



CT Medical Malpractice Report

To
Insurance and Real Estate Committee

Presented by
Connecticut Insurance Department
Andrew N. Mais, Commissioner

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Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has provided our 2022 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2017 through 2021. The report also includes 2021 rate filing activity, premium information by medical provider specialty for 2021 and industry experience over the last 10 years.

The Department compiled the report with data collected from 154 entities:

- 69 carriers licensed in Connecticut
- 30 risk retention groups (RRGs)
- 55 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:

There was a marked decrease in the number of settled claims in 2020 and 2021. During the year, court activity was curtailed by the COVID-19 pandemic with the focus of the courts' attention being criminal matters. Around 83% of claims closed in the study with payment to the plaintiff had court involvement, and 65% of claims successfully defended involved the courts. The Department expects the number of settled claims to return to and possibly exceed prior levels in late 2022.

- 2,555 total closed claims over the past five years
 - ✓ 1,347 were resolved in favor of the plaintiff
 - ✓ 1,208 were resolved in favor of the defendant
- \$890,333 was the average indemnity payout to a claimant
 - ✓ \$691,321 was the average payout by a commercial insurer
 - ✓ \$1,044,975 was the average payout by a captive or 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 – 2022

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 2022 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 2017 through 2021. In addition, it provides a summary of rate filing activity for 2021, premium information by medical provider specialty for 2021 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 154 entities including 69 carriers licensed in Connecticut, 30 risk retention groups (RRG’s) and 55 excess and surplus lines companies. 2021 closed claims data were from 203 insuring entities, which included 148 admitted insurance companies, 19 hospitals or hospital groups that are either self-insured or insured with a captive and 36 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 2017 through 2021. 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 2020 and 2021, 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 2012 - 2021 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, 2021, 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.

Comparing to 2020, the 2021 total number of closed claims, number of closed claims with indemnity payment, and total indemnity payment amount (report 1) have all decreased. Number of closed claims with payment to defense counsel is lower in 2021 than in 2020, with lower total and average amount paid (report 2). ALAE payment other than those paid to defense counsel has the similar decrease as well (report 3).

There was a marked decrease in the number of settled claims in 2020 and 2021. During that time, court activity was curtailed by the COVID-19 pandemic with the focus of the courts' attention being criminal matters. Around 83% of claims closed in the study with payment to the plaintiff had court involvement, and 65% of claims successfully defended involved the courts.

The Department expects the number of settled claims to return to and possibly exceed prior levels in late 2022.

- **Total Claims:** A total of 2,555 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported 47% of the claims, or 1,195. Captives/Self-Insurers reported 1,360 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. About half, 47%, of the claims had no indemnity payments, while the remaining 53% closed with an indemnity payment. The total amount paid to claimants was \$1,199 million, with an average of \$890,333 for those claims with an indemnity payment. The payments include amounts for both economic and non-economic damages. The trend of increasing number of claims closed at very high indemnity payment observed in 2019 and 2020 has reversed. Among those claims closed during 2019, 20 of them have indemnity payment more than \$3 million. In 2020, 11 claims closed with above \$3 million total indemnity payment each, and in 2021 6 claims closed with indemnity payment of \$3 million or greater. Still, these large claims are the major contributors driving up the five-year average indemnity payment amount.

- **Defense Counsel Payments:** 47% of the claims closed with no payments to claimants, yet 73%, or 1,873, generated legal expenses to defend the claim. These expenses totaled \$234 million, an average of \$124,686 per claim. Of these, 41% (759) were for incidents that had no payments to claimants, averaging \$81,232 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$154,293.
- **Indemnity Payments and Size of Claims:** 39% (520 out of 1,347) of all claims that have an indemnity payment have a payment of less than \$200,000. But million dollar plus claims, with only 25% of all claim counts represent 77% of all indemnity payments, over \$922 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,347 claims that closed with an indemnity payment, 172 closed within one year of being reported and had an average paid indemnity of \$266,556. That average figure rose to \$1,388,837 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 generally increased with the age of claim.
- **Claim Outcomes:** Of the 2,555 reported claims, 1,347 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 78% settled before trial began. The remaining 1,208 were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 93% were settled, with 84% 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 2,555 claims, 1,347, or 53% had indemnity payments to a claimant at an average value of \$890,333. Comparing to Commercial Insurers, Captives/Self-Insurers had a higher percentage (56% to 49%) of claims with indemnity payments. The average indemnity payment size for Commercial Insurers (\$691,321) is lower than for Captives/Self-Insurers (\$1,044,975).

Of the total 2,555 claims, 73% 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 subgroup is larger than for Commercial Insurers (\$167,202 versus \$77,323).

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$271 million represents the amount expended to defend and investigate claims. This represents 23% 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 1,347 claims, 341, or 25% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$922 million, or 77% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 234 claims (17%) with \$167 million of payments. Thus, the 575 claims greater than \$500,000, represents 43% of the claims, but 91% of the total paid indemnity.

On the other hand, 26% 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 26% 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. The majority of claims with indemnity payments closed between two and five years of being reported. Overall, it took 3.23 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, 4.59 years after injury. Average payments increased as the claim aged, with claims closing more than three years after the report date averaging over \$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, 30% 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 \$9,863, while those closing five or more years after being reported averaged \$385,479. 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 16.8% 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 1,347 claims reported as closed with an indemnity payment, 406, or 30% were due to the death of the injured party, with average paid indemnity of \$1,360,288. Injuries identified as either "major permanent" or "grave permanent" had average paid indemnity about \$2.0 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 178 severe "permanent injuries" claims, when combined with the death cases, comprise 76% 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 178 most serious non-death claims were higher than the overall average. For those claims, 164 of which had defense counsel costs, the average legal

cost was \$154,185 compared to \$166,277 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 63% had defense counsel payments that averaged \$81,232. However, for the most serious non-death permanent injury claims, 68% required legal defense at an average cost of \$171,214. 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 (94%) of the Hospitals-General 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 41% of the claims, the average indemnity payment was \$1,256,725, 41% above the overall average. It is also the highest average among all categories. The next highest average indemnity payment was the Gynecology/OB-GYN category at \$1,063,898 with only 59 claims. Medical Group/Other Corporate Group Practice has the third highest indemnity payment size at \$1,041,815 with 75% of the 64 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. Three of the specialty areas have fewer than 15 claims and another eight have fewer than fifty 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 2,555 closed claims, 47% 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 four 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 53% of closed claims resulted in indemnity payments to the plaintiff. Of these, 99% were settled, with most of those being settled before trial. Only 9 of the 1,347 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 10% resulted in payments to the plaintiff. For cases that were settled, 54% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$891,025 with additional expenses for total ALAE of \$142,347 per claim on average. For cases that had court dispositions, the average payment was \$787,423 with \$575,839 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 42% of the 1,347 claims with an indemnity payment, that is 561, 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 76% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$740,544 or approximately 17% lower than the overall average for all claims with indemnity payments of \$890,333 shown in Report 1. Commercial Insurers provided the split on 69% of the claims reported with indemnity payments and 66% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 50% of claims reported with indemnity payments and 86% of those payments were for non-economic damages.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings

There were six (6) rate requests in 2021 for rate change in Medical Malpractice for physicians and surgeons. Medical Protective and Philadelphia Indemnity Insurance Company filed for a 0.0% overall rate change and merely changed class relativities or adjusted the rate manual.

The remaining four filings were for overall rate changes. Integris Insurance Company filed a 2.9% increase and ProSelect Insurance Company filed a 7.0% increase, both for Physicians and Surgeons.

The Doctors Company, an Interinsurance Exchange filed a 5.0% increase for Physicians, Surgeons and Ancillary Healthcare Providers Professional Liability Insurance Program, and Liberty Insurance Underwriters Inc. filed a 7.4% increase for Advance Practice Nurses.

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

Report 12 displays calendar year earned premium and losses for 2017 through 2021 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 Captives generally represent more than 50% of the business as indicated by the earned premium volume, while commercial insurers have between 30% to 35%, and self-insureds at 12%. The incurred loss to earned premium ratio, as an indicator for the performance of the business, fluctuated among different business groups and over the 5 years period. The total premiums for all groups combined for 2021 has increase 6% compared to 2020 premiums, which is a 20% increase over 2017 premiums.

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 2021. 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 in 2012 and 2013, the profit on insurance transactions were over 25%. This profit on insurance transaction ratio dropped to 1.3% in 2014, and 0.0% in 2015. The 2016, 2017 and 2018 Profitability Report indicate a 10.9%, 12.1%, and 12.3% loss on insurance transaction, respectively. The incurred loss 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 and 118.1% in 2019, leading to a 46.2% loss on insurance transaction for 2019. In 2020 the loss ratio dropped to 72.6%, and the loss on insurance transactions dropped to 1.0%.

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 stabilized in 2021. But after a two-year decline for excess/surplus companies, written premiums increased from 2015 to 2021. Risk retention groups

written premium has increased the last eight years reaching \$135 million in 2021 from its 2013 low of \$28.6 million.

Exhibits 5 and 6 provide premium, loss and expense experience for 2020 and 2021 separately for the top fifteen writers. The market remains concentrated with 86.6% of the premium written by the top 15 insurers. MCIC, VT, Inc., (an RRG covering several hospitals in Connecticut), ProSelect Insurance Company, and Integris Insurance Company (formerly known as Connecticut Medical Insurance Company (CMIC)), continue as the top three writers with 67.0% of total direct written premium for the state.

In addition, Exhibit 7 displays investment income for 2020 and 2021 for the 15 leading insurers in the state. As noted above, these companies write nearly 87% 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

2017 - 2021 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>
2017	524	304	220	\$196,934,116	\$647,810
2018	553	281	272	\$259,663,859	\$924,071
2019	578	288	290	\$312,643,302	\$1,085,567
2020	477	255	222	\$217,161,086	\$851,612
2021	423	219	204	\$212,876,461	\$972,039
Total	2555	1347	1208	\$1,199,278,824	\$890,333

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Commercial Insurers

2017 - 2021 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>
2017	307	156	151	\$87,914,121	\$563,552
2018	282	142	140	\$106,427,112	\$749,487
2019	244	116	128	\$102,424,824	\$882,973
2020	194	99	95	\$69,303,082	\$700,031
2021	168	76	92	\$41,118,999	\$541,039
Total	1195	589	606	\$407,188,138	\$691,321

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Captives and Self Insurers

2017 - 2021 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>
2017	217	148	69	\$109,019,995	\$736,622
2018	271	139	132	\$153,236,747	\$1,102,423
2019	334	172	162	\$210,218,478	\$1,222,200
2020	283	156	127	\$147,858,004	\$947,808
2021	255	143	112	\$171,757,462	\$1,201,101
Total	1360	758	602	\$792,090,686	\$1,044,975

(6)=(5)/(3)

Connecticut Department of Insurance
Defense Counsel Payments
All Insurers

2017 - 2021 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)
2017	524	394	\$36,310,112	147	\$84,453	247	\$96,743
2018	553	390	\$35,184,317	166	\$46,298	224	\$122,763
2019	578	437	\$64,400,344	183	\$129,122	254	\$160,516
2020	477	345	\$73,718,056	135	\$85,386	210	\$296,147
2021	423	307	\$23,924,274	128	\$49,989	179	\$97,909
Total	2555	1873	\$233,537,103	759	\$81,232	1114	\$154,293

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Commercial Insurers

2017 - 2021 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>
2017	307	234	\$19,786,287	99	\$97,860	135	\$74,801
2018	282	197	\$12,285,972	81	\$39,705	116	\$78,188
2019	244	174	\$23,050,452	74	\$53,725	100	\$190,748
2020	194	146	\$7,005,041	61	\$21,158	85	\$67,228
2021	168	135	\$6,380,712	67	\$31,408	68	\$62,888
Total	1195	886	\$68,508,464	382	\$53,076	504	\$95,702

(3)=(5)+(7)

Connecticut Department of Insurance
Defense Counsel Payments
Captives and Self Insurers

2017 - 2021 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>
2017	217	160	\$16,523,825	48	\$56,801	112	\$123,191
2018	271	193	\$22,898,345	85	\$52,580	108	\$170,639
2019	334	263	\$41,349,892	109	\$180,308	154	\$140,885
2020	283	199	\$66,713,015	74	\$138,331	125	\$451,812
2021	255	172	\$17,543,562	61	\$70,398	111	\$119,363
Total	1360	987	\$165,028,639	377	\$109,761	610	\$202,703

(3)=(5)+(7)

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

2017 - 2021 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>
2017	524	379	\$196,934,116	\$36,310,112	\$6,281,632	21.6%
2018	553	345	\$259,663,859	\$35,184,317	\$7,830,115	16.6%
2019	578	350	\$312,643,302	\$64,400,344	\$15,005,148	25.4%
2020	477	290	\$217,161,086	\$73,718,056	\$4,754,837	36.1%
2021	423	251	\$212,876,461	\$23,924,274	\$3,426,905	12.8%
Total	2555	1615	\$1,199,278,824	\$233,537,103	\$37,298,637	22.6%

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

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

2017 - 2021 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>
2017	307	255	\$87,914,121	\$19,786,287	\$3,962,537	27.0%
2018	282	225	\$106,427,112	\$12,285,972	\$4,994,951	16.2%
2019	244	190	\$102,424,824	\$23,050,452	\$4,441,923	26.8%
2020	194	159	\$69,303,082	\$7,005,041	\$2,565,274	13.8%
2021	168	142	\$41,118,999	\$6,380,712	\$1,885,040	20.1%
Total	1195	971	\$407,188,138	\$68,508,464	\$17,849,725	21.2%

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

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

2017 - 2021 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>
2017	217	124	\$109,019,995	\$16,523,825	\$2,319,095	17.3%
2018	271	120	\$153,236,747	\$22,898,345	\$2,835,164	16.8%
2019	334	160	\$210,218,478	\$41,349,892	\$10,563,225	24.7%
2020	283	131	\$147,858,004	\$66,713,015	\$2,189,563	46.6%
2021	255	109	\$171,757,462	\$17,543,562	\$1,541,865	11.1%
Total	1360	644	\$792,090,686	\$165,028,639	\$19,448,912	23.3%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2017 - 2021 Aggregate

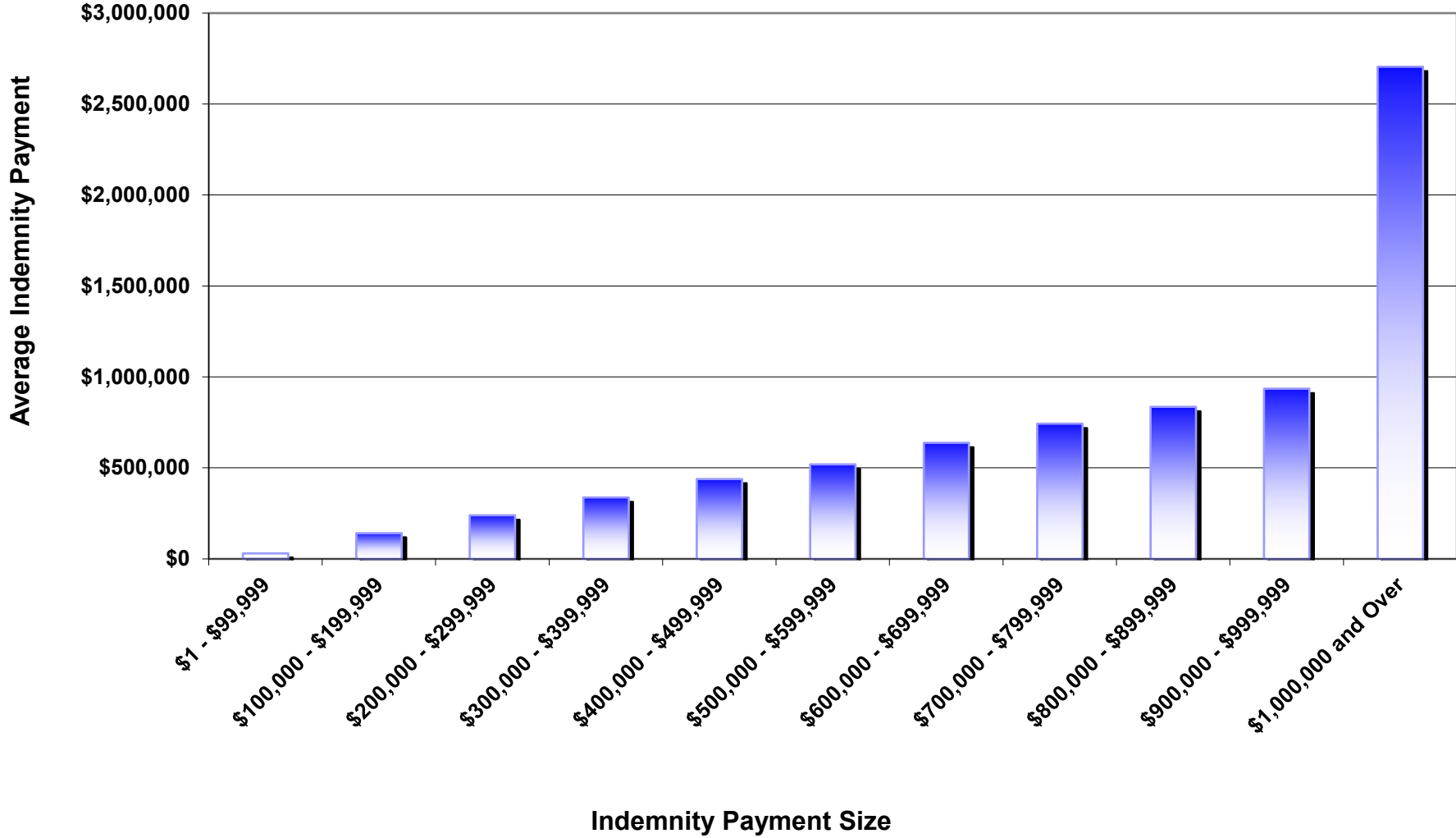
<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	402	29.8%	\$12,254,731	\$30,484	1.0%
\$100,000 - \$199,999	118	8.8%	\$16,736,348	\$141,833	1.4%
\$200,000 - \$299,999	111	8.2%	\$26,544,040	\$239,135	2.2%
\$300,000 - \$399,999	76	5.6%	\$25,665,568	\$337,705	2.1%
\$400,000 - \$499,999	65	4.8%	\$28,553,947	\$439,291	2.4%
\$500,000 - \$599,999	60	4.5%	\$31,181,328	\$519,689	2.6%
\$600,000 - \$699,999	46	3.4%	\$29,328,798	\$637,583	2.4%
\$700,000 - \$799,999	45	3.3%	\$33,446,375	\$743,253	2.8%
\$800,000 - \$899,999	46	3.4%	\$38,450,526	\$835,881	3.2%
\$900,000 - \$999,999	37	2.7%	\$34,614,722	\$935,533	2.9%
\$1,000,000 and Over	341	25.3%	\$922,502,441	\$2,705,286	76.9%
Total	1347	100.0%	\$1,199,278,824	\$890,333	100.0%

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

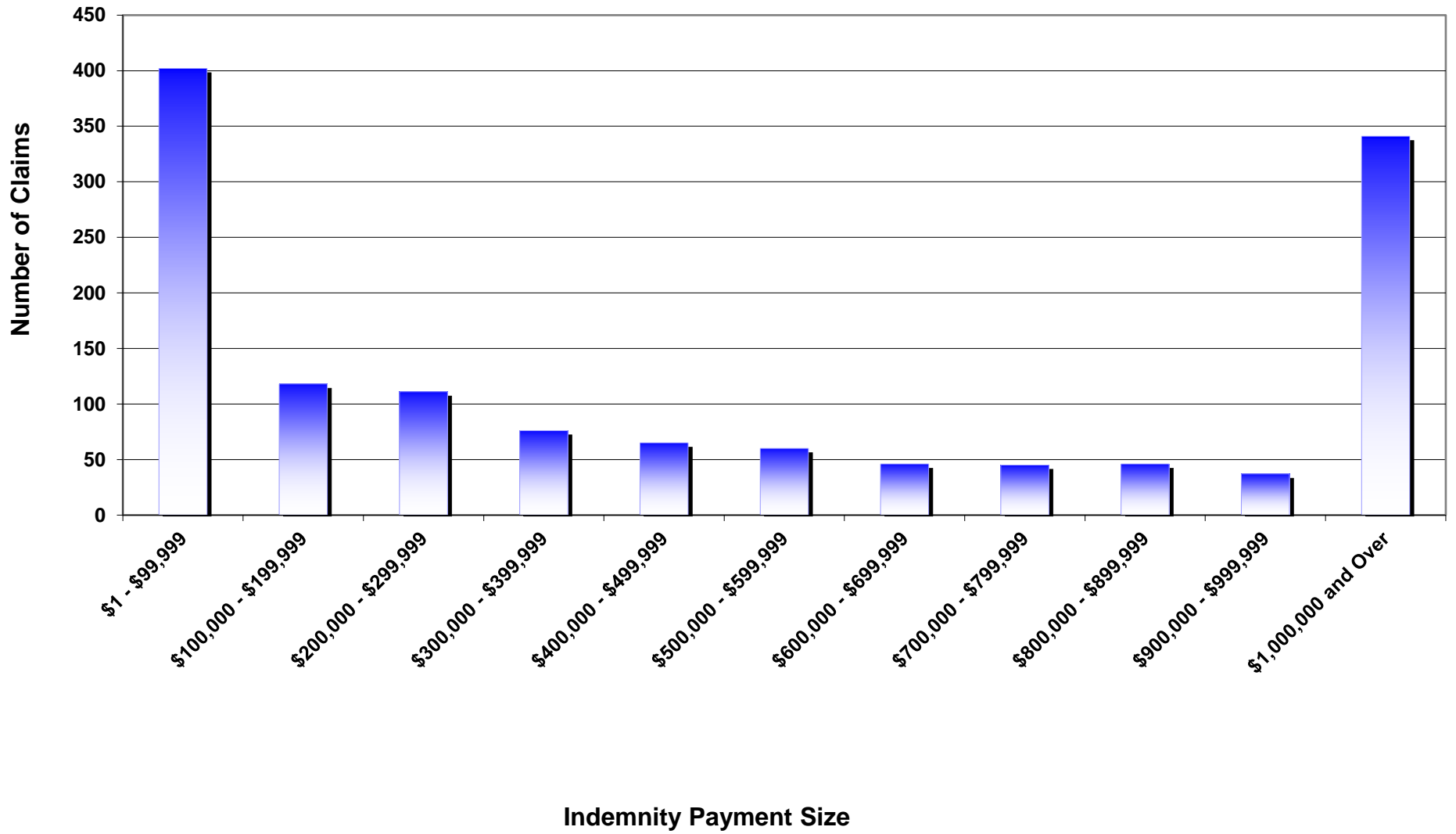
(5)=(4)/(2)

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

Average Indemnity Payment by Indemnity Payment Size 2017 - 2021 Aggregate



Number of Claims by Indemnity Payment Size 2017 - 2021 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

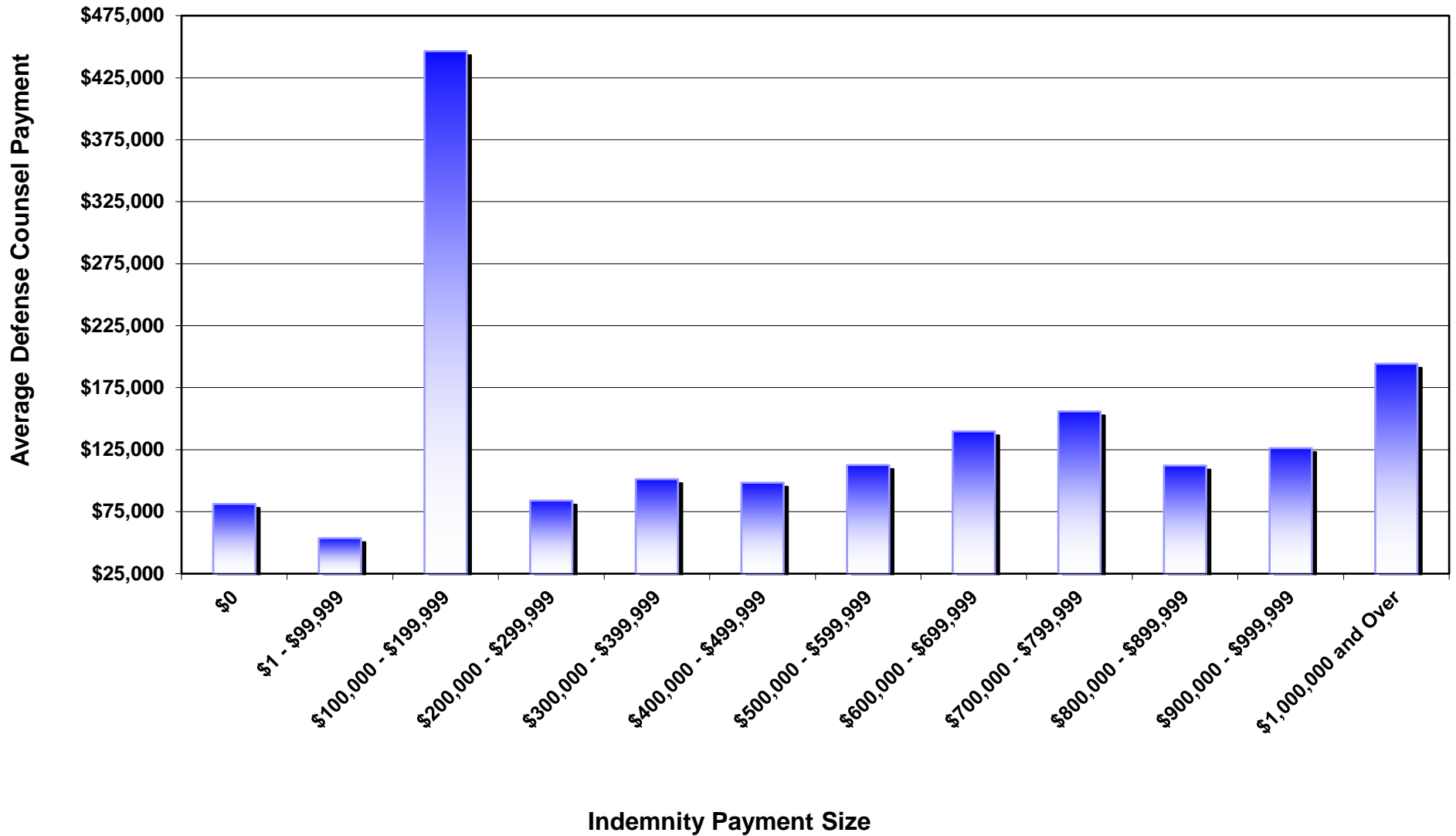
2017 - 2021 Aggregate

<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
\$0	1208	759	\$61,654,968	\$81,232	26.4%
\$1 - \$99,999	402	238	\$12,763,993	\$53,630	5.5%
\$100,000 - \$199,999	118	107	\$47,760,262	\$446,358	20.5%
\$200,000 - \$299,999	111	102	\$8,559,842	\$83,920	3.7%
\$300,000 - \$399,999	76	71	\$7,185,673	\$101,207	3.1%
\$400,000 - \$499,999	65	60	\$5,901,482	\$98,358	2.5%
\$500,000 - \$599,999	60	56	\$6,305,650	\$112,601	2.7%
\$600,000 - \$699,999	46	40	\$5,590,012	\$139,750	2.4%
\$700,000 - \$799,999	45	44	\$6,858,122	\$155,866	2.9%
\$800,000 - \$899,999	46	43	\$4,823,434	\$112,173	2.1%
\$900,000 - \$999,999	37	36	\$4,545,195	\$126,255	1.9%
\$1,000,000 and Over	341	317	\$61,588,470	\$194,285	26.4%
Total	2555	1873	\$233,537,103	\$124,686	100.0%

(5)=(4)/(3)

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

Average Payment to Defense Counsel by Indemnity Payment Size 2017 - 2021 Aggregate



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

2017 - 2021 Aggregate

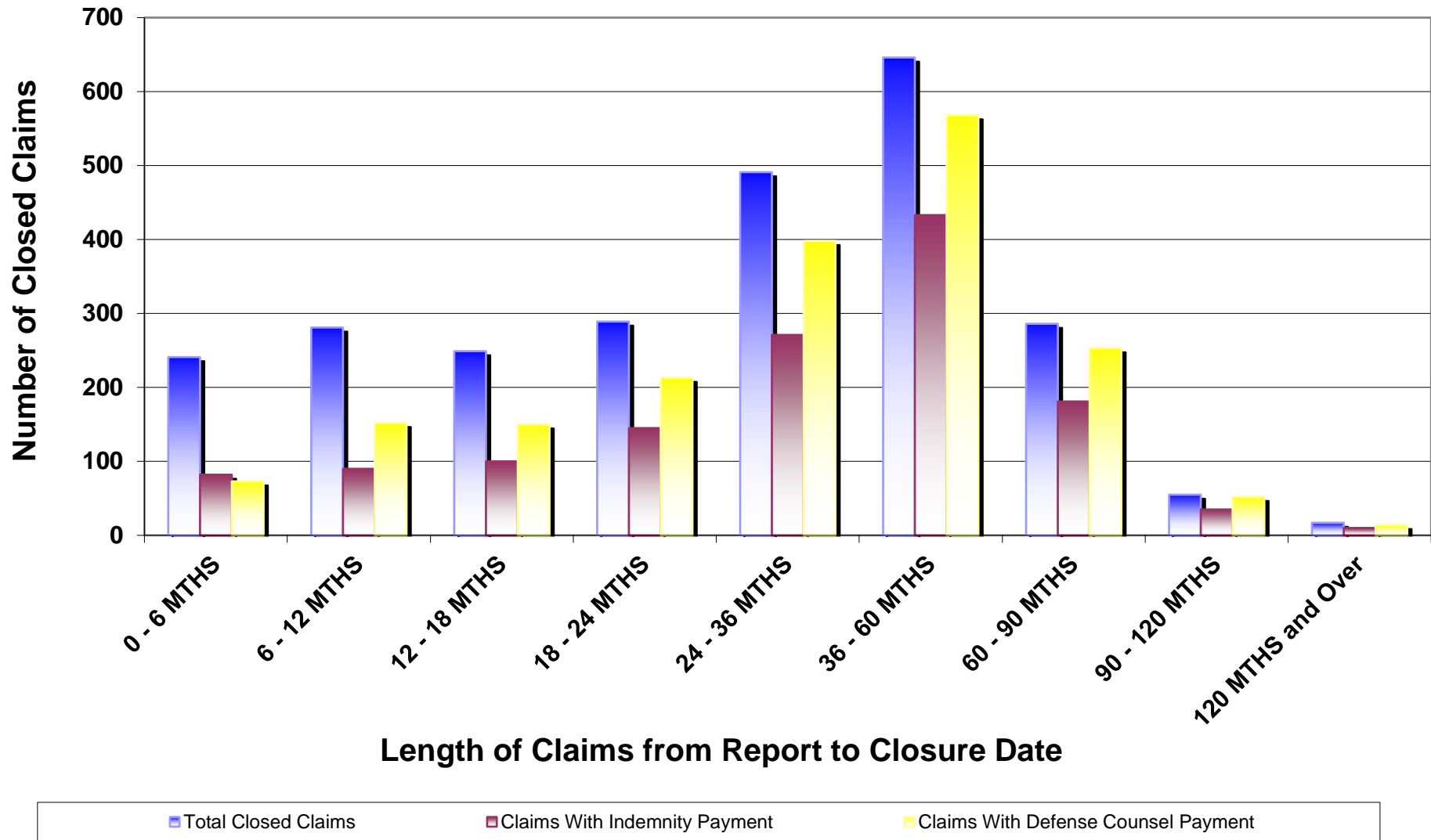
<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</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	241	9.4%	82	6.1%	73	3.9%
6 - 12 Months	281	11.0%	90	6.7%	152	8.1%
12 - 18 Months	249	9.7%	100	7.4%	150	8.0%
18 - 24 Months	289	11.3%	145	10.8%	213	11.4%
24 - 36 Months	491	19.2%	271	20.1%	398	21.2%
36 - 60 Months	646	25.3%	433	32.1%	568	30.3%
60 - 90 Months	286	11.2%	181	13.4%	253	13.5%
90 - 120 Months	55	2.2%	35	2.6%	52	2.8%
120 Months and Over	17	0.7%	10	0.7%	14	0.7%
Total	2555	100.0%	1347	100.0%	1873	100.0%
Average Length of Claims	2.80 YEARS		3.23 YEARS		3.16 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 2017 - 2021 Aggregate



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

2017 - 2021 Aggregate

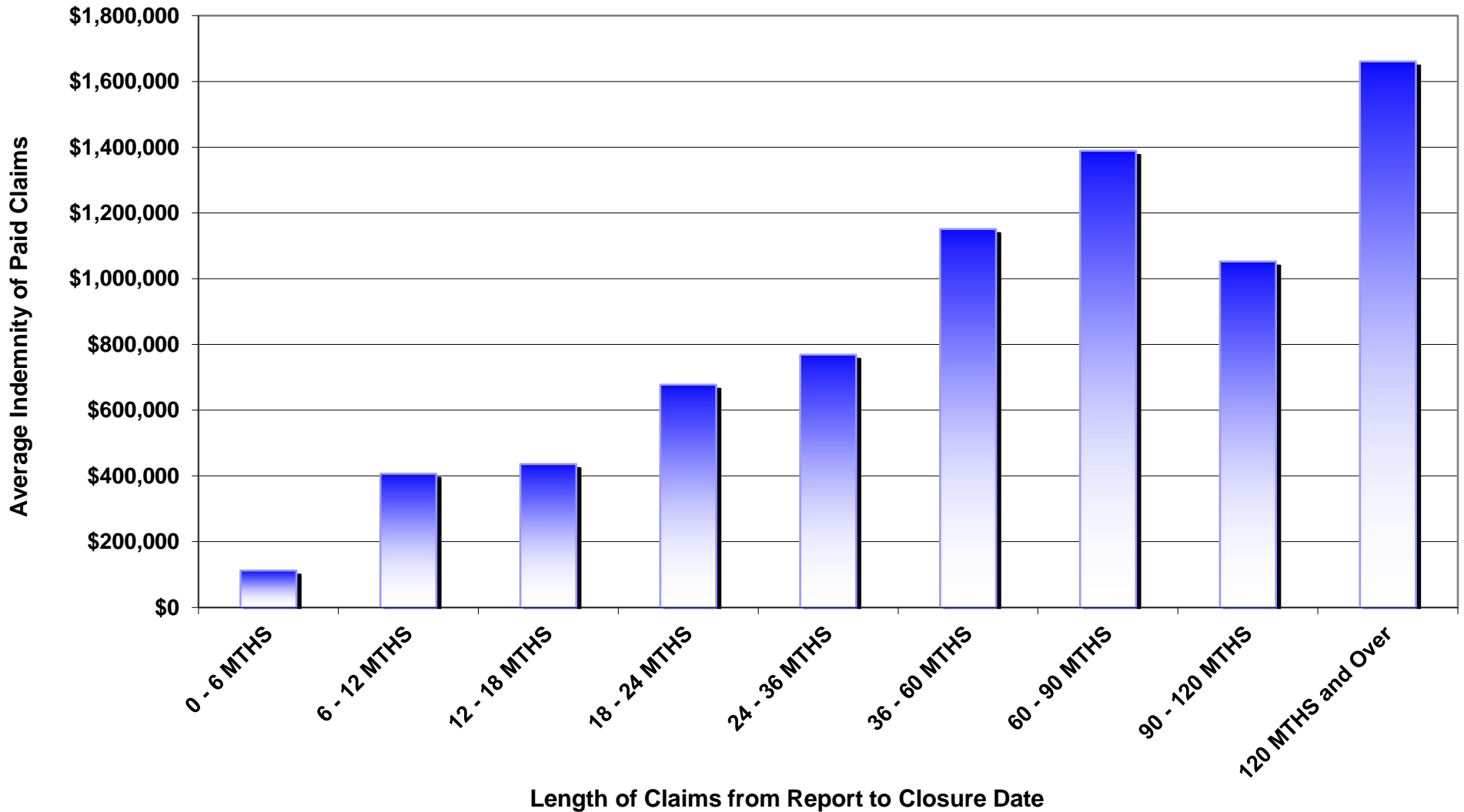
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	241	82	34.0%	\$9,234,240	0.8%	\$112,613
6 - 12 Months	281	90	32.0%	\$36,613,463	3.1%	\$406,816
12 - 18 Months	249	100	40.2%	\$43,629,463	3.6%	\$436,295
18 - 24 Months	289	145	50.2%	\$98,268,350	8.2%	\$677,713
24 - 36 Months	491	271	55.2%	\$208,372,145	17.4%	\$768,901
36 - 60 Months	646	433	67.0%	\$498,346,401	41.6%	\$1,150,915
60 - 90 Months	286	181	63.3%	\$251,379,545	21.0%	\$1,388,837
90 - 120 Months	55	35	63.6%	\$36,828,854	3.1%	\$1,052,253
120 Months and Over	17	10	58.8%	\$16,606,363	1.4%	\$1,660,636
Total	2555	1347	52.7%	\$1,199,278,824	100.0%	\$890,333

(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
2017 - 2021 Aggregate**



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

2017 - 2021 Aggregate

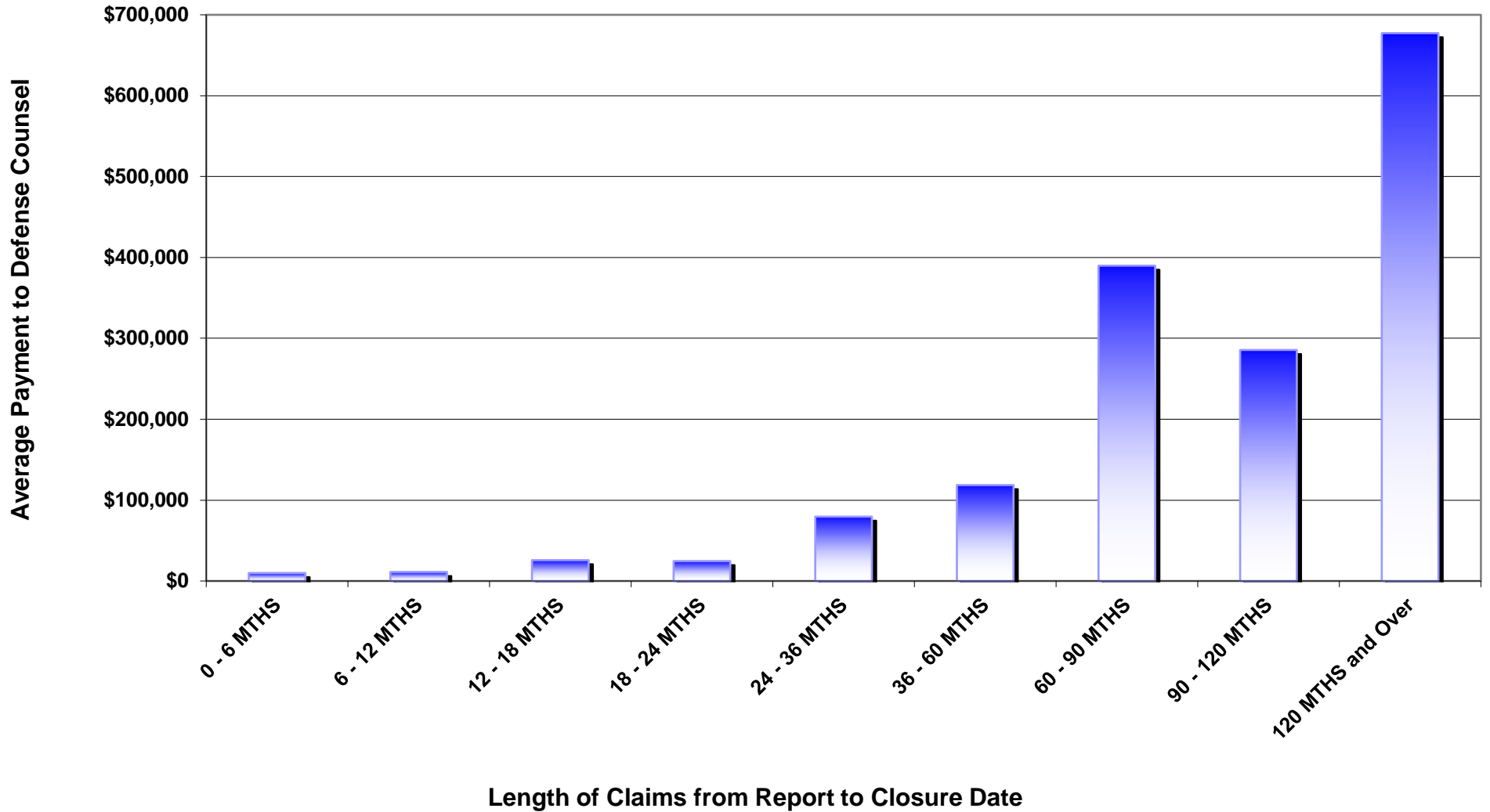
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	241	73	30.3%	\$720,027	0.3%	\$9,863
6 - 12 Months	281	152	54.1%	\$1,693,173	0.7%	\$11,139
12 - 18 Months	249	150	60.2%	\$3,865,769	1.7%	\$25,772
18 - 24 Months	289	213	73.7%	\$5,252,595	2.2%	\$24,660
24 - 36 Months	491	398	81.1%	\$31,671,335	13.6%	\$79,576
36 - 60 Months	646	568	87.9%	\$67,366,391	28.8%	\$118,603
60 - 90 Months	286	253	88.5%	\$98,632,362	42.2%	\$389,851
90 - 120 Months	55	52	94.5%	\$14,852,622	6.4%	\$285,627
120 Months and Over	17	14	82.4%	\$9,482,829	4.1%	\$677,345
Total	2555	1873	73.3%	\$233,537,103	100.0%	\$124,686

(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
2017 - 2021 Aggregate**



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

2017 - 2021 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	241	9.4%	82	6.1%
6 - 12 Months	281	11.0%	90	6.7%
12 - 18 Months	249	9.7%	100	7.4%
18 - 24 Months	289	11.3%	145	10.8%
24 - 36 Months	491	19.2%	271	20.1%
36 - 60 Months	646	25.3%	433	32.1%
60 - 90 Months	286	11.2%	181	13.4%
90 - 120 Months	55	2.2%	35	2.6%
120 Months and Over	17	0.7%	10	0.7%
Total	2555	100.0%	1347	100.0%
Average Length of Claims	1.49 YEARS		1.34 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

2017 - 2021 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	241	9.4%	82	6.1%
6 - 12 Months	281	11.0%	90	6.7%
12 - 18 Months	249	9.7%	100	7.4%
18 - 24 Months	289	11.3%	145	10.8%
24 - 36 Months	491	19.2%	271	20.1%
36 - 60 Months	646	25.3%	433	32.1%
60 - 90 Months	286	11.2%	181	13.4%
90 - 120 Months	55	2.2%	35	2.6%
120 Months and Over	17	0.7%	10	0.7%
Total	2555	100.0%	1347	100.0%
Average Length of Claims	4.31 YEARS		4.59 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

2017 - 2021 Aggregate

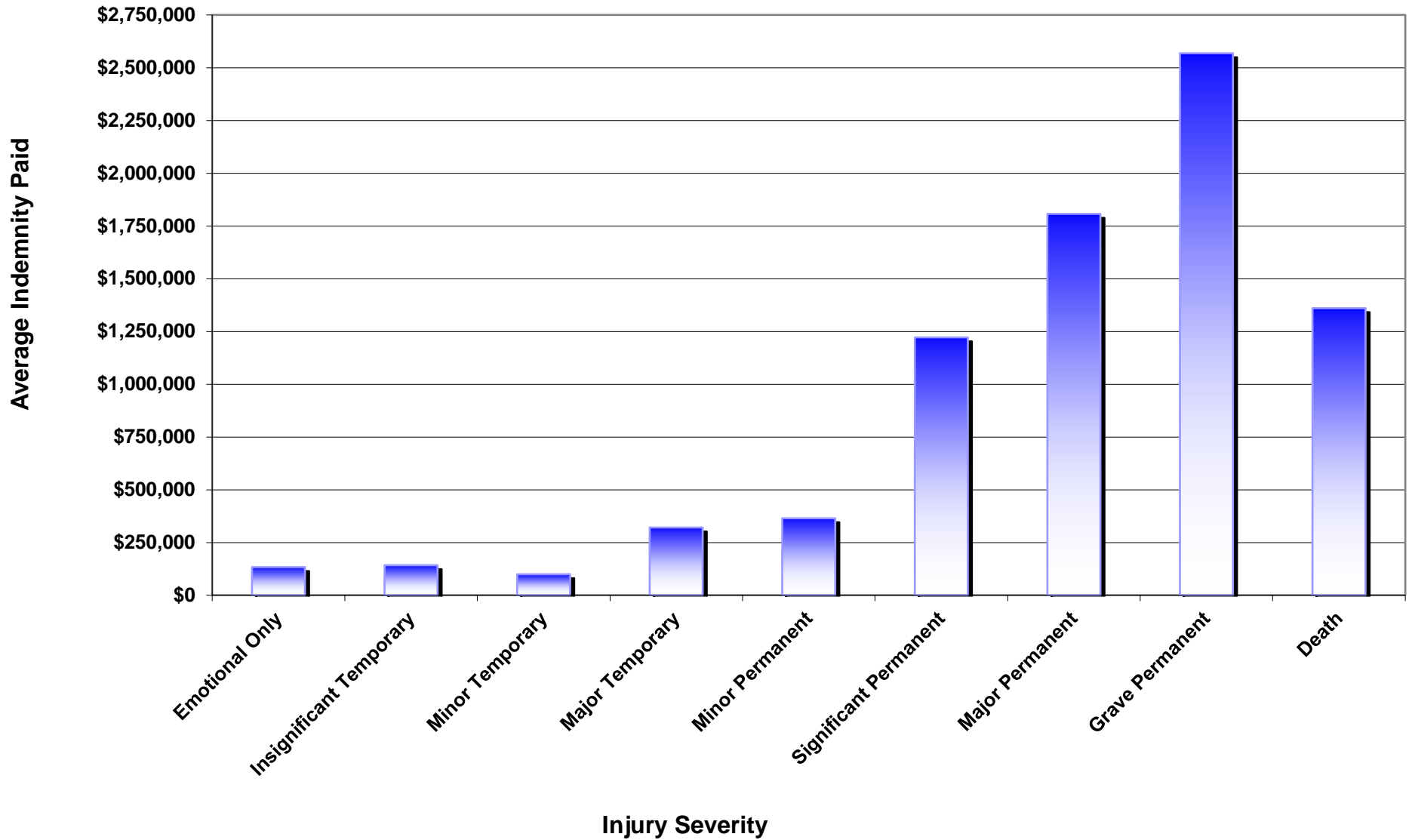
<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
Emotional Only	76	5.6%	\$10,119,058	\$133,146	0.8%
Insignificant Temporary	48	3.6%	\$6,826,807	\$142,225	0.6%
Minor Temporary	217	16.1%	\$21,594,820	\$99,515	1.8%
Major Temporary	143	10.6%	\$45,893,760	\$320,935	3.8%
Minor Permanent	161	12.0%	\$58,685,300	\$364,505	4.9%
Significant Permanent	118	8.8%	\$144,165,065	\$1,221,738	12.0%
Major Permanent	128	9.5%	\$231,316,164	\$1,807,158	19.3%
Grave Permanent	50	3.7%	\$128,411,096	\$2,568,222	10.7%
Death	406	30.1%	\$552,276,754	\$1,360,288	46.1%
Total	1347	100.0%	\$1,199,288,824	\$890,341	100.0%

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

(5)=(4)/(2)

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

Average Indemnity Paid by Severity of Injury 2017 - 2021 Aggregate



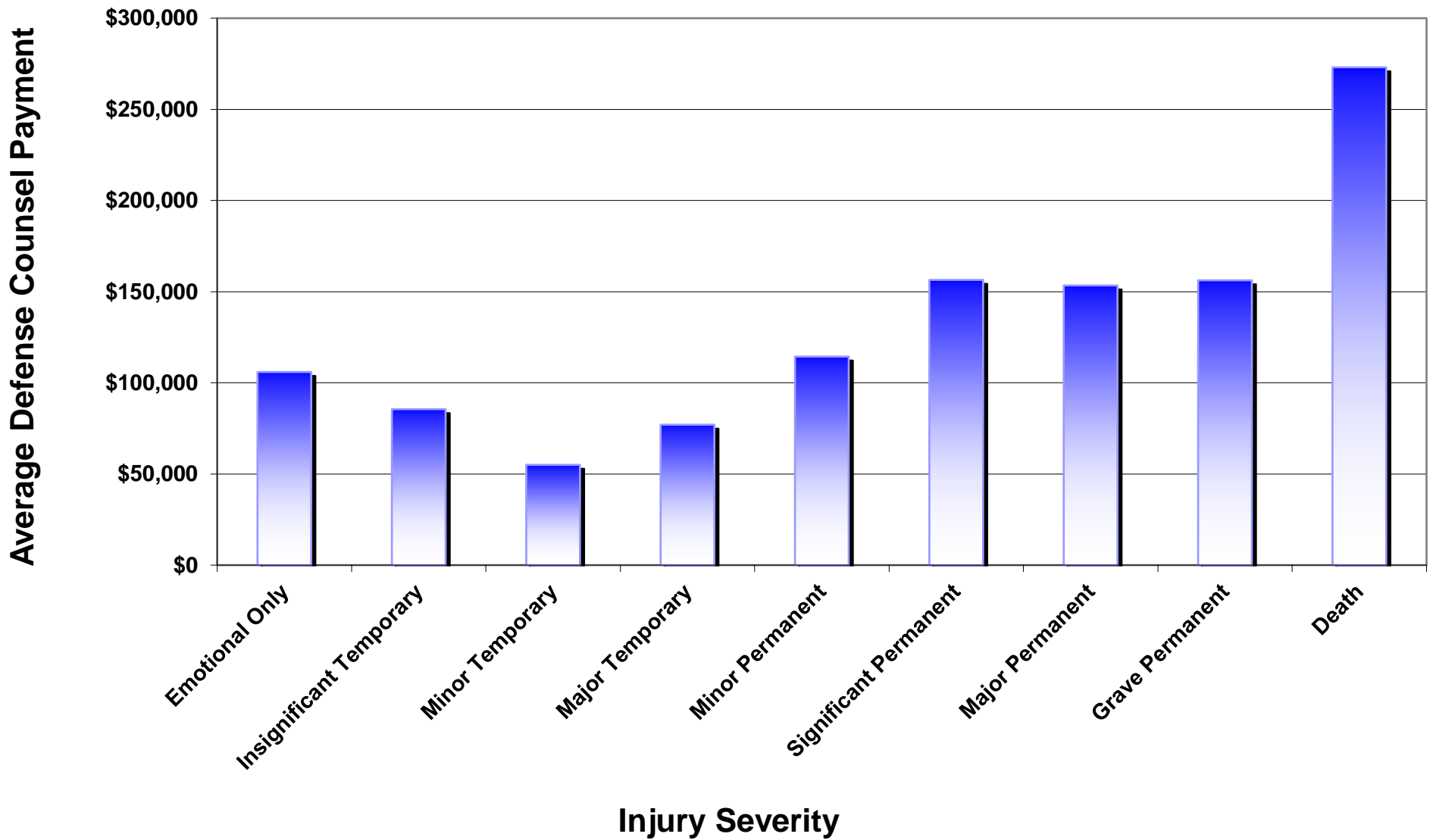
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims with Indemnity Payments
All Insurers

2017 - 2021 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	76	40	\$4,237,565	\$105,939
Insignificant Temporary	48	26	\$2,223,941	\$85,536
Minor Temporary	217	139	\$7,648,112	\$55,022
Major Temporary	143	114	\$8,780,003	\$77,018
Minor Permanent	161	142	\$16,242,409	\$114,383
Significant Permanent	118	109	\$17,053,370	\$156,453
Major Permanent	128	118	\$18,100,030	\$153,390
Grave Permanent	50	46	\$7,186,325	\$156,224
Death	406	380	\$103,761,113	\$273,056
Total	1347	1114	\$185,232,868	\$166,277

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2017 - 2021 Aggregate**



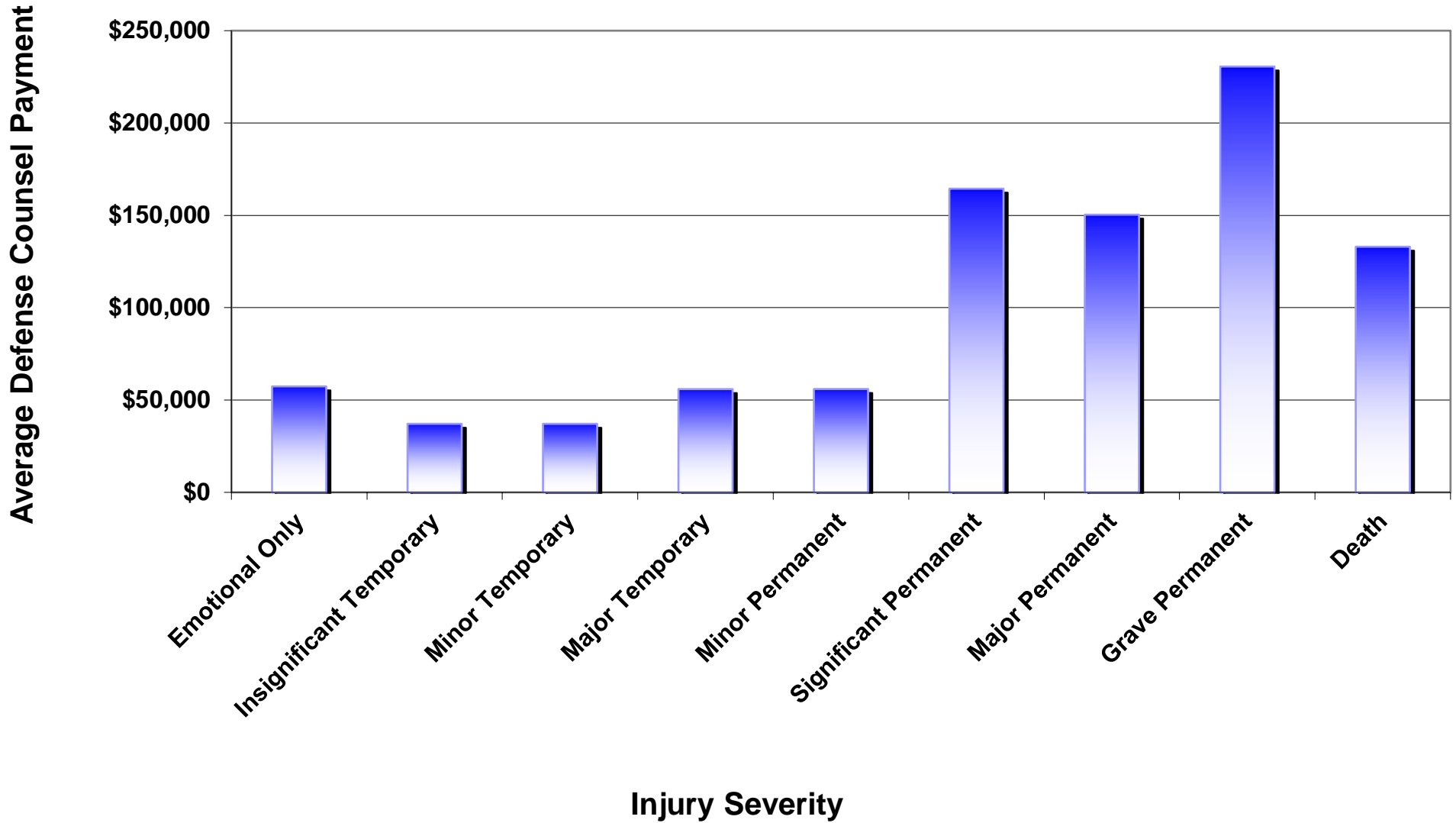
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims without Indemnity Payments
All Insurers

2017 - 2021 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	133	64	\$3,672,513	\$57,383
Insignificant Temporary	114	52	\$1,929,890	\$37,113
Minor Temporary	302	184	\$6,828,288	\$37,110
Major Temporary	153	95	\$5,310,986	\$55,905
Minor Permanent	136	104	\$5,820,258	\$55,964
Significant Permanent	65	51	\$8,385,808	\$164,428
Major Permanent	54	37	\$5,563,213	\$150,357
Grave Permanent	20	13	\$2,997,508	\$230,578
Death	231	159	\$21,146,504	\$132,997
Total	1208	759	\$61,654,968	\$81,232

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2017 - 2021 Aggregate**



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2017 - 2021 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	34	\$17,776,798	\$522,847	1.48%
APRN/RN	25	\$12,592,834	\$503,713	1.05%
Chiropractor	24	\$7,249,270	\$302,053	0.60%
Dentist	89	\$15,870,150	\$178,316	1.32%
Emergency Services/Call Center/Ambulance Service	42	\$21,135,881	\$503,235	1.76%
Freestanding Surgical Center/Rehab Hospital	11	\$8,905,000	\$809,545	0.74%
Gynecology/OB-GYN	59	\$62,769,968	\$1,063,898	5.23%
Hospital - General	559	\$702,509,395	\$1,256,725	58.58%
Hospital - Others	22	\$10,446,531	\$474,842	0.87%
Medical Group/Other Corporate Group Practice	64	\$66,676,191	\$1,041,815	5.56%
Orthopedics	30	\$18,939,000	\$631,300	1.58%
Physician - Family/Pediatric/General Practice	10	\$8,982,500	\$898,250	0.75%
Physicians - Others	254	\$185,625,581	\$730,809	15.48%
Physicians Assistant	13	\$6,780,000	\$521,538	0.57%
Psychiatry	17	\$4,477,500	\$263,382	0.37%
Radiology/Imaging Center	32	\$32,347,750	\$1,010,867	2.70%
Other	62	\$16,194,475	\$261,201	1.35%
Total	1347	\$1,199,278,824	\$890,333	100.0%

(4)=(3)/(2)

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

Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

Commercial Insurers

2017 - 2021 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in 2021</i>	<i>Number of Medical Providers in 2021</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	\$102,434	225	18	\$8,859,109	\$492,173	2.18%
APRN/RN	\$7,519,374	16415	21	\$10,084,500	\$480,214	2.48%
Chiropractor	\$2,597,463	2935	22	\$6,324,270	\$287,467	1.55%
Dentist	\$5,055,894	4352	88	\$15,850,150	\$180,115	3.89%
Emergency Services/Call Center/Ambulance Service	\$2,090,158	10	20	\$8,489,833	\$424,492	2.08%
Freestanding Surgical Center/Rehab Hospital	\$1,973,246	100	4	\$2,140,000	\$535,000	0.53%
Gynecology/OB-GYN	\$2,506,642	117	21	\$26,440,000	\$1,259,048	6.49%
Hospital - General	\$2,269,507	46	32	\$72,440,126	\$2,263,754	17.79%
Hospital - Others	\$5,854,671	156	16	\$10,020,666	\$626,292	2.46%
Medical Group/Other Corporate Group Practice	\$9,138,141	1242	48	\$44,747,183	\$932,233	10.99%
Orthopedics	\$2,271,325	281	23	\$13,770,000	\$598,696	3.38%
Physician - Family/Pediatric/General Practice	\$1,878,051	238	6	\$4,825,000	\$804,167	1.18%
Physicians - Others	\$19,821,006	3011	168	\$132,896,451	\$791,050	32.64%
Physicians Assistant	\$671,287	302	10	\$5,480,000	\$548,000	1.35%
Psychiatry	\$2,726,960	4737	14	\$4,282,500	\$305,893	1.05%
Radiology/Imaging Center	\$3,040,171	115	23	\$26,827,500	\$1,166,413	6.59%
Other	\$5,496,511	3806	55	\$13,710,850	\$249,288	3.37%
Total	\$75,012,841	38,088	589	\$407,188,138	\$691,321	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

2017 - 2021 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	16	\$8,917,689	\$557,356	1.13%
APRN/RN	4	\$2,508,334	\$627,084	0.32%
Chiropractor	2	\$925,000	\$462,500	0.12%
Dentist	1	\$20,000	\$20,000	0.00%
Emergency Services/Call Center/Ambulance Service	22	\$12,646,048	\$574,820	1.60%
Freestanding Surgical Center/Rehab Hospital	7	\$6,765,000	\$966,429	0.85%
Gynecology/OB-GYN	38	\$36,329,968	\$956,052	4.59%
Hospital - General	527	\$630,069,269	\$1,195,577	79.55%
Hospital - Others	6	\$425,865	\$70,978	0.05%
Medical Group/Other Corporate Group Practice	16	\$21,929,008	\$1,370,563	2.77%
Orthopedics	7	\$5,169,000	\$738,429	0.65%
Physician - Family/Pediatric/General Practice	4	\$4,157,500	\$1,039,375	0.52%
Physicians - Others	86	\$52,729,130	\$613,129	6.66%
Physicians Assistant	3	\$1,300,000	\$433,333	0.16%
Psychiatry	3	\$195,000	\$65,000	0.02%
Radiology/Imaging Center	9	\$5,520,250	\$613,361	0.70%
Other	7	\$2,483,625	\$354,804	0.31%
Total	758	\$792,090,686	\$1,044,975	100.0%

(4)=(3)/(2)

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

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2017 - 2021 Aggregate

<i>Disposition</i> (1)	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i> (6)	<i>Average paid</i>	
	<i>Number</i> (2)	<i>Percent</i> (3)	<i>Incident to Report</i> (4)	<i>Incident to Disposition</i> (5)		<i>Indemnity</i> (7)	<i>ALAE</i> (8)
In Favor of Plaintiff							
Claims Settled Before Litigation	230	17.1%	6	19	4	\$280,982	\$10,541
Claims Settled Before Trial	818	60.7%	19	65	6	\$849,862	\$182,567
Claims Settled During Trial	68	5.0%	18	60	7	\$2,733,701	\$176,097
Claims Settled After Trial	222	16.5%	16	56	6	\$1,110,304	\$120,912
Total Settled	1338	99.3%	16	55	6	\$891,025	\$142,437
Judgement for Plaintiff	7	0.5%	20	82	6	\$922,439	\$700,648
Judgement for Plaintiff On Appeal	2	0.1%	20	115	9	\$314,865	\$139,008
Total Court Dispositions	9	0.7%	20	89	8	\$787,423	\$575,839
Total	1347	100.0%	16	55	6	\$890,333	\$145,333
In Favor of Defendant							
Claims Closed Before Litigation	423	35.0%	13	30	3		\$8,709
Claims Closed Before Trial	587	48.6%	25	60	5		\$76,172
Claims Closed During Trial	21	1.7%	29	65	5		\$381,194
Claims Closed After Trial	95	7.9%	16	51	5		\$44,244
Total Settled	1126	93.2%	20	48	5		\$53,823
Judgement for Defendant	76	6.3%	23	57	5		\$166,911
Judgement for Defendant On Appeal	6	0.5%	16	99	4		\$296,900
Total Court Dispositions	82	6.8%	23	60	4		\$176,423
Total	1208	100.0%	20	49	5		\$62,146

(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

2017 - 2021 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)
2017	524	\$56,549,776	\$107,919	\$159,711,515	\$304,793	\$239,525,859	\$457,110
2018	553	\$50,338,287	\$91,028	\$155,192,231	\$280,637	\$302,678,291	\$547,339
2019	578	\$60,330,219	\$104,378	\$235,209,920	\$406,938	\$392,048,794	\$678,285
2020	477	\$66,342,521	\$139,083	\$160,095,515	\$335,630	\$295,633,979	\$619,778
2021	423	\$42,924,028	\$101,475	\$291,982,457	\$690,266	\$240,227,640	\$567,914
Total	2555	\$276,484,831	\$108,213	\$1,002,191,638	\$392,247	\$1,470,114,563	\$575,387

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

2017 - 2021 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)
2017	307	\$31,297,397	\$101,946	\$107,411,856	\$349,876	\$111,662,945	\$363,723
2018	282	\$30,190,914	\$107,060	\$102,932,509	\$365,009	\$123,708,035	\$438,681
2019	244	\$24,926,513	\$102,158	\$117,545,255	\$481,743	\$129,917,199	\$532,448
2020	194	\$17,354,483	\$89,456	\$81,338,021	\$419,268	\$78,873,397	\$406,564
2021	168	\$11,789,034	\$70,173	\$51,390,076	\$305,893	\$49,384,751	\$293,957
Total	1195	\$115,558,341	\$96,702	\$460,617,717	\$385,454	\$493,546,327	\$413,009

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

2017 - 2021 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)
2017	217	\$25,252,379	\$116,370	\$52,299,659	\$241,012	\$127,862,914	\$589,230
2018	271	\$20,147,373	\$74,345	\$52,259,722	\$192,840	\$178,970,256	\$660,407
2019	334	\$35,403,706	\$105,999	\$117,664,665	\$352,289	\$262,131,595	\$784,825
2020	283	\$48,988,038	\$173,103	\$78,757,494	\$278,295	\$216,760,582	\$765,938
2021	255	\$31,134,994	\$122,098	\$240,592,381	\$943,500	\$190,842,889	\$748,403
Total	1360	\$160,926,490	\$118,328	\$541,573,921	\$398,216	\$976,568,236	\$718,065

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

2017 - 2021 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)
2017	157	\$85,636,662	\$29,548,868	\$56,087,794
2018	155	\$114,549,323	\$33,649,304	\$80,900,019
2019	160	\$180,847,208	\$51,800,813	\$129,046,395
2020	171	\$113,706,168	\$8,453,143	\$105,253,025
2021	143	\$87,328,563	\$13,937,640	\$73,390,923
Total	786	\$582,067,924	\$137,389,768	\$444,678,156

(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

2017 - 2021 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>
2017	103	\$51,659,120	\$16,239,744	\$35,419,376
2018	102	\$76,193,779	\$26,979,780	\$49,213,999
2019	80	\$77,209,524	\$33,372,731	\$43,836,793
2020	68	\$40,169,395	\$7,246,926	\$32,922,469
2021	56	\$24,592,999	\$8,916,440	\$15,676,559
Total	409	\$269,824,817	\$92,755,621	\$177,069,196

(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

2017 - 2021 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>
2017	54	\$33,977,542	\$13,309,124	\$20,668,418
2018	53	\$38,355,544	\$6,669,524	\$31,686,020
2019	80	\$103,637,684	\$18,428,082	\$85,209,602
2020	103	\$73,536,773	\$1,206,217	\$72,330,556
2021	87	\$62,735,564	\$5,021,200	\$57,714,364
Total	377	\$312,243,107	\$44,634,147	\$267,608,960

(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>
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
2019			
Commercial Insurers	\$88,625,182	\$91,869,693	\$97,171,113
Captives	\$156,094,059	\$128,967,741	\$228,123,681
Self Insurers	\$40,550,952	\$65,013,595	\$23,557,192
Totals	\$285,270,193	\$285,851,029	\$348,851,986
2020			
Commercial Insurers	\$90,361,158	\$71,800,233	\$121,049,182
Captives	\$176,674,404	\$152,526,273	\$131,132,012
Self Insurers	\$20,492,604	\$30,540,353	\$19,953,346
Totals	\$287,528,166	\$254,866,859	\$272,134,540
2021			
Commercial Insurers	\$94,747,777	\$58,620,520	\$73,546,956
Captives	\$172,512,789	\$549,786,854	\$716,210,733
Self Insurers	\$32,927,119	\$31,585,855	\$24,683,068
Totals	\$300,187,685	\$639,993,229	\$814,440,757

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			
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
2019	\$205,278,198	\$158,087,954	\$212,417,242	\$250,915,470	\$37,101,382	\$502,176	\$13,249,951	\$4,494,589
2020	\$218,333,541	\$173,571,986	\$216,999,818	\$157,479,951	\$25,688,097	\$4,129,647	\$12,331,149	\$4,971,381
2021	\$236,536,063	\$100,435,006	\$232,336,710	\$208,971,108	\$26,456,847	\$155,817	\$12,386,117	\$6,986,596

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
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%	-29.9%	-12.3%
2019	118.1%	17.5%	8.6%	-70.8%	-46.2%
2020	72.6%	11.8%	9.9%	-14.4%	-1.0%
2021	89.9%	11.4%	8.4%		

* 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
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
2019	\$69,448,387	\$53,402,248	\$77,538,301	\$53,759,457	\$17,198,874	\$400,244	\$6,930,572	\$1,223,999
2020	\$65,238,399	\$46,968,666	\$66,077,958	\$43,928,548	\$11,015,395	\$3,951,953	\$6,617,450	\$1,258,415
2021	\$69,972,768	\$45,228,173	\$68,193,007	\$65,527,578	\$8,124,402	\$55,165	\$6,096,949	\$1,517,781

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2019	68.9%	69.3%	22.2%	11.0%
2020	71.1%	66.5%	16.7%	17.9%
2021	66.3%	96.1%	11.9%	11.2%

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
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
2019	\$26,594,722	\$24,656,828	\$26,001,084	\$15,951,075	\$6,392,067	\$0	\$5,087,395	\$105,370
2020	\$27,993,080	\$19,098,437	\$26,617,427	\$21,881,731	\$3,191,809	\$0	\$4,733,629	\$69,738
2021	\$31,633,626	\$6,811,773	\$29,400,136	\$9,098,198	\$2,989,725	\$0	\$5,056,151	\$76,934

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2019	94.8%	61.3%	24.6%	20.0%
2020	71.8%	82.2%	12.0%	18.0%
2021	23.2%	30.9%	10.2%	17.5%

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
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
2019	\$109,235,089	\$80,028,878	\$108,877,857	\$181,204,938	\$13,510,441	\$101,932	\$1,231,984	\$3,165,220
2020	\$125,102,062	\$107,504,883	\$124,304,433	\$91,669,672	\$11,480,893	\$177,694	\$980,070	\$3,643,228
2021	\$134,929,669	\$48,395,060	\$134,743,567	\$134,345,332	\$15,342,720	\$100,652	\$1,233,017	\$5,391,881

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
2012	62.8%	2.8%	12.3%	6.2%
2013	167.8%	88.5%	21.9%	5.6%
2014	115.8%	100.4%	30.7%	6.5%
2015	99.1%	71.8%	22.6%	5.9%
2016	75.3%	68.9%	14.1%	4.7%
2017	48.7%	97.7%	18.9%	4.6%
2018	99.6%	101.7%	15.5%	4.1%
2019	73.5%	166.4%	12.4%	4.1%
2020	86.5%	73.7%	9.2%	3.9%
2021	35.9%	99.7%	11.4%	5.0%

Top 15 in 2021 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	119,301,724	119,301,724	-	-	41,482,789	120,454,053	300,594,383	8,266,300	13,008,278	29,066,990	74,372	4,862,246
Proselect Ins Co	NE	20,012,915	17,827,129	-	14,572,288	19,401,000	13,843,652	74,329,652	4,210,260	777,692	18,544,379	1,927,110	330,822
Integris Ins Co	CT	19,161,338	19,924,588	-	8,568,491	8,553,886	12,761,701	52,519,151	1,990,765	2,938,909	9,866,192	766,733	526,816
Continental Cas Co	IL	7,099,330	7,102,340	-	37,028	2,308,964	2,674,686	22,501,491	1,283,934	430,928	4,816,020	(825,706)	113,302
National Fire & Marine Ins Co	NE	5,873,655	5,834,657	-	3,334,398	1,030,000	1,908,818	10,243,531	337,125	619,946	2,675,472	1,642,102	-
MedPro RRG RRG	DC	4,943,713	4,872,939	-	1,934,181	2,750,000	5,432,153	8,277,793	469,719	644,715	2,672,417	502,917	195,497
Ironshore Specialty Ins Co	AZ	4,783,151	4,342,411	-	2,465,808	494,500	1,377,905	7,380,955	199,190	(122,215)	650,032	502,860	-
American Cas Co Of Reading PA	PA	4,701,084	4,586,852	-	2,048,385	1,780,000	3,138,371	6,226,185	803,692	909,718	2,020,844	1,751,615	99,836
Medical Protective Co	IN	3,798,864	3,513,769	-	1,816,958	2,865,000	1,095,433	8,327,470	447,524	937,255	2,998,442	429,096	69,308
MdAdvantage Ins Co of NJ	NJ	3,755,031	3,495,168	-	1,670,890	2,750,000	4,444,409	5,249,959	127,689	557,621	1,285,933	402,519	57,395
Coverys Specialty Ins Co	NJ	2,845,187	2,663,527	-	720,608	975,000	(659,572)	4,227,054	725,156	(156,586)	1,667,535	363,052	110
TDC Specialty Ins Co	DC	2,440,665	2,237,757	-	1,096,592	70,000	928,028	2,247,479	57,961	618,685	1,400,319	348,048	222
Arch Specialty Ins Co	MO	2,411,112	1,460,581	-	1,286,307	237,000	689,521	1,502,616	64,509	188,667	449,350	256,839	29
Health Care Industry Liab Recip Ins	DC	1,915,472	1,819,577	-	1,387,778	6,000	1,041,129	7,283,546	259,828	522,012	951,444	-	76,619
StarStone Specialty Ins Co	DE	1,790,258	1,266,142	-	676,486	-	61,414	949,160	-	19,110	105,964	357,649	2

Top 15 Total 204,833,499 = 86.6% of total 2019 Direct Premiums Written of \$236,536,063

Top 3 Total 158,475,977 = 67.0% of total 2019 Direct Premiums Written of \$236,536,063

Top 15 in 2020 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	111,933,897	111,996,297	-	-	105,520,983	88,630,304	221,623,119	7,712,442	9,287,175	24,325,012	63,235	3,137,598
Proselect Ins Co	NE	21,126,743	21,690,209	-	12,446,502	27,775,787	14,930,423	79,887,000	5,139,897	2,946,022	21,976,947	2,042,058	325,328
Integris Ins Co	CT	16,907,089	15,347,806	3,881,318	9,331,741	10,119,289	11,887,177	48,311,336	2,065,968	(2,308,585)	8,918,048	521,980	368,085
National Fire & Marine Ins Co	NE	6,327,066	6,185,548	-	3,295,400	1,487,271	4,386,990	9,364,713	461,778	1,260,469	2,392,651	1,867,237	-
MedPro RRG RRG	DC	5,016,248	4,887,079	-	1,863,407	20,000	(216,337)	5,595,640	220,203	741,427	2,497,421	592,292	204,852
American Cas Co Of Reading PA	PA	4,447,291	4,391,276	-	1,934,153	252,605	807,362	4,867,814	411,215	469,055	1,914,818	1,645,393	71,718
Ironshore Specialty Ins Co	AZ	4,165,962	3,810,828	-	2,025,068	1,610,680	1,200,120	6,497,550	389,133	407,775	971,438	457,717	-
Continental Cas Co	IL	3,905,295	3,902,285	-	40,038	5,270,798	3,567,000	22,135,768	2,486,431	4,400,247	5,669,026	110,176	81,334
MdAdvantage Ins Co of NJ	NJ	3,127,066	2,976,229	-	1,411,028	21,359	2,344,566	3,555,550	106,575	639,881	856,000	347,237	39,650
Columbia Cas Co	IL	2,922,242	2,570,012	-	957,601	2,263,000	2,475,924	1,924,977	148,663	567,087	794,404	271,043	134
Medical Protective Co	IN	2,834,933	2,540,688	-	1,531,863	1,178,051	3,937,266	10,097,038	675,769	1,115,264	2,508,711	366,545	50,780
ProAssurance Ind Co Inc	AL	2,366,738	4,032,545	-	693,425	1,000,636	1,814,347	8,842,209	724,610	1,390,374	7,234,534	193,044	58,047
Coverys Specialty Ins Co	NJ	2,223,809	2,244,868	-	538,948	1,782,500	902,904	5,861,626	783,930	542,941	2,549,277	298,163	109
Hallmark Specialty Ins Co	OK	2,132,506	2,189,564	-	1,129,494	312,500	1,518,357	3,292,644	677,615	486,681	(23,374)	506,483	414
TDC Specialty Ins Co	DC	1,801,356	1,511,593	-	893,683	-	673,223	1,389,452	65,982	451,315	839,594	203,204	204

Top 15 Total 191,238,241 = 87.6% of total 2019 Direct Premiums Written of \$218,333,541

Top 3 Total 149,967,729 = 68.7% of total 2019 Direct Premiums Written of \$218,333,541

Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2021</u>	<u>2020</u>
MCIC VT a Recip RRG	\$162,508,255	\$72,933,202
Proselect Ins Co	\$321,304	\$735,302
Integris Ins Co	\$18,369,689	\$17,753,623
Continental Cas Co	\$2,134,635,341	\$1,837,984,573
National Fire & Marine Ins Co	\$157,220,422	\$70,183,291
MedPro RRG RRG	\$12,686	\$168,903
Ironshore Specialty Ins Co	\$9,090,723	\$11,426,116
American Cas Co Of Reading PA	\$8,076,530	\$8,547,439
Medical Protective Co	\$112,802,413	\$78,751,770
MdAdvantage Ins Co of NJ	\$8,142,305	\$8,489,342
Coverys Specialty Ins Co	\$1,511,362	\$1,470,592
TDC Specialty Ins Co	\$8,948,320	\$1,945,460
Arch Specialty Ins Co	\$11,615,251	\$22,813,858
Health Care Industry Liab Recip Ins	\$849,851	\$620,536
StarStone Specialty Ins Co	\$2,989,405	\$7,034,480

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:

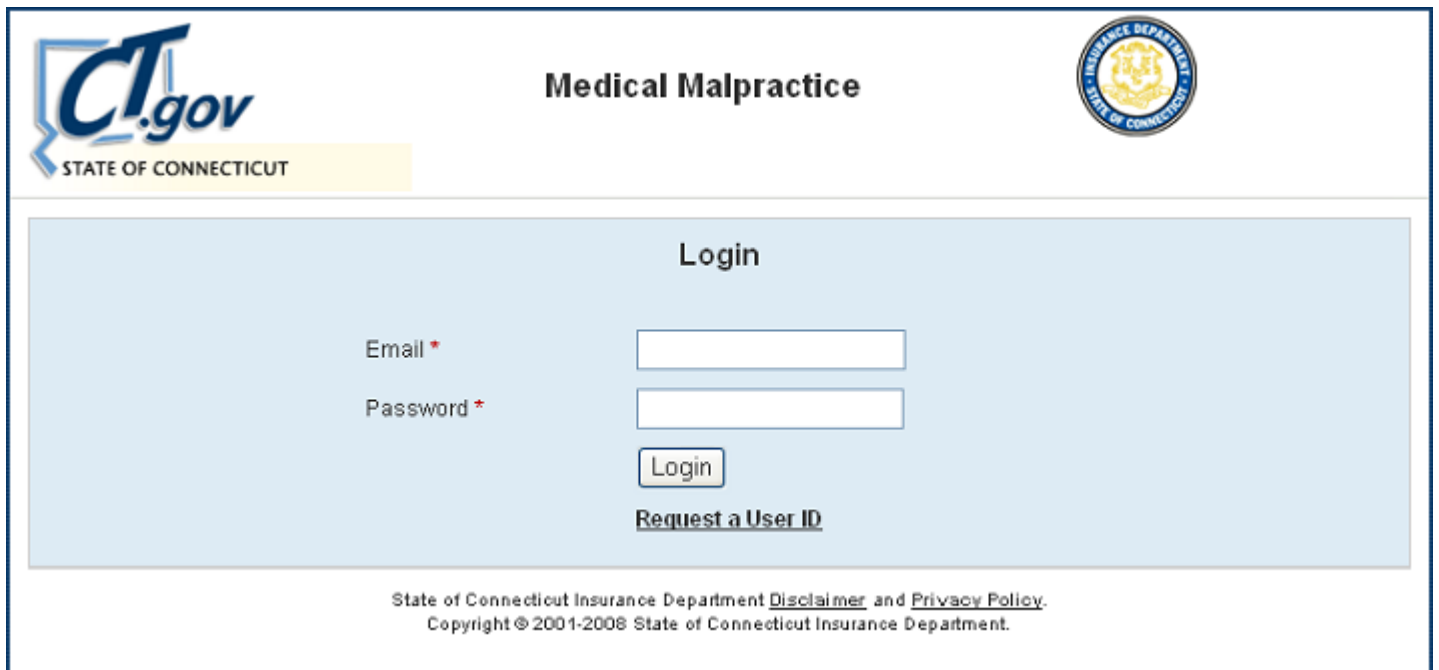
https://www.cid-online.ct.gov/mmdc/Login_input.action

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.

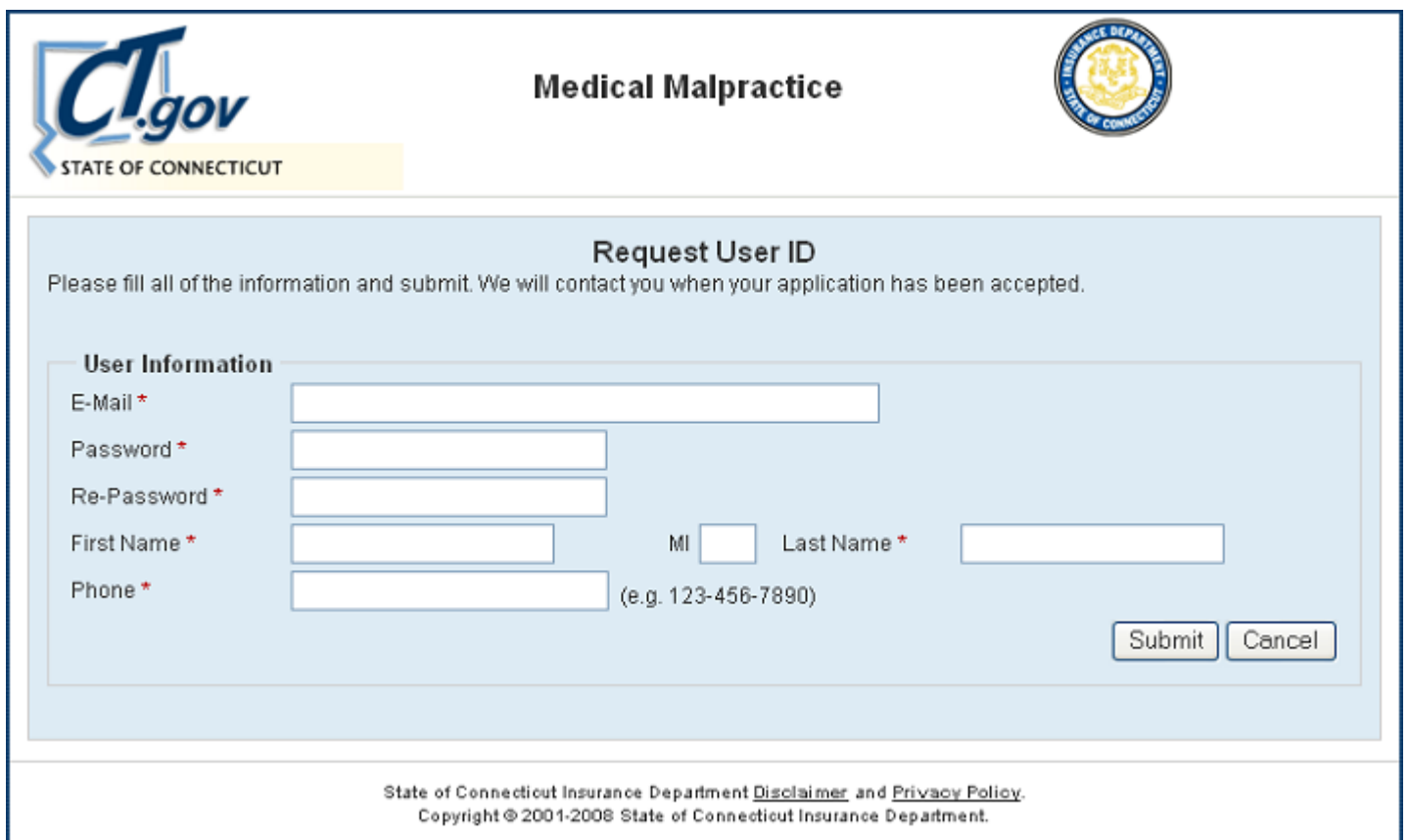
Request a User ID

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 page title is 'Medical Malpractice'. The main content area is titled 'Login' and contains two input fields for 'Email *' and 'Password *', a 'Login' button, and a link for 'Request a User ID'. At the bottom, there is a footer with the text: '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 page title is 'Medical Malpractice'. The main content area is titled 'Request User ID' and includes the instruction: 'Please fill all of the information and submit. We will contact you when your application has been accepted.' Below this is a 'User Information' section with input fields for 'E-Mail *', 'Password *', 'Re-Password *', 'First Name *', 'MI' (with a dropdown arrow), 'Last Name *', and 'Phone *' (with the example '(e.g. 123-456-7890)'). There are 'Submit' and 'Cancel' buttons at the bottom right. At the bottom, there is a footer with the text: '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



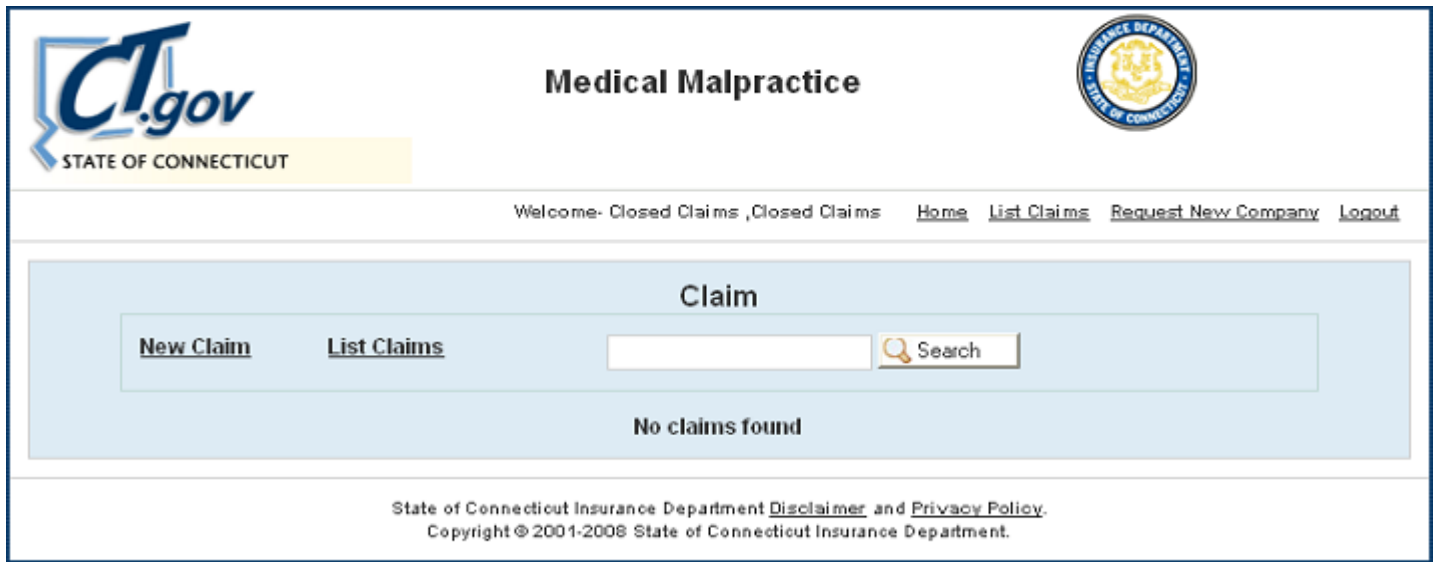
What do you want to do now?

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

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Copyright © 2001-2008 State of Connecticut Insurance Department.

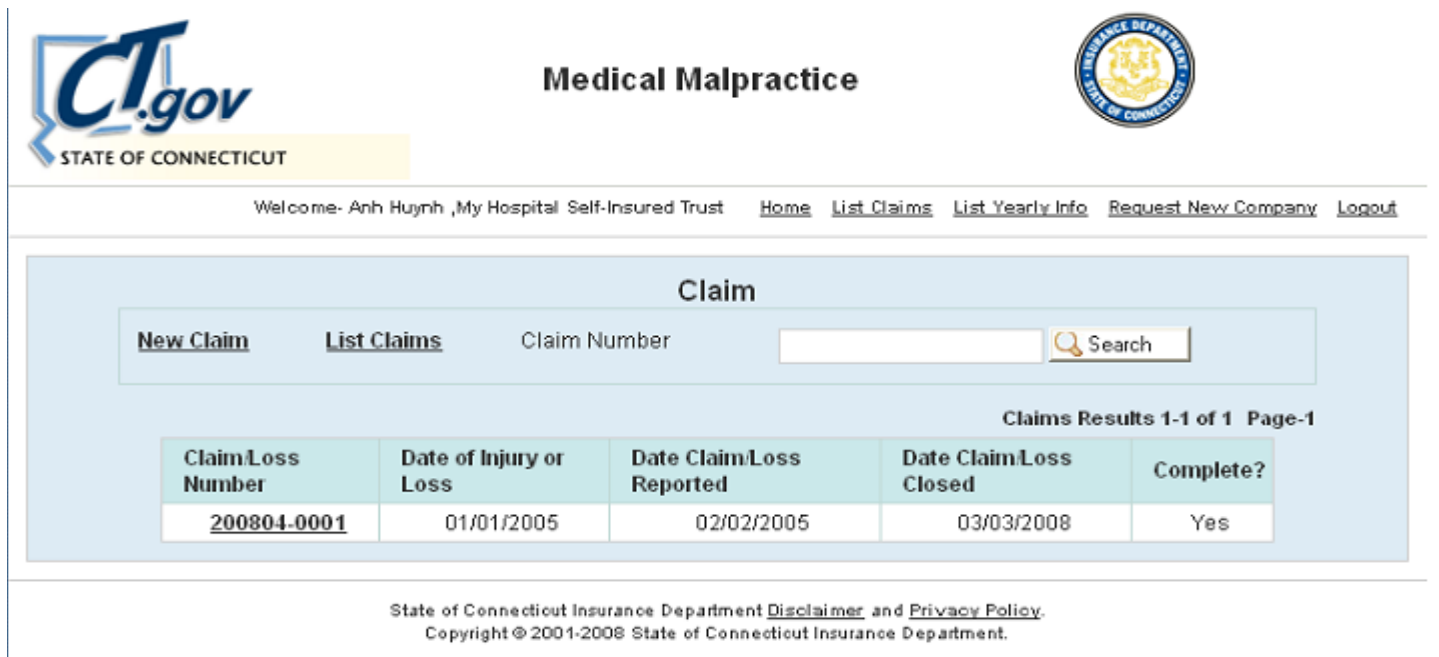
Closed Claim reporting

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



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

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



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

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

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

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

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

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

Injured Party Information

Claim Details

Claim/Loss Number *

County where claim incident occurred *

Date of Injury or Loss *

Date Claim/Loss Reported *

Date Claim/Loss Closed *

Injured Person Details

First Name * Middle Name Last Name *

Date Of Birth Age Group Age Group *

Gender * Male Female

Injury Details

Name of institution where loss/injury occurred *

Type of Location where loss/injury occurred *

Act or Omission Type *

Act or Omission Description *

Severity rating(NAIC) *

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

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed * 

Name of Court Suit Filed in * 

Docket Number *
(N/A if Unavailable)

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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


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

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

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

Insured/Policy Holder Information

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

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

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

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

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

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

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

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

Outcome Information:

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

Trial Information:

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

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

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

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

Outcome Information:

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

Trial Information:

- Radio buttons: Judgment by Jury, Judgment by Court, Withdrawn, Dismissed
- Text: "Date Withdrawn" followed by a date input field.

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 * 

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

Jury Award

Jury Award

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

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

Court Award

Court Award

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

11. Claim Detail screen

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

New Claim
Mark as Completed

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

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

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

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

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

Yearly Information Report

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

Yearly Information

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

Commercial Insurer

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

Hospital/Non Hospital – Self Insurer

Yearly Information

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

Hospital/Non Hospital - Self-Insured

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

Hospital – Captive with Voluntary Physicians

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

Hospital – Captive without Voluntary Physicians

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

Non-Hospital – Captive with Voluntary Physicians

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

Non-Hospital – Captive without Voluntary Physicians

Yearly Information

[New Yearly Information](#)

[List of Yearly Information](#)

Non Hospital - Captive without Voluntary Physicians Attending

Year

2007

HCP Professional Liability Premium (No General Liability) *

HCP Net Retained Paid Professional Liability Losses *

HCP Net Retained Incurred Professional Liability Losses *