



CT Medical Malpractice Report

To

Insurance and Real Estate Committee

Presented by

**Connecticut Insurance Department
Andrew N. Mais, Commissioner**

May 17, 2019

Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has provided our 2019 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2014 through 2018. The report also includes 2018 rate filing activity, premium information by medical provider specialty for 2018 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:

- 2,792 total closed claims over the past five years
 - ✓ 1,439 were resolved in favor of the plaintiff
 - ✓ 1,353 were resolved in favor of the defendant
- \$703,815 was the average indemnity payout to a claimant
 - ✓ \$550,383 was the average payout by a commercial insurer
 - ✓ \$862,232 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

<https://portal.ct.gov/CID/Reports/Medical-Malpractice-Closed-Claims-Reports>

Respectfully,



Andrew N. Mais
Insurance Commissioner

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Connecticut Medical Malpractice Closed Claim Annual Report – 2019

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 2019 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 2014 through 2018. In addition, it provides a summary of rate filing activity for 2018, premium information by medical provider specialty for 2018 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

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, 25 risk retention groups (RRG’s) and 54 excess and surplus lines companies. 2018 closed claims data were from 180 insuring entities, which included 129 admitted insurance companies, 19 hospitals or hospital groups that are either self-insured or insured with a captive and 32 non-hospital captives/self-insurers/risk retention groups.

While there are still some delays in providing the closed claim information, compliance with the data submission requirements by insurers was generally good. As was the case last year, some of

the risk retention groups continue to assert that the Federal Liability Risk Retention Act provides them an exemption from having to report claim data to Connecticut or any other state. Fortunately, most of the RRG's have relatively small market shares, with the exception of MCIC Vermont, Inc. (MCIC), which is one of the largest writers of medical malpractice liability insurance in the state. MCIC, although continuing to assert the exemption, agreed to supply summarized claim information to the Department again this year.

IV. Description of Analysis

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

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

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

In this analysis, as displayed on the reports in **Appendix 1**, data was organized and summarized 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, Commercial Insurer was defined to include admitted insurers and surplus lines carriers. 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 from insurers to the Department. 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 includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2014 through 2018. 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.

Appendix 3 provides annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2017 and 2018, premium, losses, expenses and investment income data were displayed individually for the top 15 insurers writing medical malpractice insurance in Connecticut. In addition, similar data for all companies combined for

calendar years 2009 – 2018 were provided. 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 the Department 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, 2018, 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 past reports.

- **Total Claims:** A total of 2,792 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported more than half of the claims, or 1,598. Captives/Self-Insurers reported 1,194 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. About half, 48%, of the claims had no indemnity payments, while the remaining 52% closed with an indemnity payment. The total amount paid to claimants was \$1,013 million, with an average of \$703,815 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages. It was observed that there was a few claims closed during 2018 with very high indemnity payments. The top six final indemnity payment amounts were all at least \$6 million. For comparison, claims closed during 2017 with the two largest indemnity payment were \$7.5 million and \$3.3 million; and the 2016 top two were \$5 million and \$4.9 million. These large claims drove the five-year average indemnity payment per claim from 2013-2017's \$617,986 to this time's \$703,815.
- **Defense Counsel Payments:** About half of the claims closed with no payments to claimants, yet 72%, or 2,005, generated legal expenses to defend the claim. These expenses totaled \$177 million, an average of \$88,090 per claim. Of these almost half 42% (837) were for incidents

that had no payments to claimants, averaging \$56,302 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$110,870.

- **Indemnity Payments and Size of Claims:** About half (621 out of 1,439) of all claims that have an indemnity payment have a payment of less than \$200,000. But million dollar plus claims, with only 22% of all claim counts represent 71% of all indemnity payments, over \$717 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,439 claims that closed with an indemnity payment, 154 closed within one year of being reported and had an average paid indemnity of \$188,333. That average figure rose to \$963,274 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 2,792 reported claims, 1,439 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, more than 99% were settled, with 92% settled before trial began. The remaining 1,353 claims were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 93% were settled, with 83% 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 2,792 claims, 1,439, or 52% had indemnity payments to a claimant at an average value of \$703,815. While Commercial Insurers reported a greater number of claims, Captives/Self-Insurers had a higher percentage (59% to 46%) of claims with indemnity payments. The average indemnity payment size for Commercial Insurers (\$550,383) is lower than for Captives/Self-Insurers (\$862,232).

Of the total 2,792 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 (\$113,377 versus \$67,824).

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$213 million represents the amount expended to defend and investigate claims. This represents 21% 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 1,439 claims, 314, or 22% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$717 million, or 71% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 237 claims (16%) with \$169 million of payments. Thus, the 551 claims greater than \$500,000, represents 38% of the claims, but 87% of the total paid indemnity.

On the other hand, 27% 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 31% 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 88%. 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 \$7,782, while those closing five or more years after being reported averaged \$174,477. 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, it may be seen that 19% 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 1,439 claims reported as closed with an indemnity payment, 431, or 30% were due to the death of the injured party, with average paid indemnity of \$980,987. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity about \$1.5 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 182 severe “permanent injury” claims, when combined with the death cases, comprise about 70% of the total

indemnity payments. The average payments by injury type are shown on Report 7, Part 1 and Chart 7-1.

Likewise, the average legal costs associated with the 182 most serious non-death claims were higher than the overall average. For those claims, 173 of which had defense counsel costs, the average legal cost was \$135,619 compared to \$110,870 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, 62% had defense counsel payments that averaged \$56,302. However, for the most serious non-death permanent injury claims, 74% required legal defense at an average cost of \$98,116. 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 (93%) 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 39% of the claims, the average indemnity payment was \$991,142, about 41% above the overall average. It is also the highest average among all categories. The next highest average indemnity payment was the Physician - Family/Pediatric/General Practice category at \$764,424 with only 12 claims. Physicians-Others has the third highest indemnity payment size at \$671,042 with 71% of the 322 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. Four of the specialty areas have 15 or less claims and another five have 28 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 2,792 closed claims, 48% resulted in no payment to the plaintiff. Of these, 93% 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 52% of closed claims resulted in indemnity payments to the plaintiff. Of these, 99% were settled, with most of those being settled before trial. Only 20 of the 1,439 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 17% 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 \$689,401 with additional expenses for total ALAE of \$105,554 per claim on average. For cases that had court dispositions, the average payment was over \$1.7 million with \$387,848 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 47% of the 1,439 claims with an indemnity payment, that is 673, 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 \$582,630 or approximately 17% lower than the overall average for all claims with indemnity payments of \$703,815 shown in Report 1. Commercial Insurers provided the split on 68% of the claims reported with indemnity payments and 70% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 38% of claims reported with indemnity payments and 77% 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.

Additionally, there were four rate requests in 2018 for rate change in Medical Malpractice for physicians and surgeons and there were four miscellaneous rate requests for other medical malpractice professional liability practices. None of the rate requests met the state's prior rate approval requirements as outlined under C.G.S 38a-676(2)(A). There were three new companies that entered the market to write medical malpractice insurance, two are writing Physicians and Surgeons, and the other is writing "other" medical professionals. Medical Malpractice insurance is a sub-line of Professional Liability.

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

Report 12 displays calendar year earned premium and losses for 2014 through 2018 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, some observations may be made. The total premiums for all groups combined for 2018 has increase 10% compared to 2017 premiums, which is a 54% increase over 2014 premiums. Self-Insurers total annual earned premium dropped from 2017's \$42.6 million to 2018's \$24.1 million. The 2018 Captives premium of \$160.4 million is the highest 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 \$95 million 2018.

Industry Data from the NAIC (Appendix 3)

Appendix 3 displays 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.

The first four exhibits provide historical industry premium, loss and expense experience for the ten years ending 2018. 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 2009 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 and 2017 Profitability Report indicate a 10.9% and 12.1% loss on insurance transaction, respectively. The incurred loss and loss expense ratio increased to 75.9% for 2016, 87.0% for 2017, up from 66.5% in 2015. The ratio is at 77.7% for year 2018.

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 was observed in the last few years continues in 2018 for licensed companies. But after a two year decline for excess/surplus companies, written premiums increased from 2015 to 2018. Risk retention groups written premium has increased the last five years surpassing the prior peak premiums in 2008/2009.

Exhibits 5 and 6 provide premium, loss and expense experience for 2017 and 2018 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 67% of total direct written premium for the state.

In addition, Exhibit 7 displays investment income for 2017 and 2018 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

2014 - 2018 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>
2014	530	242	289	\$158,488,794	\$654,912
2015	632	325	307	\$212,926,268	\$655,158
2016	550	287	262	\$181,802,181	\$633,457
2017	526	304	222	\$196,934,116	\$647,810
2018	554	281	273	\$262,638,859	\$934,658
Total	2792	1439	1353	\$1,012,790,218	\$703,815

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Commercial Insurers

2014 - 2018 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>
2014	311	116	195	\$57,277,852	\$493,775
2015	392	187	205	\$90,925,751	\$486,234
2016	306	131	175	\$60,110,279	\$458,857
2017	308	156	152	\$87,914,121	\$563,552
2018	281	141	140	\$106,102,112	\$752,497
Total	1598	731	867	\$402,330,115	\$550,383

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Captives and Self Insurers

2014 - 2018 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>
2014	219	126	94	\$101,210,942	\$803,261
2015	240	138	102	\$122,000,517	\$884,062
2016	244	156	87	\$121,691,902	\$780,076
2017	218	148	70	\$109,019,995	\$736,622
2018	273	140	133	\$156,536,747	\$1,118,120
Total	1194	708	486	\$610,460,103	\$862,232

(6)=(5)/(3)

Connecticut Department of Insurance

Defense Counsel Payments

All Insurers

2014 - 2018 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)
2014	530	374	\$32,493,159	172	\$59,793	202	\$109,944
2015	632	451	\$35,938,198	195	\$47,228	256	\$104,409
2016	550	395	\$36,736,433	156	\$48,115	239	\$122,303
2017	526	394	\$36,310,112	147	\$84,453	247	\$96,743
2018	554	391	\$35,143,096	167	\$46,169	224	\$122,469
Total	2792	2005	\$176,620,998	837	\$56,302	1168	\$110,870

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

2014 - 2018 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>
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	\$16,620,090	94	\$40,734	109	\$117,349
2017	308	234	\$19,786,287	99	\$97,860	135	\$74,801
2018	281	196	\$12,202,358	81	\$39,705	115	\$78,141
Total	1598	1113	\$75,488,289	504	\$51,654	609	\$81,206

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insurers

2014 - 2018 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>
2014	219	161	\$21,145,110	65	\$94,295	96	\$156,416
2015	240	184	\$20,406,693	72	\$56,449	112	\$145,914
2016	244	192	\$20,116,343	62	\$59,305	130	\$126,457
2017	218	160	\$16,523,825	48	\$56,801	112	\$123,191
2018	273	195	\$22,940,738	86	\$52,256	109	\$169,236
Total	1194	892	\$101,132,709	333	\$63,336	559	\$143,188

(3)=(5)+(7)

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

2014 - 2018 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>
2014	530	347	\$158,488,794	\$32,493,159	\$6,842,706	24.8%
2015	632	405	\$212,926,268	\$35,938,198	\$11,067,358	22.1%
2016	550	365	\$181,802,181	\$36,736,433	\$4,307,762	22.6%
2017	526	379	\$196,934,116	\$36,310,112	\$6,281,632	21.6%
2018	554	344	\$262,638,859	\$35,143,096	\$7,822,978	16.4%
Total	2792	1840	\$1,012,790,218	\$176,620,998	\$36,322,436	21.0%

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

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

2014 - 2018 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>
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	\$60,110,279	\$16,620,090	\$3,157,713	32.9%
2017	308	255	\$87,914,121	\$19,786,287	\$3,962,537	27.0%
2018	281	224	\$106,102,112	\$12,202,358	\$4,987,814	16.2%
Total	1598	1224	\$402,330,115	\$75,488,289	\$24,060,294	24.7%

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

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

2014 - 2018 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>
2014	219	118	\$101,210,942	\$21,145,110	\$3,064,244	23.9%
2015	240	122	\$122,000,517	\$20,406,693	\$2,893,590	19.1%
2016	244	132	\$121,691,902	\$20,116,343	\$1,150,049	17.5%
2017	218	124	\$109,019,995	\$16,523,825	\$2,319,095	17.3%
2018	273	120	\$156,536,747	\$22,940,738	\$2,835,164	16.5%
Total	1194	616	\$610,460,103	\$101,132,709	\$12,262,142	18.6%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2014 - 2018 Aggregate

<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	457	31.8%	\$15,392,781	\$33,682	1.5%
\$100,000 - \$199,999	164	11.4%	\$23,560,005	\$143,659	2.3%
\$200,000 - \$299,999	103	7.2%	\$24,475,631	\$237,627	2.4%
\$300,000 - \$399,999	86	6.0%	\$28,860,620	\$335,589	2.8%
\$400,000 - \$499,999	78	5.4%	\$34,449,462	\$441,660	3.4%
\$500,000 - \$599,999	71	4.9%	\$37,076,447	\$522,203	3.7%
\$600,000 - \$699,999	43	3.0%	\$27,299,042	\$634,861	2.7%
\$700,000 - \$799,999	34	2.4%	\$25,286,000	\$743,706	2.5%
\$800,000 - \$899,999	45	3.1%	\$37,584,499	\$835,211	3.7%
\$900,000 - \$999,999	44	3.1%	\$41,686,940	\$947,430	4.1%
\$1,000,000 and Over	314	21.8%	\$717,118,791	\$2,283,818	70.8%
Total	1439	100.0%	\$1,012,790,218	\$703,815	100.0%

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

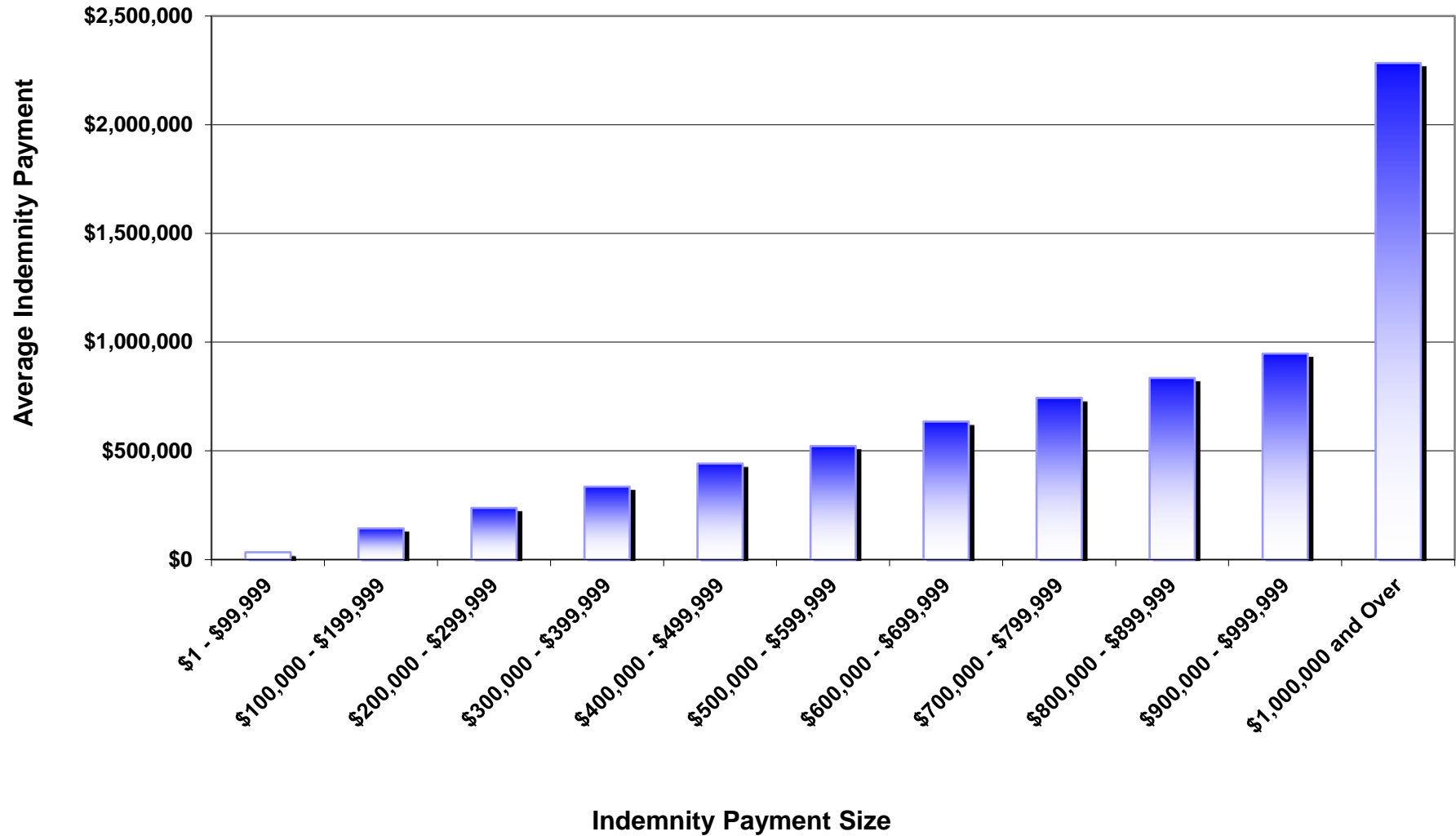
(5)=(4)/(2)

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

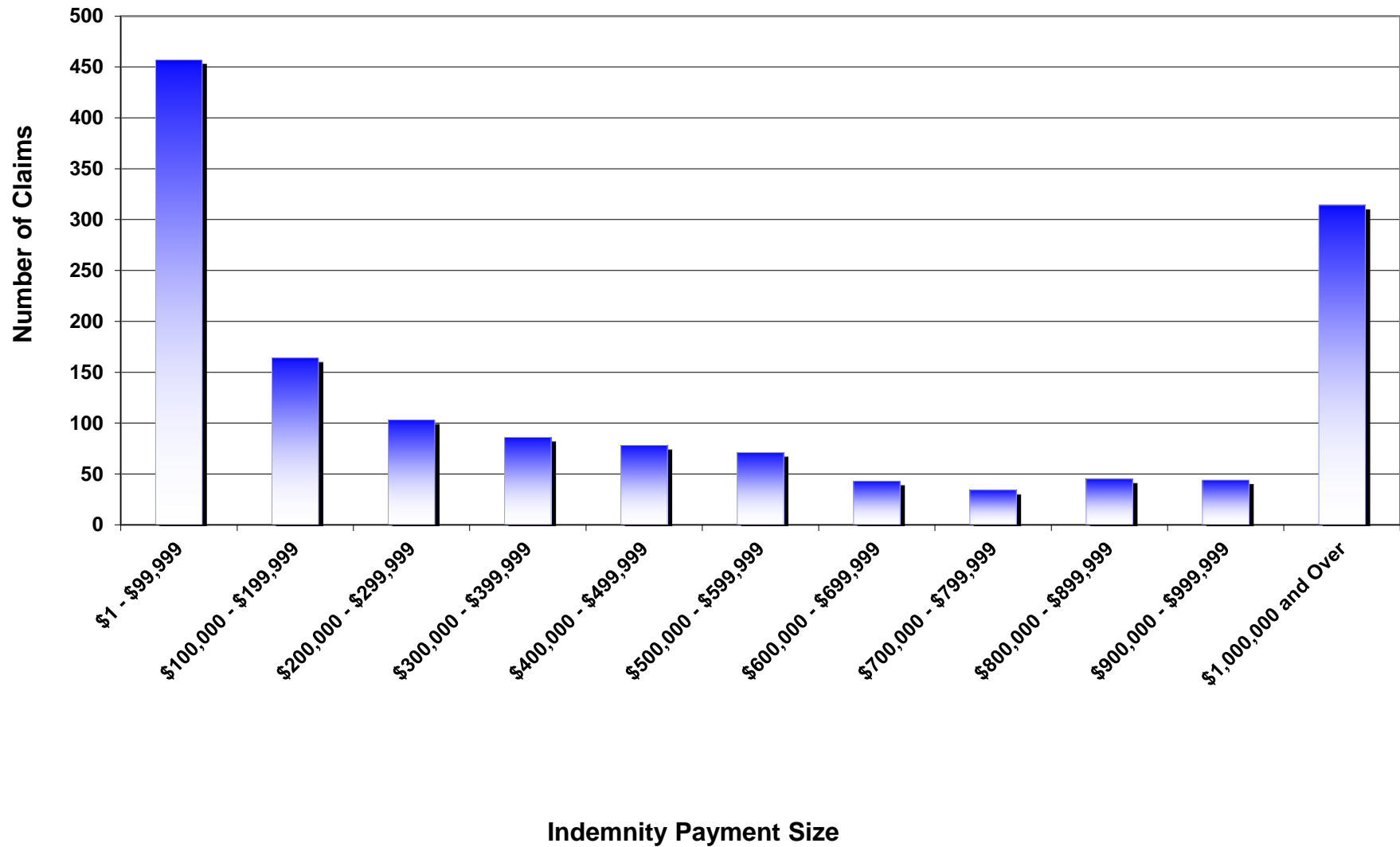
Friday, May 17, 2019

Report 4

Average Indemnity Payment by Indemnity Payment Size 2014 - 2018 Aggregate



Number of Claims by Indemnity Payment Size 2014 - 2018 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

2014 - 2018 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	1353	837	\$47,124,569	\$56,302	26.7%
\$1 - \$99,999	457	252	\$13,169,454	\$52,260	7.5%
\$100,000 - \$199,999	164	151	\$10,776,601	\$71,368	6.1%
\$200,000 - \$299,999	103	95	\$7,911,970	\$83,284	4.5%
\$300,000 - \$399,999	86	78	\$6,881,473	\$88,224	3.9%
\$400,000 - \$499,999	78	72	\$5,567,957	\$77,333	3.2%
\$500,000 - \$599,999	71	69	\$6,847,863	\$99,244	3.9%
\$600,000 - \$699,999	43	40	\$6,671,930	\$166,798	3.8%
\$700,000 - \$799,999	34	34	\$3,635,522	\$106,927	2.1%
\$800,000 - \$899,999	45	41	\$10,110,525	\$246,598	5.7%
\$900,000 - \$999,999	44	42	\$3,457,254	\$82,316	2.0%
\$1,000,000 and Over	314	294	\$54,465,880	\$185,258	30.8%
Total	2792	2005	\$176,620,998	\$88,090	100.0%

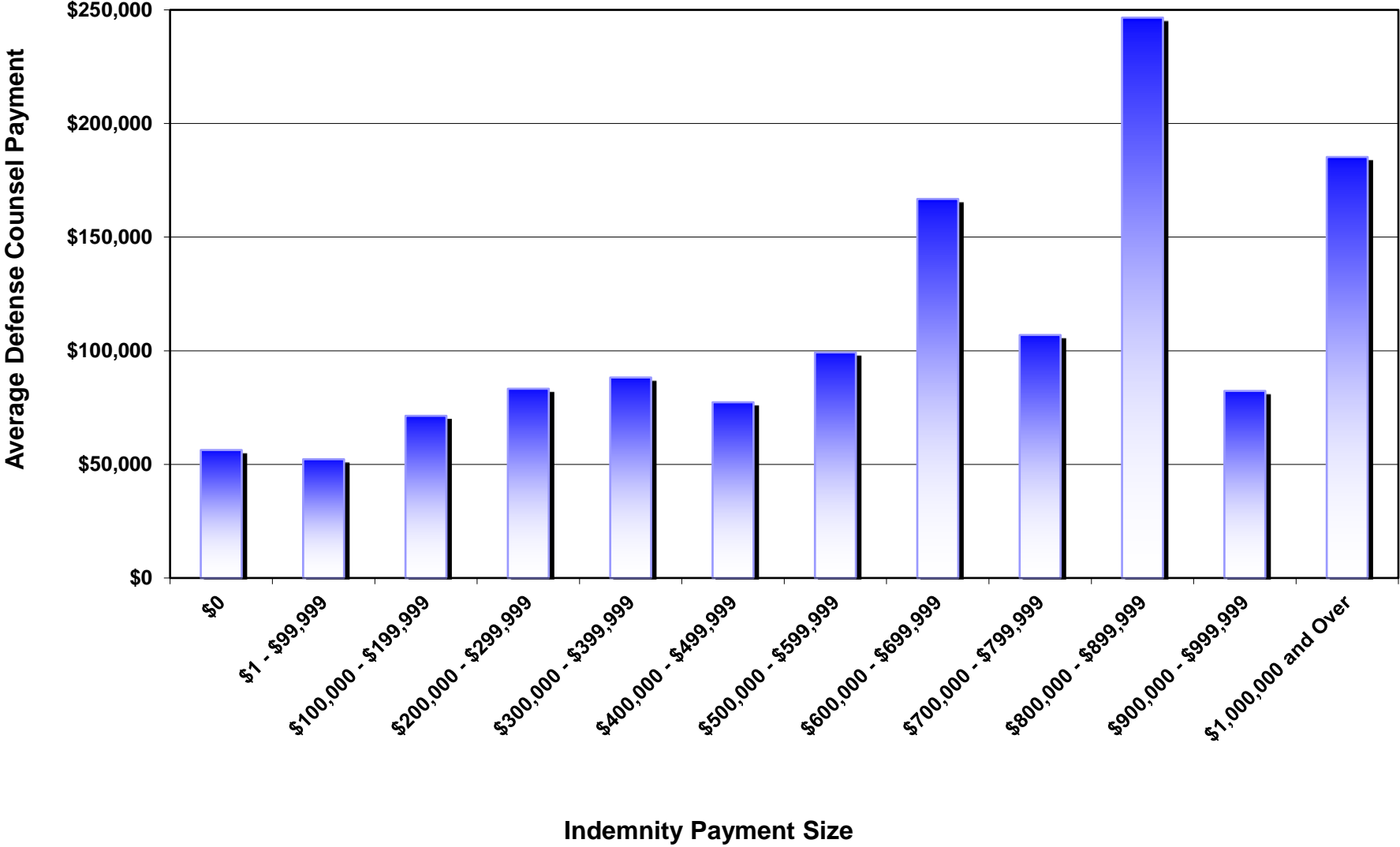
(5)=(4)/(3)

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

Friday, May 17, 2019

Report 5

Average Payment to Defense Counsel by Indemnity Payment Size 2014 - 2018 Aggregate



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

2014 - 2018 Aggregate

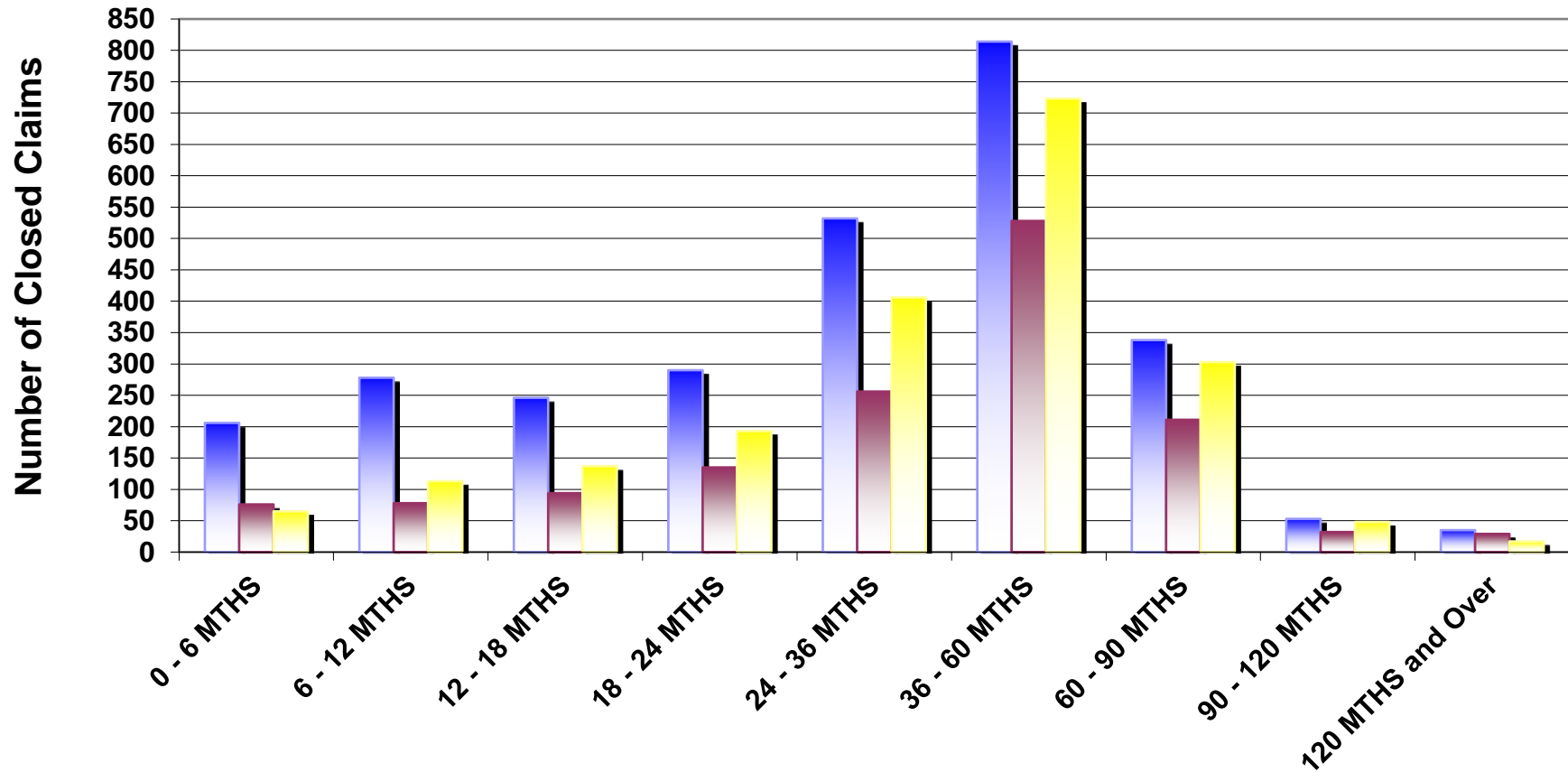
<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</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	206	7.4%	76	5.3%	65	3.2%
6 - 12 Months	278	10.0%	78	5.4%	113	5.6%
12 - 18 Months	246	8.8%	94	6.5%	137	6.8%
18 - 24 Months	290	10.4%	135	9.4%	193	9.6%
24 - 36 Months	532	19.1%	256	17.8%	406	20.2%
36 - 60 Months	814	29.2%	528	36.7%	723	36.1%
60 - 90 Months	338	12.1%	211	14.7%	303	15.1%
90 - 120 Months	53	1.9%	32	2.2%	48	2.4%
120 Months and Over	35	1.3%	29	2.0%	17	0.8%
Total	2792	100.0%	1439	100.0%	2005	100.0%
Average Length of Claims	3.00 YEARS		3.53 YEARS		3.44 YEARS	

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

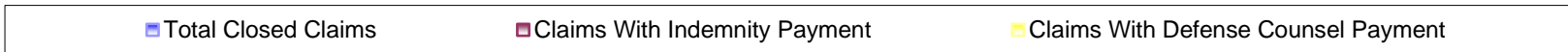
(5)=(4) for each range/(4) total

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

Length of Claims From Report to Closure Date 2014 - 2018 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

2014 - 2018 Aggregate

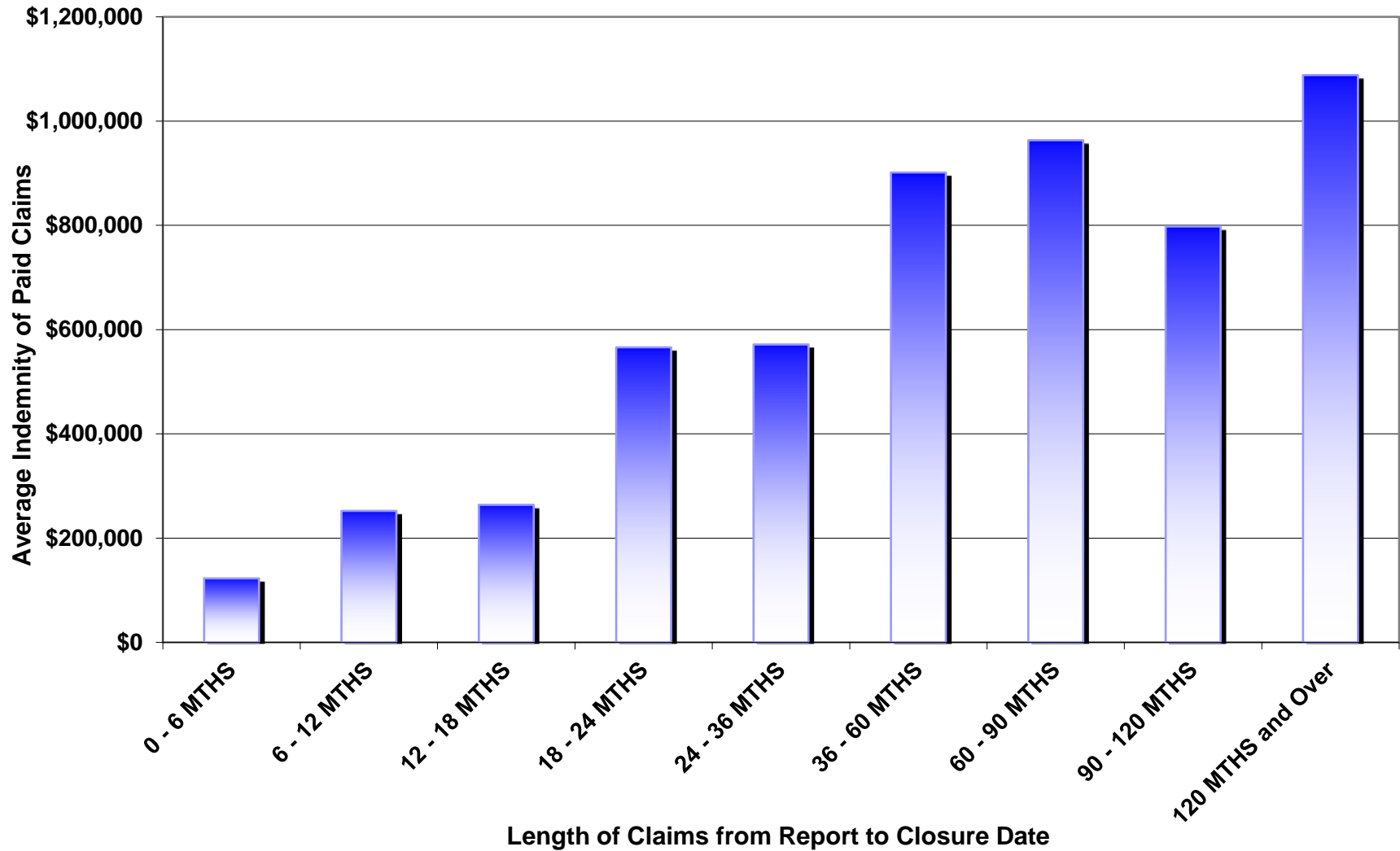
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	206	76	36.9%	\$9,326,116	0.9%	\$122,712
6 - 12 Months	278	78	28.1%	\$19,677,127	1.9%	\$252,271
12 - 18 Months	246	94	38.2%	\$24,801,279	2.4%	\$263,843
18 - 24 Months	290	135	46.6%	\$76,407,963	7.5%	\$565,985
24 - 36 Months	532	256	48.1%	\$146,300,240	14.4%	\$571,485
36 - 60 Months	814	528	64.9%	\$475,935,838	47.0%	\$901,394
60 - 90 Months	338	211	62.4%	\$203,250,846	20.1%	\$963,274
90 - 120 Months	53	32	60.4%	\$25,529,725	2.5%	\$797,804
120 Months and Over	35	29	82.9%	\$31,561,084	3.1%	\$1,088,313
Total	2792	1439	51.5%	\$1,012,790,218	100.0%	\$703,815

(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
2014 - 2018 Aggregate**



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

2014 - 2018 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	206	65	31.6%	\$505,835	0.3%	\$7,782
6 - 12 Months	278	113	40.6%	\$829,733	0.5%	\$7,343
12 - 18 Months	246	137	55.7%	\$1,846,076	1.0%	\$13,475
18 - 24 Months	290	193	66.6%	\$4,611,943	2.6%	\$23,896
24 - 36 Months	532	406	76.3%	\$34,561,458	19.6%	\$85,127
36 - 60 Months	814	723	88.8%	\$70,058,596	39.7%	\$96,900
60 - 90 Months	338	303	89.6%	\$47,131,151	26.7%	\$155,548
90 - 120 Months	53	48	90.6%	\$8,105,001	4.6%	\$168,854
120 Months and Over	35	17	48.6%	\$8,971,205	5.1%	\$527,718
Total	2792	2005	71.8%	\$176,620,998	100.0%	\$88,090

(4)=(3)/(2)

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

(7)=(5)/(3)

**Length of Claims From Report to Closure Date
Average Payment to Defense Counsel
2014 - 2018 Aggregate**

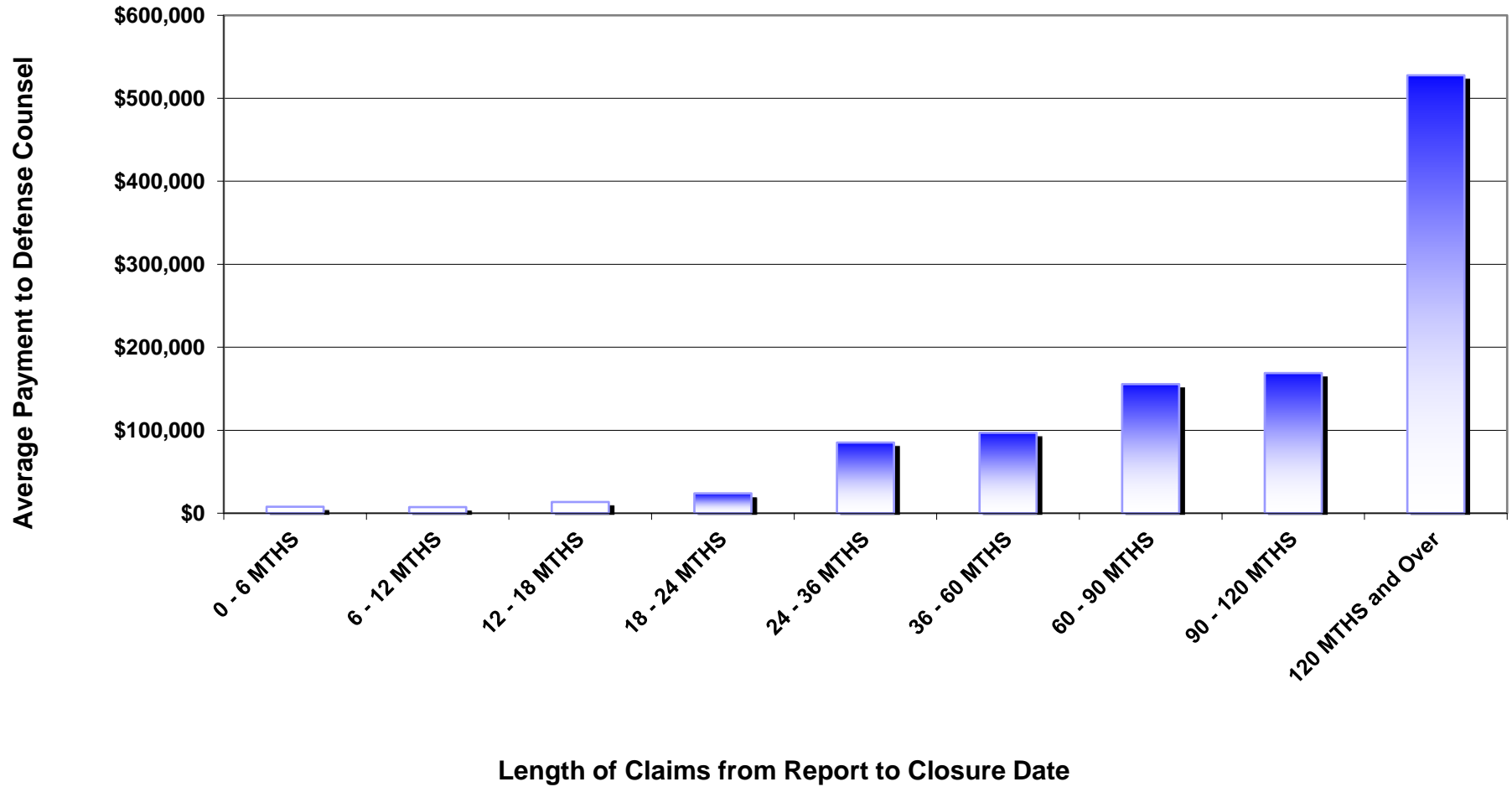


Chart 6 - 3

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

2014 - 2018 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	206	7.4%	76	5.3%
6 - 12 Months	278	10.0%	78	5.4%
12 - 18 Months	246	8.8%	94	6.5%
18 - 24 Months	290	10.4%	135	9.4%
24 - 36 Months	532	19.1%	256	17.8%
36 - 60 Months	814	29.2%	528	36.7%
60 - 90 Months	338	12.1%	211	14.7%
90 - 120 Months	53	1.9%	32	2.2%
120 Months and Over	35	1.3%	29	2.0%
Total	2792	100.0%	1439	100.0%
Average Length of Claims	1.50 YEARS		1.37 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

2014 - 2018 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	206	7.4%	76	5.3%
6 - 12 Months	278	10.0%	78	5.4%
12 - 18 Months	246	8.8%	94	6.5%
18 - 24 Months	290	10.4%	135	9.4%
24 - 36 Months	532	19.1%	256	17.8%
36 - 60 Months	814	29.2%	528	36.7%
60 - 90 Months	338	12.1%	211	14.7%
90 - 120 Months	53	1.9%	32	2.2%
120 Months and Over	35	1.3%	29	2.0%
Total	2792	100.0%	1439	100.0%
Average Length of Claims	4.52 YEARS		4.92 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

2014 - 2018 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	39	2.7%	\$3,617,065	\$92,745	0.4%
Insignificant Temporary	39	2.7%	\$1,258,730	\$32,275	0.1%
Minor Temporary	252	17.5%	\$24,668,146	\$97,889	2.4%
Major Temporary	148	10.3%	\$47,578,383	\$321,476	4.7%
Minor Permanent	204	14.2%	\$80,957,562	\$396,851	8.0%
Significant Permanent	144	10.0%	\$150,292,559	\$1,043,698	14.8%
Major Permanent	137	9.5%	\$162,840,015	\$1,188,613	16.1%
Grave Permanent	45	3.1%	\$118,772,306	\$2,639,385	11.7%
Death	431	30.0%	\$422,805,452	\$980,987	41.7%
Total	1439	100.0%	\$1,012,790,218	\$703,815	100.0%

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

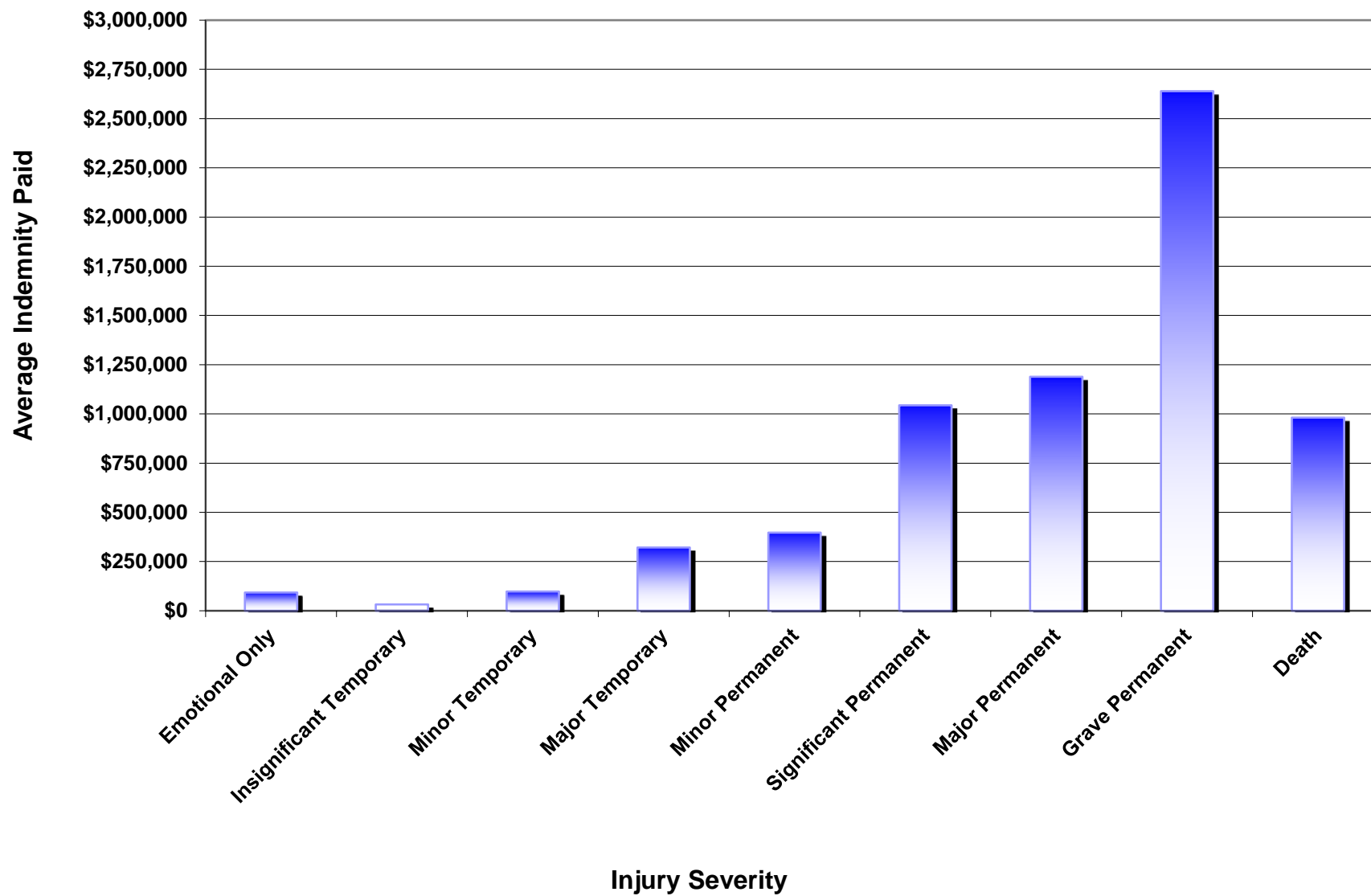
(5)=(4)/(2)

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

Friday, May 17, 2019

Report 7 - Part I

Average Indemnity Paid by Severity of Injury 2014 - 2018 Aggregate



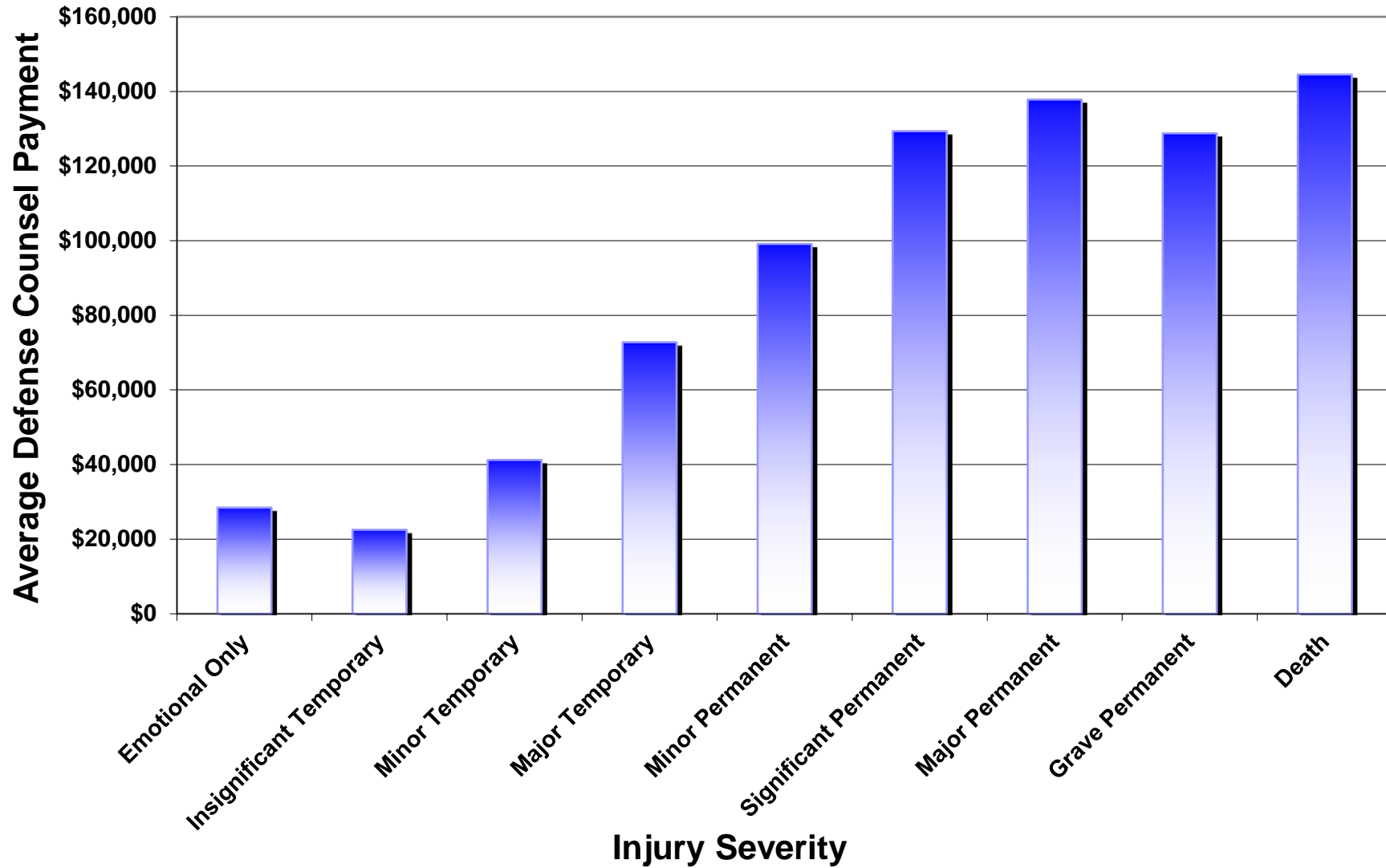
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims with Indemnity Payments
All Insurers

2014 - 2018 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	39	26	\$739,823	\$28,455
Insignificant Temporary	39	17	\$382,726	\$22,513
Minor Temporary	252	141	\$5,813,210	\$41,228
Major Temporary	148	114	\$8,297,517	\$72,785
Minor Permanent	204	173	\$17,148,280	\$99,123
Significant Permanent	144	137	\$17,720,190	\$129,344
Major Permanent	137	131	\$18,053,603	\$137,814
Grave Permanent	45	42	\$5,408,469	\$128,773
Death	431	387	\$55,932,610	\$144,529
Total	1439	1168	\$129,496,428	\$110,870

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2014 - 2018 Aggregate**



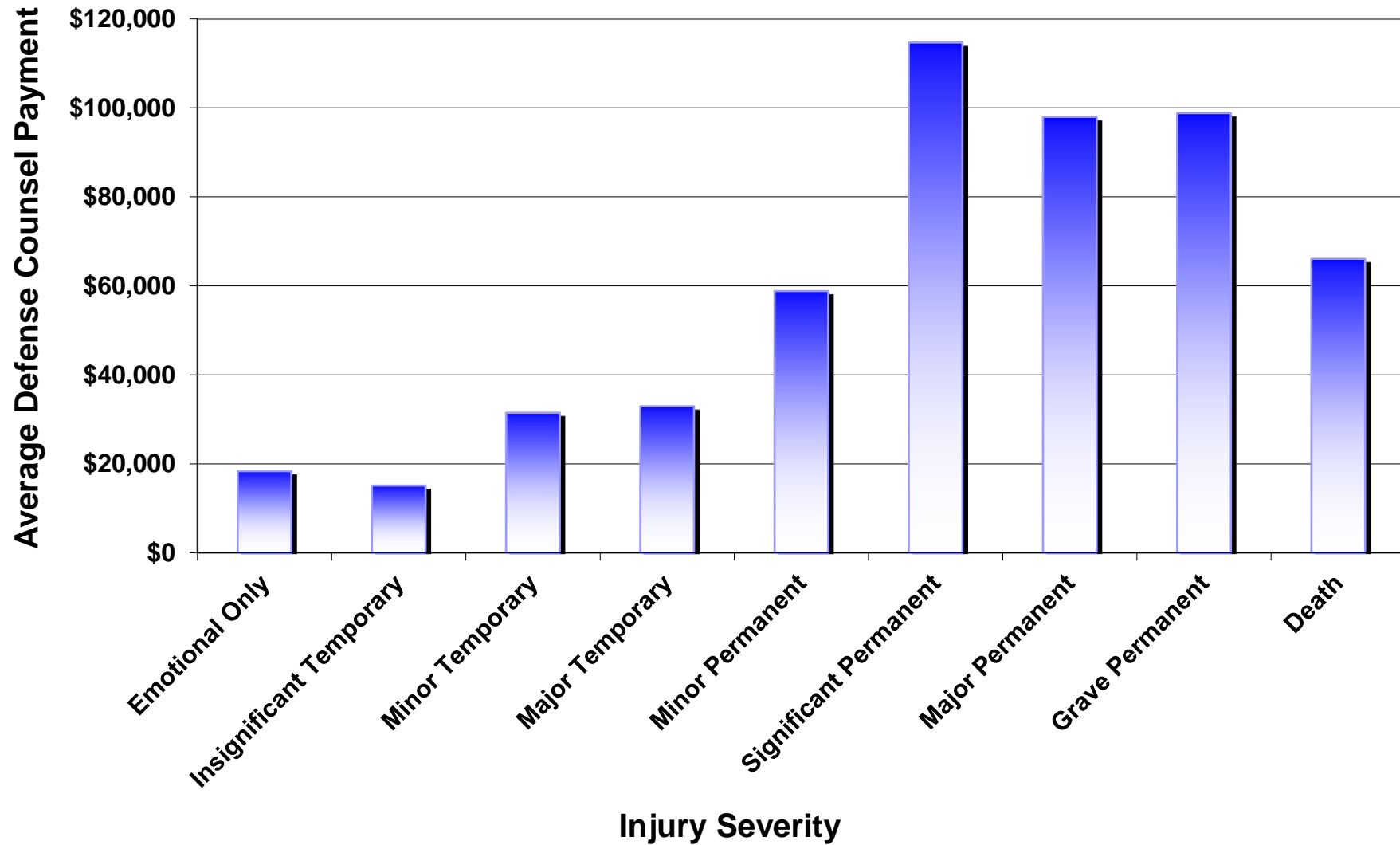
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims without Indemnity Payments
All Insurers

2014 - 2018 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	106	57	\$1,046,097	\$18,353
Insignificant Temporary	94	37	\$558,929	\$15,106
Minor Temporary	343	174	\$5,477,157	\$31,478
Major Temporary	169	97	\$3,195,200	\$32,940
Minor Permanent	187	127	\$7,471,583	\$58,831
Significant Permanent	109	86	\$9,862,111	\$114,676
Major Permanent	82	61	\$5,975,364	\$97,957
Grave Permanent	19	14	\$1,383,340	\$98,810
Death	244	184	\$12,154,789	\$66,059
Total	1353	837	\$47,124,570	\$56,302

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2014 - 2018 Aggregate**



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2014 - 2018 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	22	\$8,946,500	\$406,659	0.88%
APRN/RN	28	\$10,770,239	\$384,651	1.06%
Chiropractor	28	\$4,601,720	\$164,347	0.45%
Dentist	93	\$16,420,042	\$176,560	1.62%
Emergency Services/Call Center/Ambulance Service	42	\$14,559,115	\$346,646	1.44%
Freestanding Surgical Center/Rehab Hospital	9	\$2,637,500	\$293,056	0.26%
Gynecology/OB-GYN	47	\$31,481,985	\$669,829	3.11%
Hospital - General	567	\$561,977,493	\$991,142	55.49%
Hospital - Others	25	\$14,246,375	\$569,855	1.41%
Medical Group/Other Corporate Group Practice	69	\$43,329,266	\$627,960	4.28%
Orthopedics	51	\$30,416,492	\$596,402	3.00%
Physician - Family/Pediatric/General Practice	12	\$9,173,089	\$764,424	0.91%
Physicians - Others	322	\$216,075,644	\$671,042	21.33%
Physicians Assistant	8	\$4,445,000	\$555,625	0.44%
Psychiatry	14	\$5,405,000	\$386,071	0.53%
Radiology/Imaging Center	45	\$28,974,750	\$643,883	2.86%
Other	57	\$9,330,008	\$163,684	0.92%
Total	1439	\$1,012,790,218	\$703,815	100.0%

(4)=(3)/(2)

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

Friday, May 17, 2019

Report 8 - Part 1

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2014 - 2018 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in 2018</i>	<i>Number of Medical Providers in 2018</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	\$522,991	166	22	\$8,946,500	\$406,659	2.22%
APRN/RN	\$10,285,455	17379	25	\$9,245,239	\$369,810	2.30%
Chiropractor	\$2,132,313	3025	27	\$4,526,720	\$167,656	1.13%
Dentist	\$5,543,072	4168	90	\$15,710,042	\$174,556	3.90%
Emergency Services/Call Center/Ambulance Service	\$863,340	105	22	\$8,432,719	\$383,305	2.10%
Freestanding Surgical Center/Rehab Hospital	\$736,347	47	5	\$1,180,000	\$236,000	0.29%
Gynecology/OB-GYN	\$7,405,844	177	26	\$14,528,235	\$558,778	3.61%
Hospital - General	\$3,373,110	36	42	\$73,154,490	\$1,741,774	18.18%
Hospital - Others	\$3,864,712	225	16	\$9,135,887	\$570,993	2.27%
Medical Group/Other Corporate Group Practice	\$14,130,077	1020	57	\$25,031,266	\$439,145	6.22%
Orthopedics	\$1,816,042	259	42	\$25,146,492	\$598,726	6.25%
Physician - Family/Pediatric/General Practice	\$2,275,402	303	9	\$5,115,589	\$568,399	1.27%
Physicians - Others	\$22,245,508	3339	230	\$157,824,678	\$686,194	39.23%
Physicians Assistant	\$562,090	290	8	\$4,445,000	\$555,625	1.10%
Psychiatry	\$2,265,944	4207	11	\$4,002,500	\$363,864	0.99%
Radiology/Imaging Center	\$4,899,965	197	43	\$27,974,750	\$650,576	6.95%
Other	\$4,331,412	3818	56	\$7,930,008	\$141,607	1.97%
Total	\$87,253,624	38,761	731	\$402,330,115	\$550,383	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

2014 - 2018 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	3	\$1,525,000	\$508,333	0.25%
Chiropractor	1	\$75,000	\$75,000	0.01%
Dentist	3	\$710,000	\$236,667	0.12%
Emergency Services/Call Center/Ambulance Service	20	\$6,126,396	\$306,320	1.00%
Freestanding Surgical Center/Rehab Hospital	4	\$1,457,500	\$364,375	0.24%
Gynecology/OB-GYN	21	\$16,953,750	\$807,321	2.78%
Hospital - General	525	\$488,823,003	\$931,091	80.07%
Hospital - Others	9	\$5,110,488	\$567,832	0.84%
Medical Group/Other Corporate Group Practice	12	\$18,298,000	\$1,524,833	3.00%
Orthopedics	9	\$5,270,000	\$585,556	0.86%
Physician - Family/Pediatric/General Practice	3	\$4,057,500	\$1,352,500	0.66%
Physicians - Others	92	\$58,250,966	\$633,163	9.54%
Psychiatry	3	\$1,402,500	\$467,500	0.23%
Radiology/Imaging Center	2	\$1,000,000	\$500,000	0.16%
Other	1	\$1,400,000	\$1,400,000	0.23%
Total	708	\$610,460,103	\$862,232	100.0%

(4)=(3)/(2)

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

Friday, May 17, 2019

Report 8 - Part 3

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2014 - 2018 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	217	15.1%	6	20	4	\$136,289	\$8,308
Claims Settled Before Trial	1112	77.3%	19	68	6	\$705,072	\$115,812
Claims Settled During Trial	72	5.0%	21	79	7	\$1,894,160	\$220,713
Claims Settled After Trial	18	1.3%	29	90	7	\$1,570,319	\$183,543
Total Settled	1419	98.6%	18	61	6	\$689,401	\$105,554
Judgment for Plaintiff	14	1.0%	15	65	6	\$1,598,275	\$193,018
Judgment for Plaintiff On Appeal	6	0.4%	12	163	7	\$2,025,684	\$842,452
Total Court Dispositions	20	1.4%	14	94	6	\$1,726,498	\$387,848
Total	1439	100.0%	18	62	6	\$703,815	\$109,478
In Favor of Defendant							
Claims Closed Before Litigation	444	32.8%	12	29	3	\$0	\$4,310
Claims Closed Before Trial	685	50.6%	23	61	6	\$0	\$49,047
Claims Settled During Trial	36	2.7%	29	57	5	\$0	\$43,622
Claims Closed After Trial	90	6.7%	19	53	5	\$0	\$37,561
Total Settled	1255	92.8%	19	49	5		\$32,240
Judgment for Defendant	89	6.6%	26	70	5	\$0	\$139,731
Judgment for Defendant On Appeal	9	0.7%	18	99	4	\$0	\$278,597
Total Court Dispositions	98	7.2%	25	73	5		\$152,484
Total	1353	100.0%	20	51	5		\$40,950

(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

2014 - 2018 Aggregate

<i>Year</i>	<i>Total Number of Closed Claims</i>	<i>Initial Indemnity and Expense Reserves</i>	<i>Average Initial Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Reserves</i>	<i>Average Final Indemnity and Expense Reserves</i>	<i>Final Indemnity and Expense Payments</i>	<i>Average Final Indemnity and Expense Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
2014	530	\$51,348,312	\$96,884	\$134,153,768	\$253,120	\$197,824,661	\$373,254
2015	632	\$67,333,219	\$106,540	\$143,440,598	\$226,963	\$259,931,824	\$411,285
2016	550	\$59,121,750	\$107,494	\$235,440,821	\$428,074	\$222,846,376	\$405,175
2017	526	\$54,431,776	\$103,482	\$159,713,515	\$303,638	\$239,525,859	\$455,372
2018	554	\$46,973,087	\$84,789	\$154,776,481	\$279,380	\$305,604,932	\$551,633
Total	2792	\$279,208,144	\$100,003	\$827,525,183	\$296,392	\$1,225,733,652	\$439,016

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

2014 - 2018 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)
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	\$25,267,002	\$82,572	\$171,835,775	\$561,555	\$79,888,082	\$261,072
2017	308	\$31,299,397	\$101,621	\$107,413,856	\$348,746	\$111,662,945	\$362,542
2018	281	\$30,140,914	\$107,263	\$102,516,759	\$364,828	\$123,292,284	\$438,763
Total	1598	\$152,184,297	\$95,234	\$559,210,443	\$349,944	\$501,878,698	\$314,067

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

2014 - 2018 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)
2014	219	\$24,126,466	\$110,167	\$52,762,751	\$240,926	\$125,420,298	\$572,695
2015	240	\$29,078,081	\$121,159	\$47,387,562	\$197,448	\$145,300,800	\$605,420
2016	244	\$33,854,748	\$138,749	\$63,605,046	\$260,676	\$142,958,294	\$585,895
2017	218	\$23,132,379	\$106,112	\$52,299,659	\$239,907	\$127,862,914	\$586,527
2018	273	\$16,832,173	\$61,656	\$52,259,722	\$191,428	\$182,312,648	\$667,812
Total	1194	\$127,023,847	\$106,385	\$268,314,740	\$224,719	\$723,854,954	\$606,244

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

2014 - 2018 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)
2014	122	\$68,480,737	\$11,438,339	\$57,042,398
2015	187	\$94,227,357	\$25,390,491	\$68,836,866
2016	146	\$83,725,654	\$21,586,470	\$62,139,184
2017	157	\$85,636,662	\$29,548,868	\$56,087,794
2018	154	\$114,224,323	\$33,629,304	\$80,595,019
Total	766	\$446,294,733	\$121,593,472	\$324,701,261

(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

2014 - 2018 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)
2014	83	\$39,621,352	\$8,330,895	\$31,290,457
2015	131	\$58,228,251	\$17,050,762	\$41,177,489
2016	79	\$32,816,279	\$10,125,066	\$22,691,213
2017	103	\$51,659,120	\$16,239,744	\$35,419,376
2018	101	\$75,868,779	\$26,959,780	\$48,908,999
Total	497	\$258,193,781	\$78,706,247	\$179,487,534

(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

2014 - 2018 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>
2014	39	\$28,859,385	\$3,107,444	\$25,751,941
2015	56	\$35,999,106	\$8,339,729	\$27,659,377
2016	67	\$50,909,375	\$11,461,404	\$39,447,971
2017	54	\$33,977,542	\$13,309,124	\$20,668,418
2018	53	\$38,355,544	\$6,669,524	\$31,686,020
Total	269	\$188,100,952	\$42,887,225	\$145,213,727

(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>
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	\$92,955,704	\$91,912,448	\$91,785,130
Captives	\$148,209,007	\$154,471,994	\$220,232,189
Self Insurers	\$18,021,333	\$17,807,607	\$20,659,173
Totals	\$259,186,044	\$264,192,049	\$332,676,492
2016			
Commercial Insurers	\$88,642,918	\$67,200,562	\$82,995,531
Captives	\$119,318,916	\$96,478,337	\$93,544,340
Self Insurers	\$28,288,684	\$38,147,622	\$41,679,595
Totals	\$236,250,518	\$201,826,521	\$218,219,466
2017			
Commercial Insurers	\$87,100,773	\$105,069,044	\$98,216,971
Captives	\$123,466,686	\$74,688,762	\$149,773,109
Self Insurers	\$42,616,040	\$27,940,396	\$37,085,571
Totals	\$253,183,499	\$207,698,202	\$285,075,651
2018			
Commercial Insurers	\$94,650,944	\$96,425,240	\$124,433,237
Captives	\$160,434,382	\$138,318,927	\$135,097,171
Self Insurers	\$24,077,562	\$30,921,984	\$82,986,804
Totals	\$279,162,888	\$265,666,151	\$342,517,212

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			
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
2018	\$183,967,485	\$168,675,426	\$190,310,786	\$147,785,446	\$37,361,417	\$257,595	\$12,399,809	\$4,052,299

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
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%	-33.6%	-12.1%
2018	77.7%	19.6%	8.8%		

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

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
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
2018	\$68,273,276	\$63,916,367	\$75,589,919	\$32,741,092	\$18,572,593	\$154,077	\$7,134,192	\$1,333,438

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2018	84.6%	43.3%	24.6%	11.4%

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
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
2018	\$23,397,977	\$12,678,070	\$22,297,991	\$21,057,746	\$4,463,282	\$0	\$4,248,136	\$65,348

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2018	56.9%	94.4%	20.0%	19.3%

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comission and Brokerage Expense	Taxes and Fees
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
2018	\$92,296,232	\$92,080,989	\$92,422,876	\$93,986,608	\$14,325,542	\$103,518	\$1,017,481	\$2,653,513

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%	5.6%
2014	115.8%	100.4%	30.7%	4.6%
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%
2018	99.6%	101.7%	15.5%	4.1%

Top 15 in 2018 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	81,160,200	81,166,848	-	-	87,647,635	85,419,807	138,811,149	10,213,037	11,097,262	23,406,260	57,304	2,277,838
Proselect Ins Co	NE	26,691,322	30,968,323	-	13,874,417	31,183,333	9,647,481	87,843,786	6,415,317	8,753,133	27,393,270	2,642,120	415,129
Connecticut Medical Ins Co	CT	14,732,685	19,160,695	81,250	15,281,185	16,488,602	15,382,396	46,636,794	3,099,596	4,245,646	13,131,050	386,126	401,354
Continental Cas Co	IL	5,735,908	6,157,668	-	37,028	5,838,486	1,381,292	31,264,743	2,007,699	1,530,528	2,347,405	124,138	106,039
ProAssurance Ind Co Inc	AL	4,864,940	3,783,328	-	2,383,603	29,196	5,243,134	7,013,363	485,456	2,296,860	3,283,661	463,885	101,925
American Cas Co Of Reading PA	PA	4,376,615	3,978,689	-	1,878,548	1,869,250	2,451,460	4,159,368	270,316	280,366	1,872,094	1,624,982	51,912
National Fire & Marine Ins Co	NE	3,527,115	2,939,487	-	1,875,996	556,865	2,040,286	4,196,457	165,914	503,625	1,183,838	1,009,434	-
Coverys Specialty Ins Co	NJ	3,473,068	2,472,517	-	1,409,373	150,750	2,015,082	3,578,822	290,421	1,037,362	1,321,063	596,079	126
MedPro RRG RRG	DC	3,001,785	2,776,992	-	1,581,180	-	3,604,480	5,192,589	97,608	833,044	1,524,946	342,243	119,210
Ironshore Specialty Ins Co	AZ	2,259,086	2,473,241	-	1,320,359	3,353,980	7,738,963	13,495,235	436,203	450,907	972,665	237,138	-
Columbia Cas Co	IL	2,144,126	1,820,710	-	902,501	310,000	703,693	1,063,216	61,094	212,106	348,654	237,128	277
Medical Protective Co	IN	2,012,474	2,217,881	-	1,115,970	2,150,000	2,713,812	6,688,277	838,723	240,493	2,159,724	325,457	42,402
Applied Medico Legal Solutions RRG	AZ	1,808,858	2,129,150	-	928,907	2,675,000	3,686,422	4,448,414	794,383	1,843,732	1,986,196	372,601	-
Hallmark Specialty Ins Co	OK	1,582,756	1,686,916	-	808,466	-	813,468	1,075,543	853	147,082	160,867	388,823	247
Preferred Physicians Medical RRG a M	MO	1,487,136	1,500,192	-	52,958	-	1,489	3,991,189	80,474	(35,328)	526,491	-	59,485

Top 15 Total 158,858,074 = 86.4% of total 2018 Direct Premiums Written of \$183,967,485

Top 3 Total 122,584,207 = 66.6% of total 2018 Direct Premiums Written of \$183,967,485

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	-	-	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	-	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	-	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	-	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	-	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	-	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	-	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	-	1,249,198	750,000	2,027,310	3,436,993	712,272	878,692	936,846	342,828	-
National Fire & Marine Ins Co	NE	2,037,526	2,023,037	-	1,288,368	85,000	980,960	2,713,036	98,649	487,671	846,127	688,683	-
The Doctors Co RRG a Recip Exch	DC	1,785,506	1,555,819	-	229,686	-	287,624	441,011	15,942	303,596	544,219	45,341	61,721
MedPro RRG RRG	DC	1,779,740	954,161	-	1,356,387	-	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	-	408,822	200,000	543,731	1,714,490	120,829	193,888	574,122	165,800	-
Homeland Ins Co of NY	NY	1,483,130	1,459,740	-	587,898	600,000	1,130,782	2,716,937	226,830	116,408	134,917	184,203	-
Preferred Physicians Medical RRG a M	MO	1,384,166	1,383,937	-	66,014	12,500	728,229	3,991,358	161,973	149,930	643,038	-	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

Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2018</u>	<u>2017</u>
MCIC VT a Recip RRG	\$43,508,280	\$64,590,831
Proselect Ins Co	\$6,997,712	\$20,793,765
Connecticut Medical Ins Co	\$19,871,878	\$13,421,024
Continental Cas Co	\$2,192,396,205	\$1,972,456,335
ProAssurance Ind Co Inc	\$31,906,298	\$28,160,312
American Cas Co Of Reading PA	\$2,286,091	\$2,257,883
National Fire & Marine Ins Co	\$415,650,518	\$208,793,903
Coverys Specialty Ins Co	\$1,297,882	\$1,310,979
MedPro RRG RRG	\$695,018	\$306,254
Ironshore Specialty Ins Co	\$8,617,350	\$25,542,357
Columbia Cas Co	\$10,013,944	\$9,426,990
Medical Protective Co	\$121,837,920	\$94,750,036
Applied Medico Legal Solutions RRG	\$2,006,726	\$5,193,996
Hallmark Specialty Ins Co	\$5,983,775	\$5,472,497
Preferred Physicians Medical RRG a M	\$150,889	\$145,575

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:

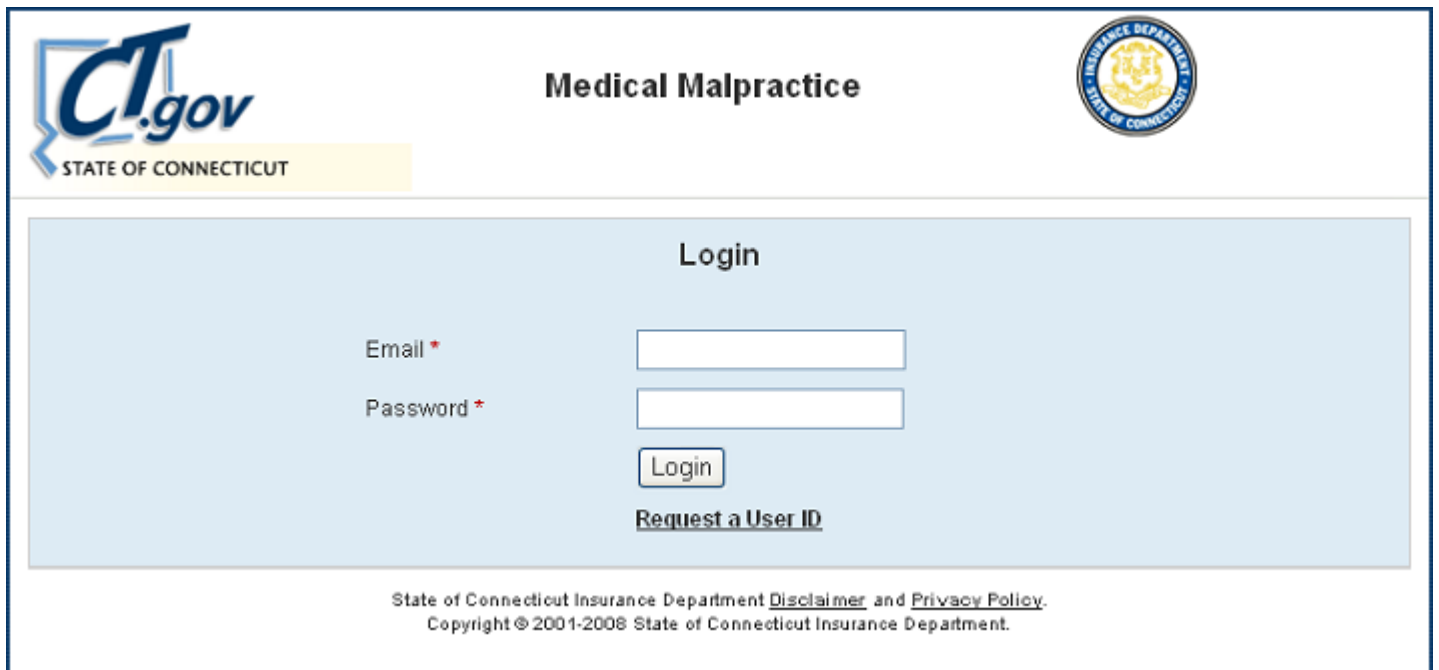
https://www.cid-online.ct.gov/mmdc/Login_input.action

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.

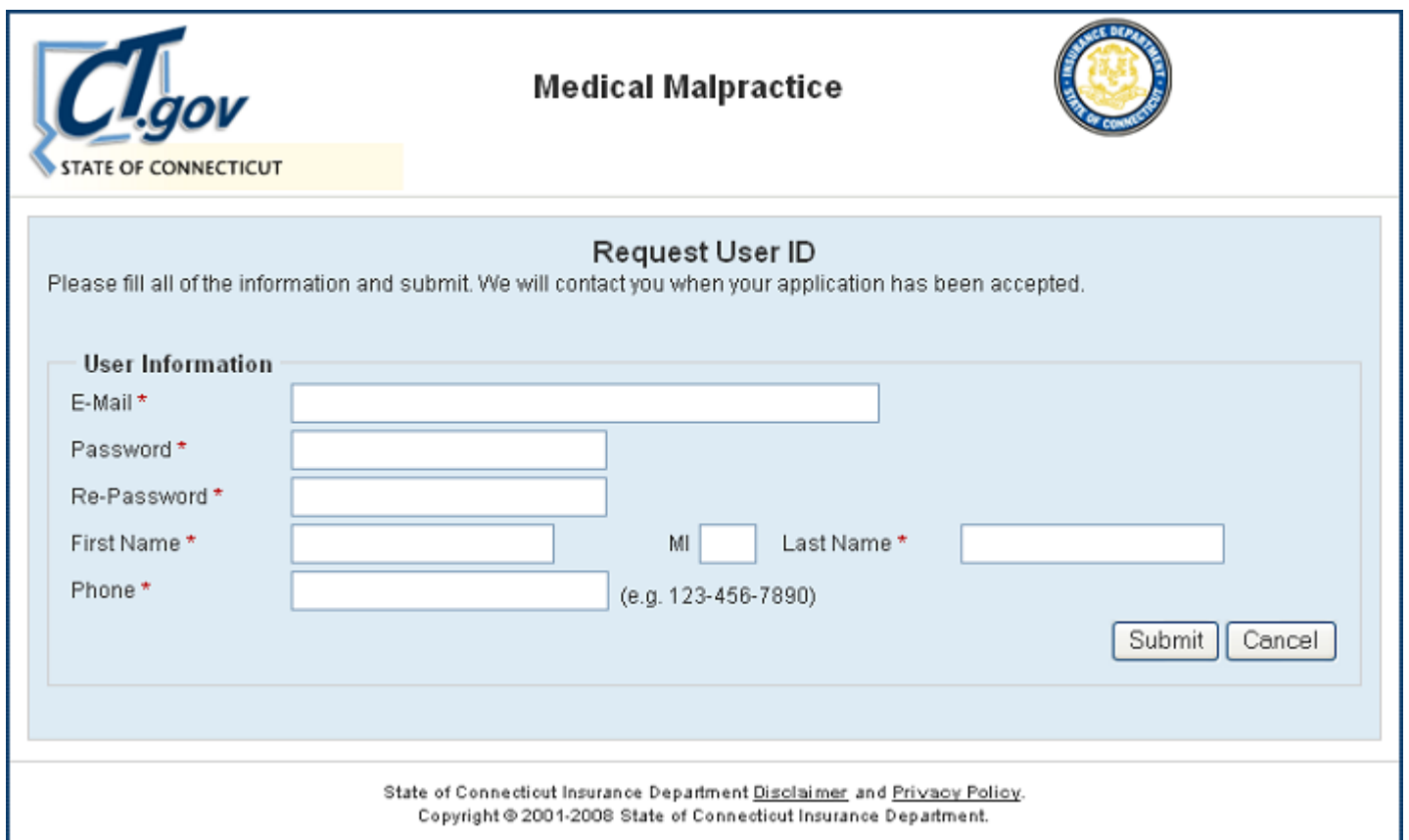
Request a User ID

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 this is a light blue box titled 'Login'. Inside the box, there are two input fields: 'Email *' and 'Password *'. Below the password field is a 'Login' button and a link for 'Request a User ID'. At the bottom of the box, 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 this is a light blue box titled 'Request User ID'. Inside the box, there is a message: 'Please fill all of the information and submit. We will contact you when your application has been accepted.' Below the message is a form titled 'User Information'. The form has several input fields: 'E-Mail *', 'Password *', 'Re-Password *', 'First Name *', 'MI' (with a dropdown arrow), 'Last Name *', and 'Phone *' (with a note '(e.g. 123-456-7890)'). At the bottom right of the form are 'Submit' and 'Cancel' buttons. At the bottom of the box, 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



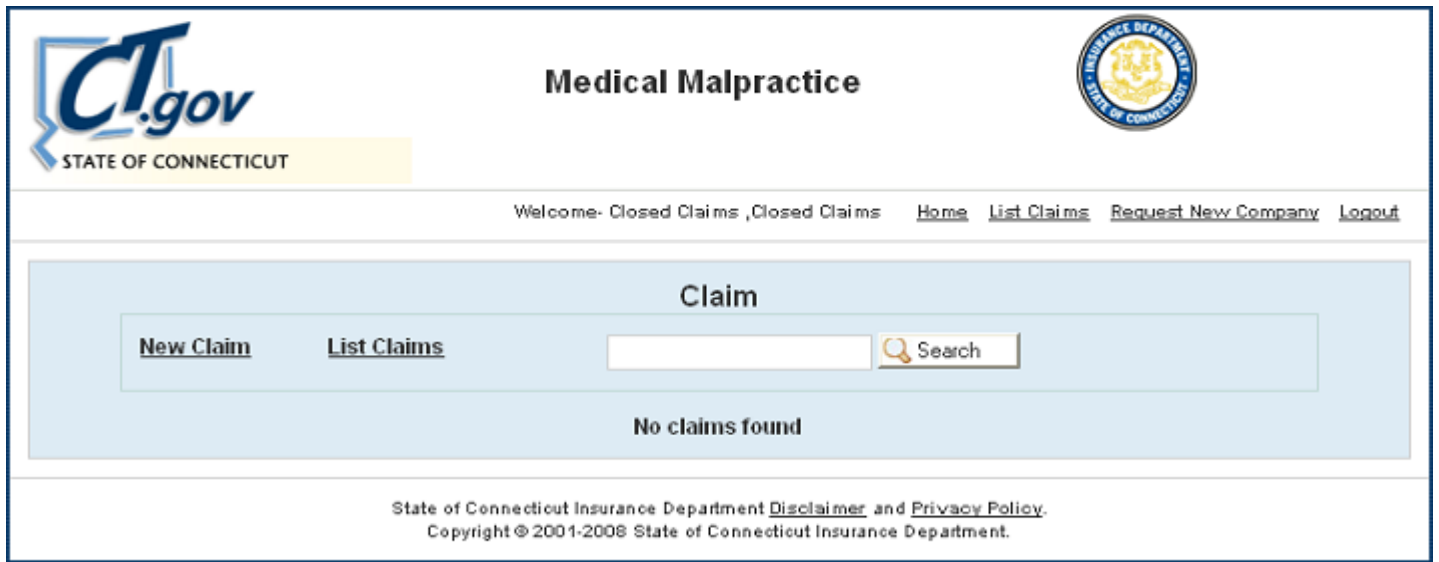
What do you want to do now?

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

State of Connecticut Insurance Department [Disclaimer](#) and [Privacy Policy](#).
Copyright © 2001-2008 State of Connecticut Insurance Department.

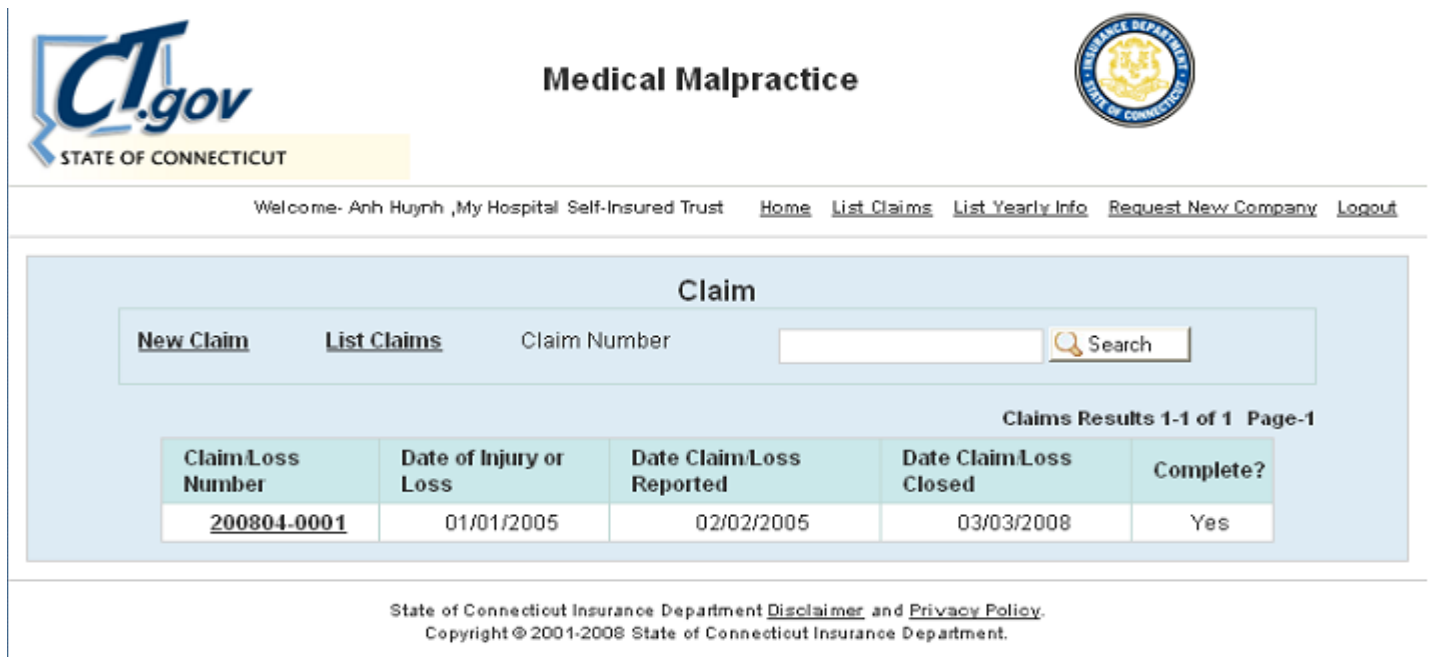
Closed Claim reporting

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



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

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



The screenshot shows the CT.gov Medical Malpractice interface displaying a claim. The header and navigation bar are identical to the previous screenshot. The main content area is titled 'Claim' and contains a search bar with 'New Claim' and 'List Claims' links on the left, a 'Claim Number' label, a search input field, and a 'Search' button. Below the search bar, the text 'Claims Results 1-1 of 1 Page-1' is displayed. A table with the following data is shown:

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

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

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

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

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

Injured Party Information

Claim Details

Claim/Loss Number *

County where claim incident occurred *

Date of Injury or Loss *

Date Claim/Loss Reported *

Date Claim/Loss Closed *

Injured Person Details

First Name * Middle Name Last Name *

Date Of Birth Age Group Age Group *

Gender * Male Female

Injury Details

Name of institution where loss/injury occurred *

Type of Location where loss/injury occurred *

Act or Omission Type *

Act or Omission Description *

Severity rating(NAIC) *

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

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

Insured/Entity Details

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

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

Is Insured/Entity *
 Primary Excess

Occurrence/Claim *
 Occurrence Claim-Made

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

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *

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

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *

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

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

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

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 is divided into two 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 is divided into two 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.

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 * 

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"/>

Court Award

Court Award

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

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

11. Claim Detail screen

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

New Claim
Mark as Completed

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

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

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

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

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

Yearly Information Report

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

Yearly Information

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

Commercial Insurer

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

Hospital/Non Hospital – Self Insurer

Yearly Information

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

Hospital/Non Hospital - Self-Insured

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

Hospital – Captive with Voluntary Physicians

Yearly Information

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

Hospital - Captive with Voluntary Physicians Attending

Year 2007

Hospital Professional Liability Premium (No General Liability) *

Hospital Net Retained Paid Professional Liability Losses *

Hospital Net Retained Incurred Professional Liability Losses *

Voluntary Attending Physicians Professional Liability Premium *

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *

No. Of Voluntary Attending Physicians Covered *

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) *

Hospital Net Retained Paid Professional Liability Losses *

Hospital Net Retained Incurred Professional Liability Losses *

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) *

HCP Net Retained Paid Professional Liability Losses *

HCP Net Retained Incurred Professional Liability Losses *

Voluntary Attending Physicians Professional Liability Premium *

Voluntary Attending Physicians Net Retained Paid Professional Liability Losses [No GL] *

Voluntary Attending Physicians Net Retained Incurred Professional Liability Losses *

No. Of Voluntary Attending Physicians Covered *

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 *