Top 15 in 2017 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	76,135,888	76,127,151	0	0	38,376,800	79,179,533	141,038,976	10,977,267	13,915,584	22,522,035	54,610	2,114,329
Proselect Ins Co	NE	32,018,614	24,857,974	0	17,859,116	36,745,307	24,797,797	109,379,637	7,254,505	5,385,296	25,055,453	3,216,937	453,611
Connecticut Medical Ins Co	CT	16,805,202	20,400,586	1,717,829	17,779,217	27,448,356	13,920,197	47,743,000	3,688,050	-3,913,324	11,985,000	700,489	534,833
Continental Cas Co	IL	6,248,427	6,388,158	0	458,788	13,278,322	12,556,187	35,721,937	3,886,973	3,940,943	2,824,577	240,598	125,966
American Cas Co Of Reading PA	PA	3,547,890	3,554,961	0	1,480,622	685,325	1,538,315	3,577,158	202,350	262,988	1,862,043	1,401,391	61,914
ProAssurance Ind Co Inc	AL	3,234,188	2,278,416	0	864,683	1,003,281	2,216,675	1,799,425	182,624	1,135,192	1,472,257	297,082	64,348
Ironshore Specialty Ins Co	AZ	2,584,394	2,717,849	0	1,534,514	2,730,097	3,042,270	9,110,251	330,627	239,063	957,961	291,435	58
Medical Protective Co	IN	2,438,182	3,114,317	0	1,321,377	1,804,647	62,611	6,124,465	400,105	-975,025	2,757,955	376,893	69,658
Applied Medico Legal Solutions RRG	AZ	2,406,286	1,959,016	0	1,249,198	750,000	2,027,310	3,436,993	712,272	878,692	936,846	342,828	0
National Fire & Marine Ins Co	NE	2,037,526	2,023,037	0	1,288,368	85,000	980,960	2,713,036	98,649	487,671	846,127	688,683	0
The Doctors Co RRG a Recip Exch	DC	1,785,506	1,555,819	0	229,686	0	287,624	441,011	15,942	303,596	544,219	45,341	61,721
MedPro RRG RRG	DC	1,779,740	954,161	0	1,356,387	0	666,708	1,588,108	8,792	301,168	789,510	177,587	66,423
Coverys Specialty Ins Co	NJ	1,658,000	1,826,519	0	408,822	200,000	543,731	1,714,490	120,829	193,888	574,122	165,800	0
Homeland Ins Co of NY	NY	1,483,130	1,459,740	0	587,898	600,000	1,130,782	2,716,937	226,830	116,408	134,917	184,203	0
Preferred Physicians Medical RRG a M	MO	1,384,166	1,383,937	0	66,014	12,500	728,229	3,991,358	161,973	149,930	643,038	0	55,367

Top 15 Total 155,547,139 = 85.5% of total 2017 Direct Premiums Written of \$181,836,455

Top 3 Total 124,959,704 = 68.7% of total 2017 Direct Premiums Written of \$181,836,455

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

Connecticut Medical Malpractice Annual Report – 2017

Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2017</u>	<u>2016</u>
MCIC VT a Recip RRG	\$64,590,831	\$51,923,600
Proselect Ins Co	\$20,793,765	\$20,399,357
Connecticut Medical Ins Co	\$13,421,024	\$14,579,662
Continental Cas Co	\$1,917,185,831	\$2,076,351,417
American Cas Co Of Reading PA	\$2,257,883	\$9,931,779
ProAssurance Ind Co Inc	\$28,160,312	\$28,497,512
Ironshore Specialty Ins Co	\$25,542,357	\$20,176,996
Medical Protective Co	\$94,750,036	\$103,380,582
Applied Medico Legal Solutions RRG	\$5,193,996	\$4,102,779
National Fire & Marine Ins Co	\$208,793,903	\$898,172,379
The Doctors Co RRG a Recip Exch	-\$282,013	-\$199,801
MedPro RRG RRG	\$306,254	\$55,026
Coverys Specialty Ins Co	\$1,310,979	\$1,338,269
Homeland Ins Co of NY	\$1,134,055	\$969,420
Preferred Physicians Medical RRG a M	\$145,575	\$7,263,200

Source: National Association of Insurance Commissioners Database

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

Appendix 4

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



Substitute Senate Bill No. 249

Public Act No. 07-25

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

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

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

(a) As used in this section:

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

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

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

Substitute Senate Bill No. 249

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

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

(c) The closed claim report shall include:

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

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

Substitute Senate Bill No. 249

with the insurer to release the required information.

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

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

Substitute Senate Bill No. 249

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

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

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

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

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

Substitute Senate Bill No. 249

the claimant and practitioner have been removed.

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

Approved May 18, 2007

Appendix 5

Medical Malpractice Closed Claim Data Collection Application Users Guide



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

MEDICAL MALPRACTICE CLOSED CLAIM DATA COLLECTION

Introduction:

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

Public Act No. 07-25

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

The link can be found at the following URL address:

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

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

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

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

Definitions and Terms:

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

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

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

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

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

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

Captive Domicile:

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

Captive License #:

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

Non-Hospital Healthcare Provider:

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

Self-Insured Trust:

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

Voluntary Attending Physician:

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

Yearly Reporting Financial Terms & Definitions:

Commercial Insurer

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

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

Hospital/Captive:

Hospital/Captive without Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

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

Hospital/Captive with Voluntary Attending Physicians

Hospital Professional Liability Premium (No General Liability) –

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

Hospital Net Retained Paid Professional Liability Losses –

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

Hospital Net Retained Incurred Professional Liability Losses –

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

Hospital/Self Insured Trust

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

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

Medical Malpractice Online Reporting Tool Instruction

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

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

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

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

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

Click here to start:

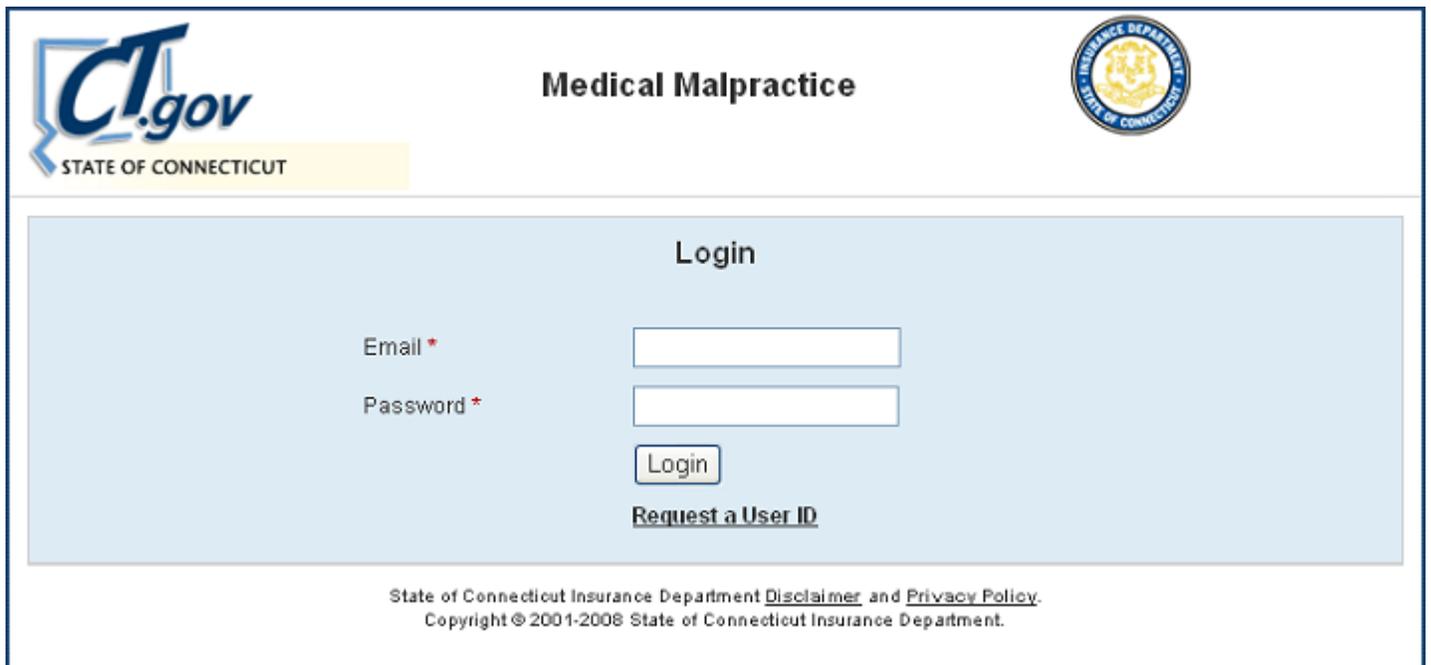
https://www.cid-online.ct.gov/mmdc/Login_input.action

To Bookmark this page:

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

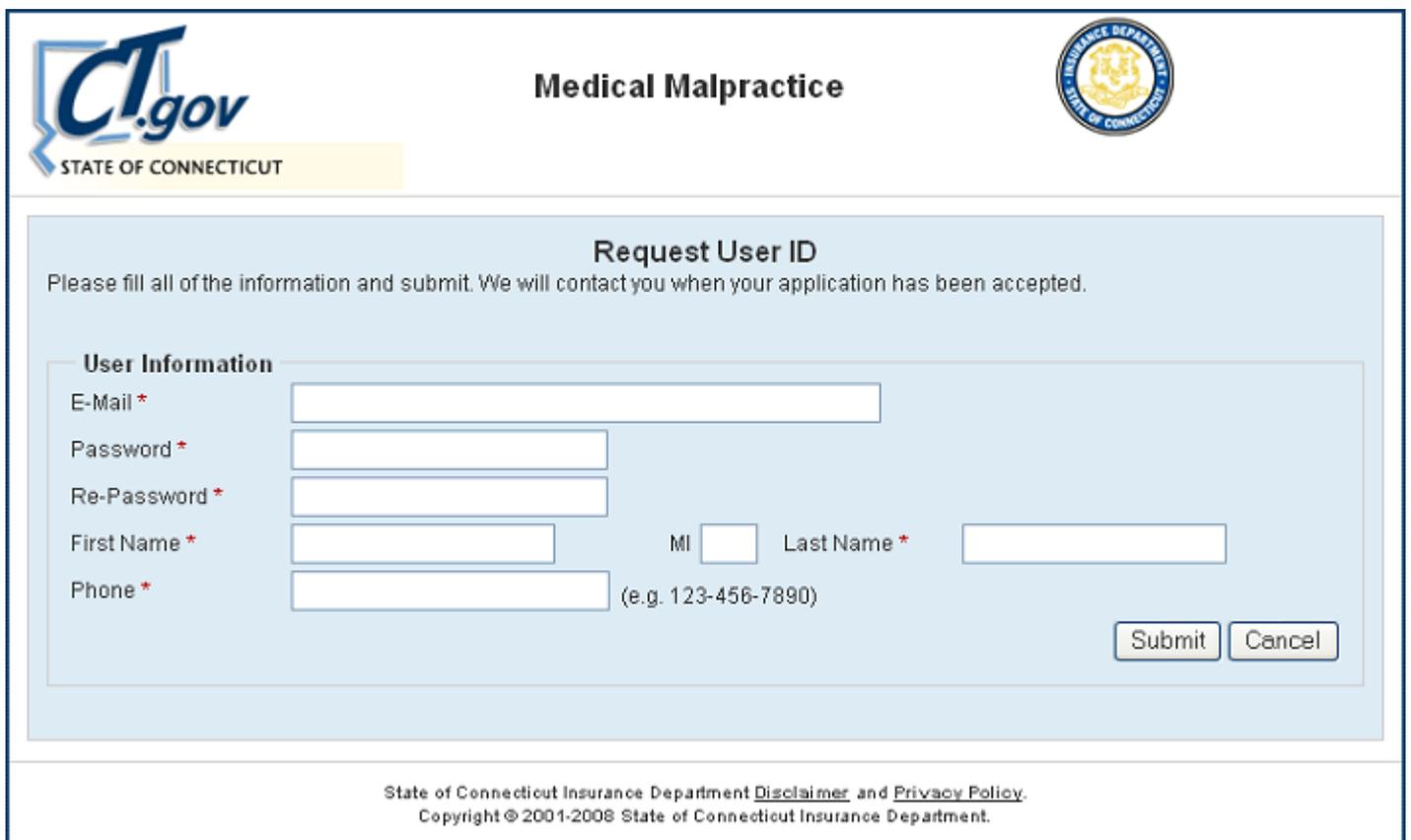
Request a User ID

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



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.



STATE OF CONNECTICUT

Medical Malpractice



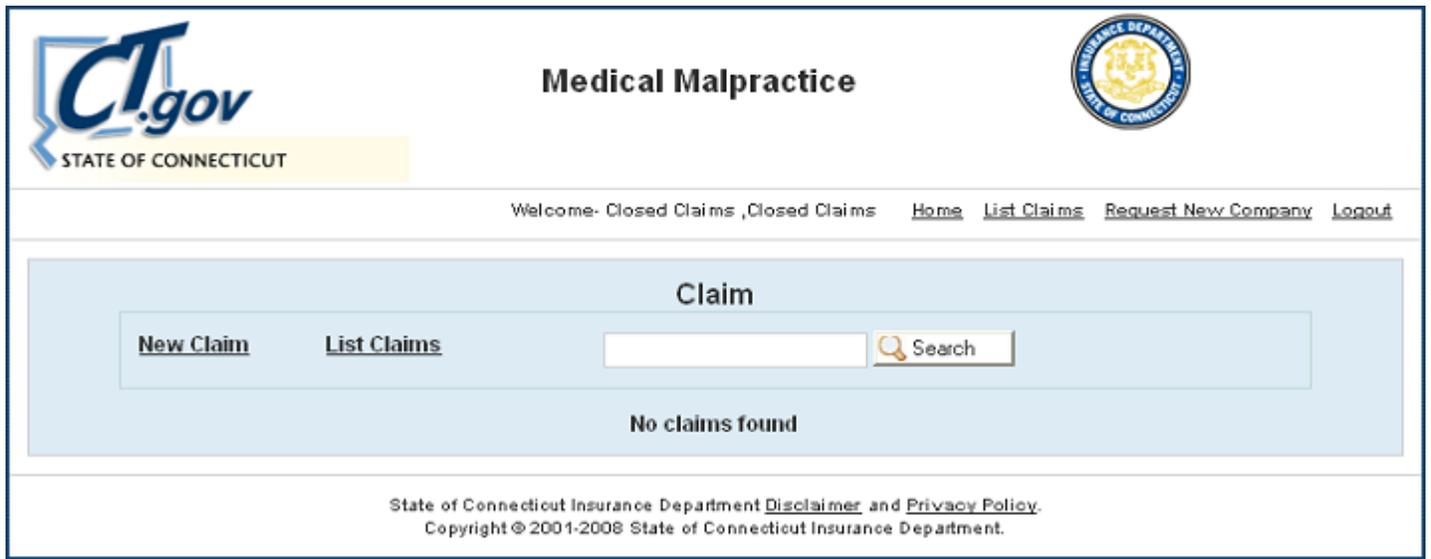
What do you want to do now?

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

State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#).
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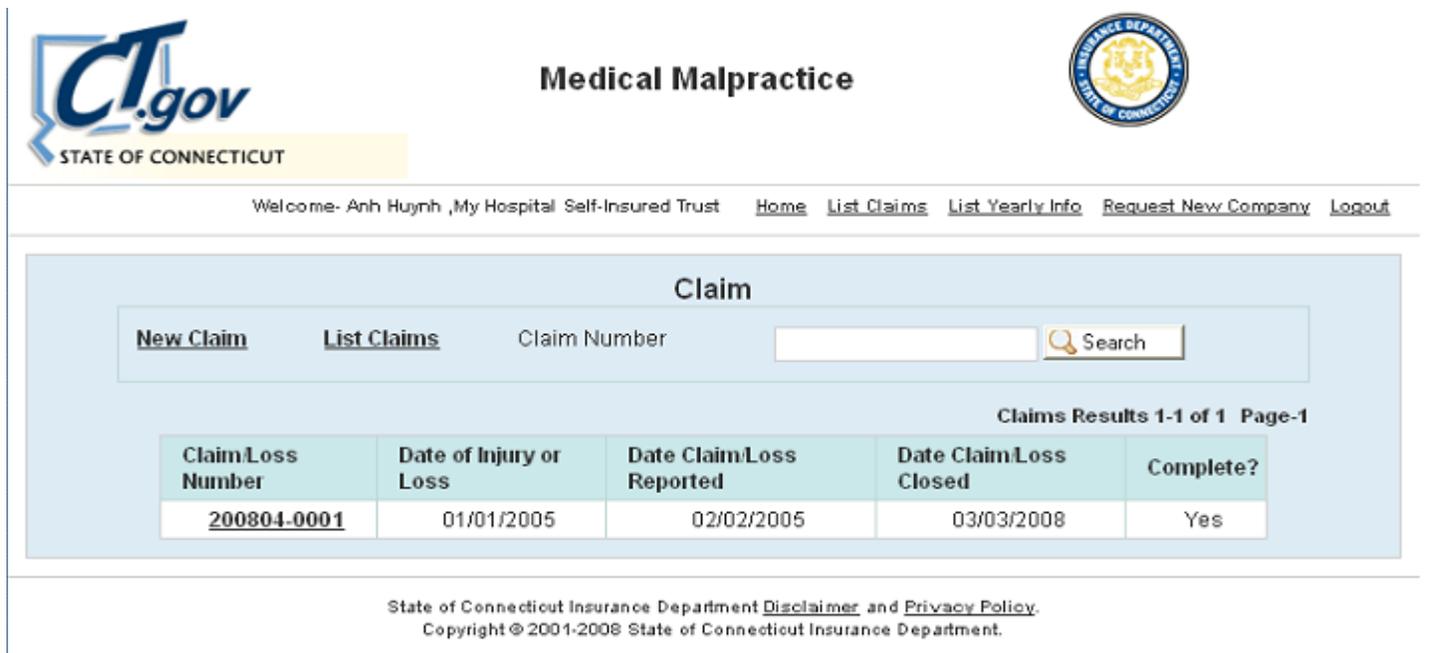
Closed Claim reporting

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



The screenshot shows the CT.gov Medical Malpractice portal. The header includes the CT.gov logo, the text 'Medical Malpractice', and the State of Connecticut Insurance Department seal. The navigation bar contains links for 'Home', 'List Claims', 'Request New Company', and 'Logout'. The main 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 main content area is titled 'Claim' and features a search bar with a 'Search' button. Below the search bar, the text 'Claims Results 1-1 of 1 Page-1' is displayed. A table with the following data is shown:

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

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

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

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

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

Injured Party Information

Claim Details

Claim/Loss Number *

County where claim incident occurred *

Date of Injury or Loss *

Date Claim/Loss Reported *

Date Claim/Loss Closed *

Injured Person Details

First Name * Middle Name Last Name *

Date Of Birth Age Group Age Group *

Gender * Male Female

Injury Details

Name of institution where loss/injury occurred *

Type of Location where loss/injury occurred *

Act or Omission Type *

Act or Omission Description *

Severity rating(NAIC) *

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

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed * 

Name of Court Suit Filed in * 

Docket Number *
(N/A if Unavailable)

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

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

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

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

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

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

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

8. Judgment Option – After “Judgment” is selected as the outcome information, you will be required to specify further details about the judgment process.
- Trial Option 1 – “Withdrawn” or “Dismissed” (Select if judgment outcome was withdrawn or dismissed)
 - Select “Withdrawn” or “Dismissed” under the “Trial Information” title and you will be asked for the withdrawn/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, Dismissed

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

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

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

Outcome Information:

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

Trial Information:

- Radio buttons: Judgment by Jury, Judgment by Court, Withdrawn, Dismissed
- 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) *	--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 *