



CT Medical Malpractice Report

To

Insurance and Real Estate Committee

Presented by

Connecticut Insurance Department

Andrew N. Mais, Commissioner

June 15, 2023

Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has provided our 2023 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2018 through 2022. The report also includes 2022 rate filing activity, premium information by medical provider specialty for 2022 and industry experience over the last 10 years.

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

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

The two primary pieces of claims data analyzed were:

Paid Indemnity: The amount of compensation paid to a claimant or plaintiff on behalf of each defendant.

Allocated Loss Adjustment Expenses (ALAE): These are expenses associated with legal defense and include payments to defense counsel and other costs incurred by insurers, such as fees for expert witnesses.

A brief summary of the data includes: 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. This pattern continued in 2022. Around 82% of claims closed in the study with payment to the plaintiff had court involvement, and 64% of claims closed in the study with payment to the plaintiff had court involvement, and 64% of claims successfully defended involved the courts.

- 2,503 total closed claims over the past five years
 - ✓ 1,301 were resolved in favor of the plaintiff
 - ✓ 1,202 were resolved in favor of the defendant
- \$918,666 was the average indemnity payout to a claimant
 - ✓ \$723,575 was the average payout by a commercial insurer
 - ✓ \$1,056,664 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 – 2023

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 2023 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 2018 through 2022. In addition, it provides a summary of rate filing activity for 2022, premium information by medical provider specialty for 2022 and industry calendar year experience for the most recent ten years. Copies of prior year reports are available on the Department’s website at portal.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, 29 risk retention groups (RRG’s) and 56 excess and surplus lines companies. 2022 closed claims data were from 211 insuring entities, which included 156 admitted insurance companies, 18 hospitals or hospital groups that are either self-insured or insured with a captive and 37 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 with 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 the 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 2018 through 2022. 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. 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 the calendar years 2021 and 2022, 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 2013 - 2022 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, 2022, 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.

Compared to 2021, the 2022 total number of closed claims and the number of closed claims with indemnity payment have increased, while total indemnity payment amount (report 1) has decreased. The number of closed claims with payment to defense counsel is higher in 2022 than in 2021, with higher total and average amount paid (report 2). ALAE payment other than that paid to defense counsel has also increased. (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. This pattern seems to have continued. In the period of the study, around 82% of claims closed in the study with payment to the plaintiff had court involvement, and 64% of claims successfully defended involved the courts.

- **Total Claims:** A total of 2,503 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported 43% of the claims, or 1,083. Captives/Self-Insurers reported 1,420 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. About 48% of the claims had no indemnity payments, while the remaining 52% closed with an indemnity payment. The total amount paid to claimants was \$1,195 million, with an average of \$918,966 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. During 2019, 20 claims had indemnity payment more than \$3 million, and in 2020, 11 claims closed with above \$3 million total indemnity payment. In 2021, 6 claims closed with indemnity payment of \$3 million or greater, and in 2022, 7 claims closed with indemnity payments greater than \$3 million. Still, these large claims are major contributors driving up the five-year average indemnity payment amount.
- **Defense Counsel Payments:** About 40% of the claims closed with no payments to claimants, yet 73%, or 1,817, generated legal expenses to defend the claim. These expenses totaled \$226 million, an average of \$124,605 per claim. Of these, 40% (733) were for incidents that had no payments to claimants, averaging \$74,756 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$158,313.
- **Indemnity Payments and Size of Claims:** Of all claims that have an indemnity payment, 38% (491 out of 1,301) have a payment of less than \$200,000. But million dollars plus claims, with only 26% of all claim counts, represent 78% of all indemnity payments, over \$929 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,301 claims that closed with an indemnity payment, 179 closed within one year of being reported and had an average paid indemnity of \$256,819. That average figure rose to \$1,494,188 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 2,503 reported claims, 1,301 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 1,202 were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 94% were settled, with 83% of those settled before trial began.

VII. Detailed Findings

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

Claims by Insurer (Reports 1, 2 and 3)

Of the total of 2,503 claims, 1,301, or 52% had indemnity payments to a claimant at an average value of \$918,666. Comparing to Commercial Insurers, Captives/Self-Insurers had a higher percentage (54% to 50%) of claims with indemnity payments. The average indemnity payment size for Commercial Insurers (723,575) is lower than for Captives/Self-Insurers (\$1,056,664).

Of the total 2,503 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 greater than for Commercial Insurers (\$124,605 versus \$75,215).

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$263 million represents the amount expended to defend and investigate claims. This represents 22% of the total indemnity. Commercial Insurers expended a higher percentage than Captives/Self-Insurers.

Claims by Size (Reports 4 and 5)

The distribution of these claims by size is shown on Report 4 and on Charts 4-1 and 4-2. Of the 1,301 claims, 342, or 26% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$929 million, or 78% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 231 claims (18%) with \$164 million of payments. Thus, the 573 claims greater than \$500,000, represents 44% of the claims, but 91.5% of the total paid indemnity.

On the other hand, 24% of legal defense costs are expended to defend claims where there are no indemnity payments. The distribution of the defense counsel payments by size of loss is shown on Report 5 and Chart 5-1. Legal defense costs for the \$1 million and above claims represent 30% of the total.

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 an average of 3.16 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, about 4.25 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, 26% had defense counsel payments. For claims closing after three years, the percentage is at 88%. As with indemnity costs, the average legal cost associated with a claim increases as the claim aged. Claims closed in the first six months averaged legal costs of \$7,439, while those closing five or more years after being reported averaged \$390,494. 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 17.1% 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 1,301 claims reported as closed with an indemnity payment, 378, or 29% were due to the death of the injured party, with average paid indemnity of \$1,425,094. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity about \$2.2 million, which was one and a half times the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 164 severe “permanent injuries” claims, when combined with the death cases, comprise about 75% 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 164 most serious non-death claims were higher than the overall average. For those claims, 148 of which had defense counsel costs, the average legal cost was \$186,951 compared to \$171,817 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 61% had defense counsel payments that averaged \$74,756. However, for the most serious non-death permanent injury claims, 58% required legal defense at an average cost of \$182,238. 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 about 38% of the claims, the average indemnity payment was \$1,344,475, about 46% above the overall average. It is also the highest average among all categories. The next highest average indemnity payment was the Physician - Family/Pediatric/General Practice category at \$1,228,571 with only 7 claims. Medical Group/Other Corporate Group Practice has the third highest indemnity payment size at \$1,058,098 with 67% of the 63 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. Five of the specialty areas have 16 or fewer claims and another six 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 2,503 closed claims, 48% resulted in no payment to the plaintiff. Of these, 94% 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 52% of closed claims resulted in indemnity payments to the plaintiff. Of these, 99% were settled, with most of those settled before trial. Only 15 of the 1,301 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 17% resulted in payments to the plaintiff. For cases that were settled, 53% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$919,471 with additional expenses for total ALAE of \$145,898 per claim on average. For cases that had court dispositions, the average payment was \$849,691 with \$527,222 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 36% of the 1,301 claims with an indemnity payment, that is 474, 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 80% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$752,811 or approximately

18% lower than the overall average for all claims with indemnity payments of \$918,666 shown in Report 1. Commercial Insurers provided the split on 71% of the claims reported with indemnity payments and 67% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 59 of claims reported with indemnity payments and 89% of those payments were for non-economic damages.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings

There were two (2) rate requests in 2022 for rate change in Medical Malpractice for physicians and surgeons and one (1) rate request for APRN's. There were four (4) miscellaneous rate requests for other medical malpractice professional liability practices. None of the rate requests met the State's prior rate approval requirements as outlined under C.G.S 38a-676 (2)(A).

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

Report 12 displays calendar year earned premium and losses for 2018 through 2022 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, though this percentage dropped in 2022. Commercial insurers have between 30% to 40%, and self-insureds have about 11%. 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 2022 has increased 26% compared to 2021 premiums, which is a 37% increase over 2018 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 2022. 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 2013, the profit on insurance transactions was over 25%. The profit on insurance transactions ratio dropped to 1.3% in 2014, and 0.0% in 2015. The 2016, 2017 and 2018 Profitability Reports indicated a loss on insurance transaction. The incurred loss and loss expense ratio increased to 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%, but in 2021 the loss ratio increased to 89.9%, and there was a loss on insurance transactions of 15%.

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 \$147 million in 2022 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 (though their rankings within the top three changed) 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

2018 - 2022 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>
2018	552	280	272	\$259,573,859	\$927,049
2019	575	286	289	\$312,128,302	\$1,091,358
2020	476	255	221	\$217,161,086	\$851,612
2021	423	219	204	\$212,876,461	\$972,039
2022	477	261	216	\$193,445,235	\$741,169
Total	2,503	1,301	1,202	\$1,195,184,943	\$918,666

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Commercial Insurers

2018 - 2022 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>
2018	282	142	140	\$106,427,112	\$749,487
2019	243	116	127	\$102,424,824	\$882,973
2020	193	99	94	\$69,303,082	\$700,031
2021	168	76	92	\$41,118,999	\$541,039
2022	197	106	91	\$70,732,732	\$667,290
Total	1,083	539	544	\$390,006,749	\$723,575

(6)=(5)/(3)

Connecticut Department of Insurance
Indemnity Payments
Captives and Self Insurers

2018 - 2022 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>
2018	270	138	132	\$153,146,747	\$1,109,759
2019	332	170	162	\$209,703,478	\$1,233,550
2020	283	156	127	\$147,858,004	\$947,808
2021	255	143	112	\$171,757,462	\$1,201,101
2022	280	155	125	\$122,712,503	\$791,694
Total	1,420	762	658	\$805,178,194	\$1,056,664

(6)=(5)/(3)

Connecticut Department of Insurance

Defense Counsel Payments

All Insurers

2018 - 2022 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2018	552	389	\$35,029,653	166	\$46,298	223	\$122,620
2019	575	434	\$64,293,228	182	\$129,753	252	\$161,422
2020	476	344	\$73,701,779	134	\$85,902	210	\$296,147
2021	423	307	\$23,924,274	128	\$49,989	179	\$97,909
2022	477	343	\$29,458,186	123	\$45,414	220	\$108,510
Total	2,503	1,817	\$226,407,120	733	\$74,756	1,084	\$158,313

(3)=(5)+(7)

Connecticut Department of Insurance

Defense Counsel Payments

Commercial Insurers

2018 - 2022 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2018	282	197	\$12,285,972	81	\$39,705	116	\$78,188
2019	243	173	\$23,036,160	73	\$54,265	100	\$190,748
2020	193	145	\$6,988,764	60	\$21,240	85	\$67,228
2021	168	135	\$6,380,712	67	\$31,408	68	\$62,888
2022	197	143	\$10,953,741	52	\$48,505	91	\$92,654
Total	1,083	793	\$59,645,349	333	\$39,275	460	\$101,232

(3)=(5)+(7)

Connecticut Department of Insurance

Defense Counsel Payments

Captives and Self Insurers

2018 - 2022 Aggregate

Year (1)	Total Number of Closed Claims (2)	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims (3)	Total Payment (4)	Number of Claims (5)	Average Payment (6)	Number of Claims (7)	Average Payment (8)
2018	270	192	\$22,743,681	85	\$52,580	107	\$170,788
2019	332	261	\$41,257,068	109	\$180,308	152	\$142,128
2020	283	199	\$66,713,015	74	\$138,331	125	\$451,812
2021	255	172	\$17,543,562	61	\$70,398	111	\$119,363
2022	280	200	\$18,504,445	71	\$43,151	129	\$119,696
Total	1,420	1,024	\$166,761,771	400	\$104,293	624	\$200,392

(3)=(5)+(7)

Connecticut Department of Insurance

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

2018 - 2022 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>
2018	552	345	\$259,573,859	\$35,029,653	\$7,830,115	16.5%
2019	575	349	\$312,128,302	\$64,293,228	\$15,004,698	25.4%
2020	476	289	\$217,161,086	\$73,701,779	\$4,754,837	36.1%
2021	423	251	\$212,876,461	\$23,924,274	\$3,426,905	12.8%
2022	477	297	\$193,445,235	\$29,458,186	\$5,658,253	18.2%
Total	2,503	1,531	\$1,195,184,943	\$226,407,120	\$36,674,808	22.0%

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

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

2018 - 2022 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>
2018	282	225	\$106,427,112	\$12,285,972	\$4,994,951	16.2%
2019	243	189	\$102,424,824	\$23,036,160	\$4,441,473	26.8%
2020	193	158	\$69,303,082	\$6,988,764	\$2,565,274	13.8%
2021	168	142	\$41,118,999	\$6,380,712	\$1,885,040	20.1%
2022	197	154	\$70,732,732	\$10,953,741	\$4,388,365	21.7%
Total	1083	868	\$390,006,749	\$59,645,349	\$18,275,103	20.0%

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

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

2018 - 2022 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>
2018	270	120	\$153,146,747	\$22,743,681	\$2,835,164	16.7%
2019	332	160	\$209,703,478	\$41,257,068	\$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%
2022	280	143	\$122,712,503	\$18,504,445	\$1,269,888	16.1%
Total	1420	663	\$805,178,194	\$166,761,771	\$18,399,705	23.0%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2018 - 2022 Aggregate

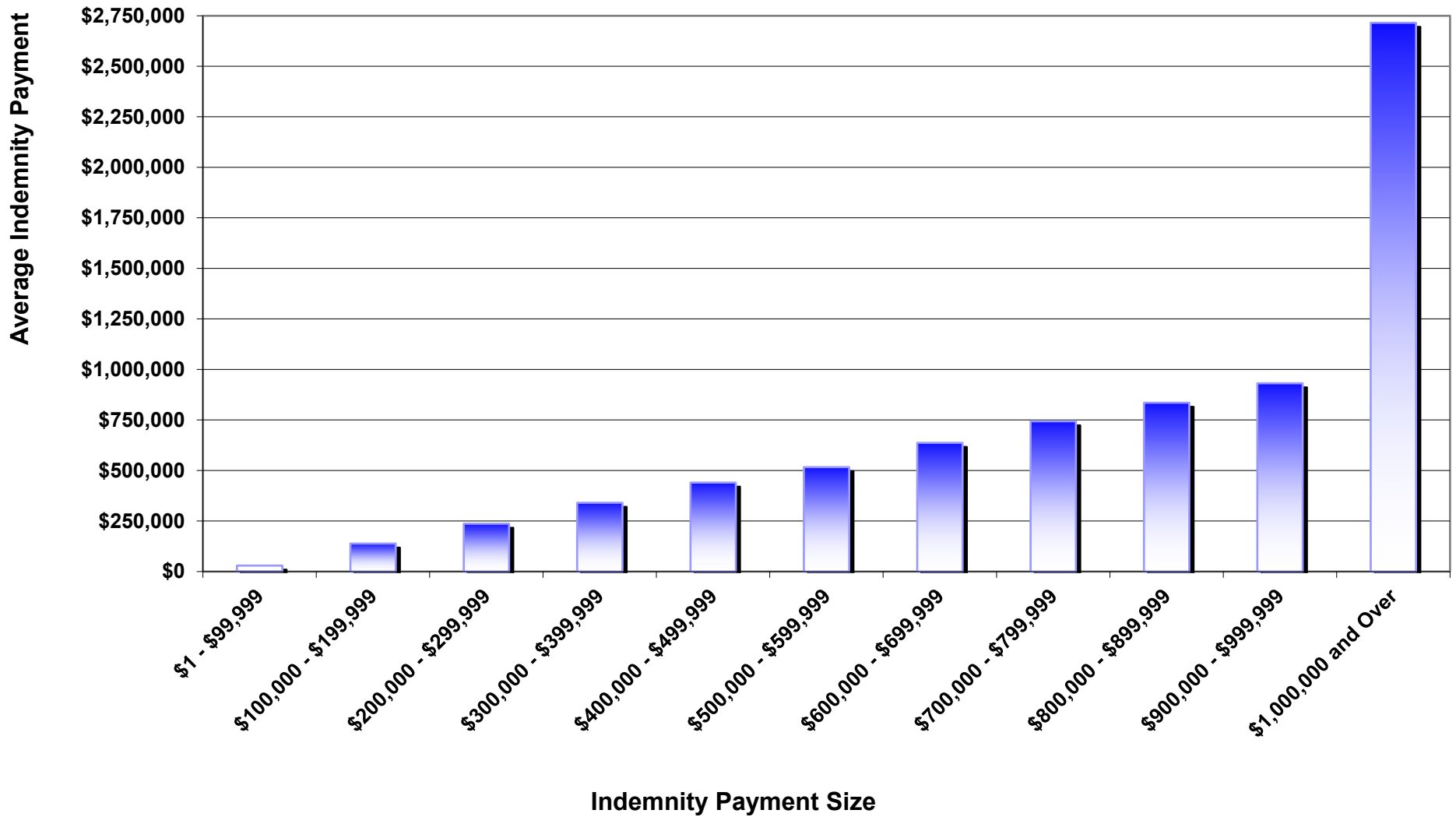
<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	376	28.9%	\$11,219,410	\$29,839	0.9%
\$100,000 - \$199,999	115	8.8%	\$15,939,686	\$138,606	1.3%
\$200,000 - \$299,999	105	8.1%	\$24,881,916	\$236,971	2.1%
\$300,000 - \$399,999	80	6.1%	\$27,237,211	\$340,465	2.3%
\$400,000 - \$499,999	52	4.0%	\$22,901,708	\$440,417	1.9%
\$500,000 - \$599,999	57	4.4%	\$29,466,328	\$516,953	2.5%
\$600,000 - \$699,999	49	3.8%	\$31,199,298	\$636,720	2.6%
\$700,000 - \$799,999	44	3.4%	\$32,715,376	\$743,531	2.7%
\$800,000 - \$899,999	47	3.6%	\$39,255,526	\$835,224	3.3%
\$900,000 - \$999,999	34	2.6%	\$31,679,722	\$931,757	2.7%
\$1,000,000 and Over	342	26.3%	\$928,688,762	\$2,715,464	77.7%
Total	1301	100.0%	\$1,195,184,943	\$918,666	100.0%

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

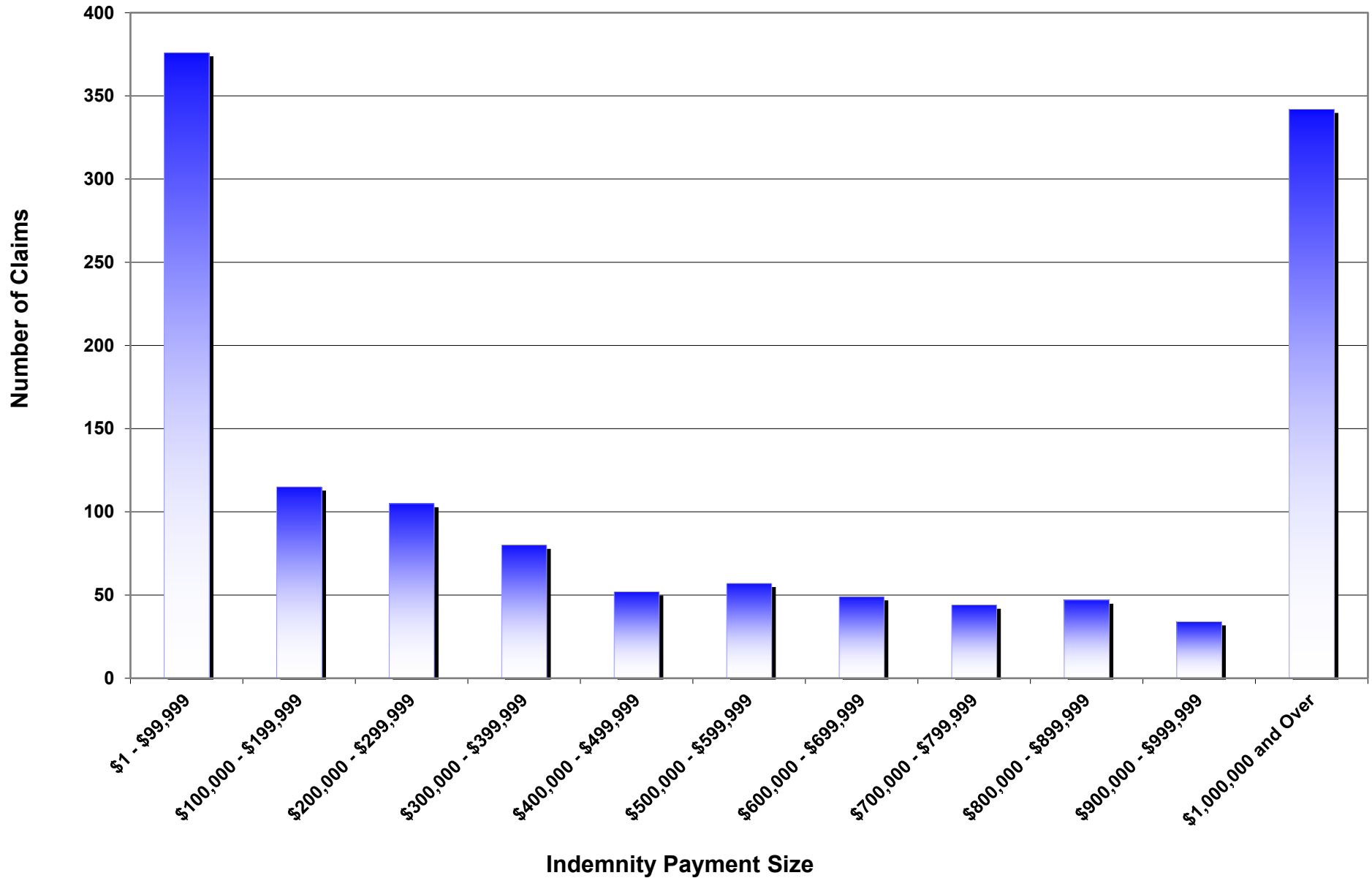
(5)=(4)/(2)

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

Average Indemnity Payment by Indemnity Payment Size
2018 - 2022 Aggregate



**Number of Claims by Indemnity Payment Size
2018 - 2022 Aggregate**



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

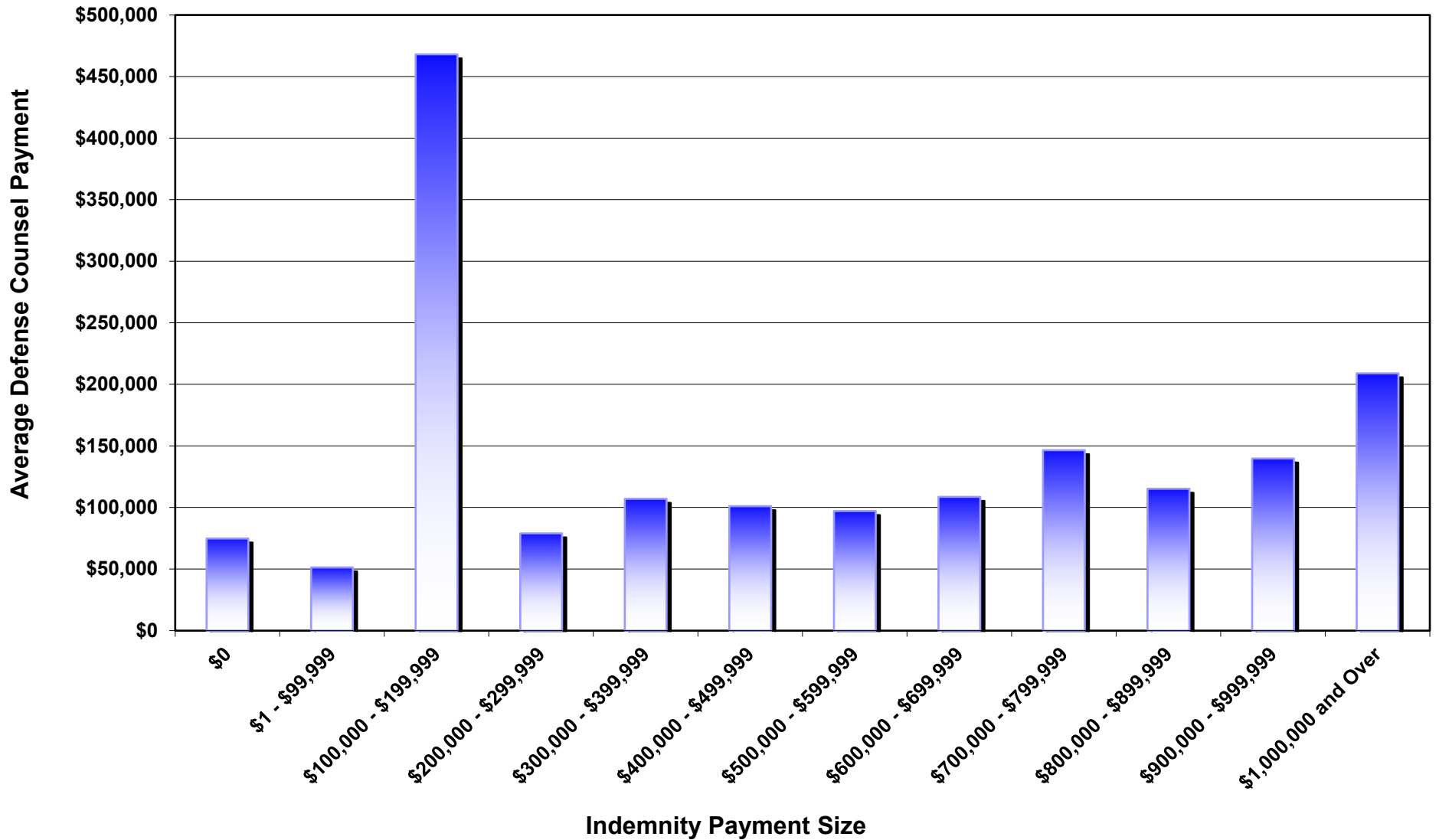
2018 - 2022 Aggregate

<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	1202	733	\$54,795,802	\$74,756	24.2%
\$1 - \$99,999	376	231	\$11,840,696	\$51,258	5.2%
\$100,000 - \$199,999	115	100	\$46,806,961	\$468,070	20.7%
\$200,000 - \$299,999	105	96	\$7,583,620	\$78,996	3.3%
\$300,000 - \$399,999	80	76	\$8,135,174	\$107,042	3.6%
\$400,000 - \$499,999	52	48	\$4,849,008	\$101,021	2.1%
\$500,000 - \$599,999	57	51	\$4,953,796	\$97,133	2.2%
\$600,000 - \$699,999	49	41	\$4,453,048	\$108,611	2.0%
\$700,000 - \$799,999	44	43	\$6,303,494	\$146,593	2.8%
\$800,000 - \$899,999	47	44	\$5,068,668	\$115,197	2.2%
\$900,000 - \$999,999	34	34	\$4,751,234	\$139,742	2.1%
\$1,000,000 and Over	342	320	\$66,865,619	\$208,955	29.5%
Total	2503	1817	\$226,407,120	\$124,605	100.0%

(5)=(4)/(3)

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

**Average Payment to Defense Counsel by Indemnity Payment Size
2018 - 2022 Aggregate**



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

2018 - 2022 Aggregate

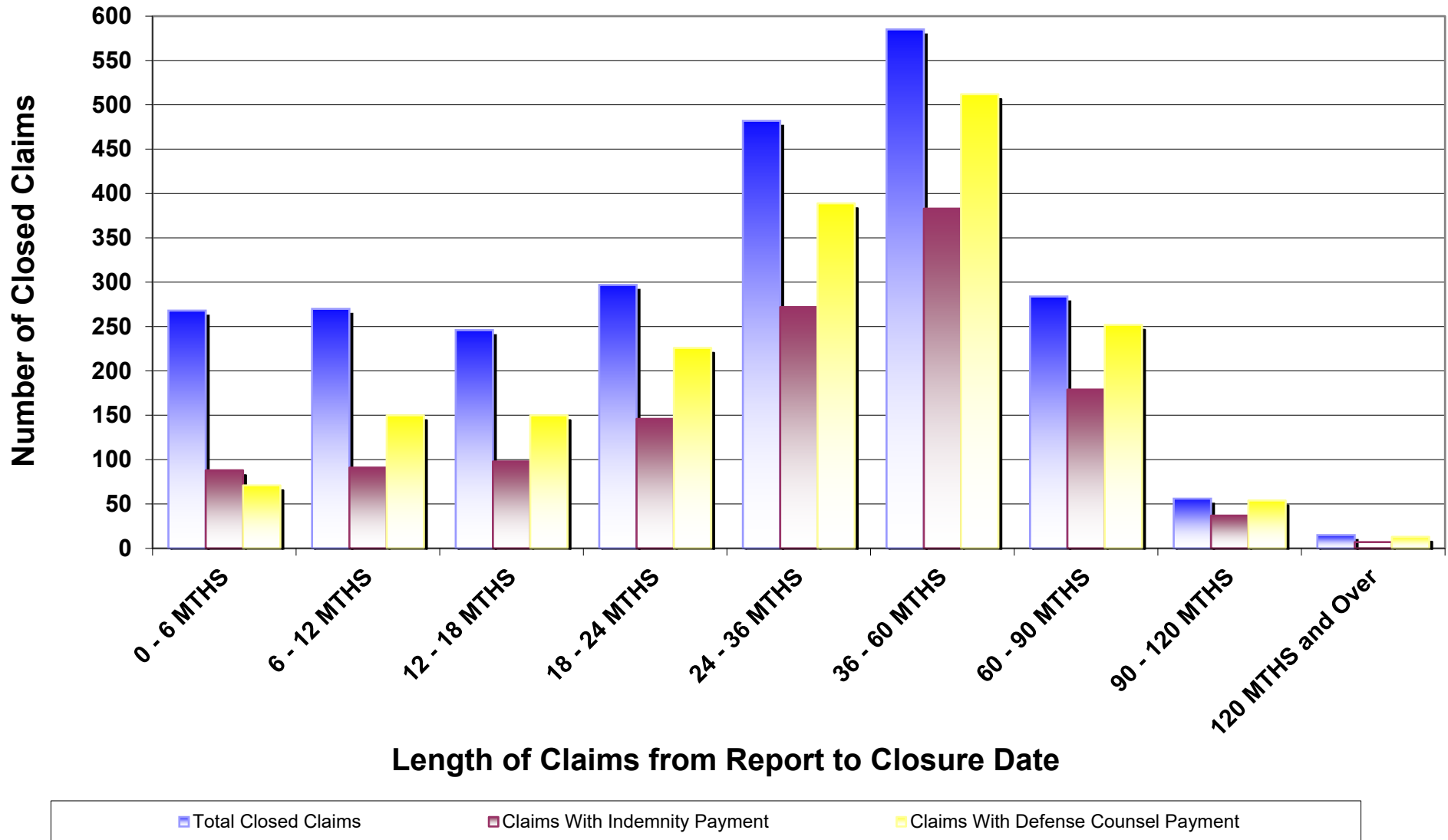
<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</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	268	10.7%	88	6.8%	71	3.9%
6 - 12 Months	270	10.8%	91	7.0%	150	8.3%
12 - 18 Months	246	9.8%	98	7.5%	150	8.3%
18 - 24 Months	297	11.9%	146	11.2%	226	12.4%
24 - 36 Months	482	19.3%	272	20.9%	389	21.4%
36 - 60 Months	585	23.4%	383	29.4%	512	28.2%
60 - 90 Months	284	11.3%	179	13.8%	252	13.9%
90 - 120 Months	56	2.2%	37	2.8%	54	3.0%
120 Months and Over	15	0.6%	7	0.5%	13	0.7%
Total	2503	100.0%	1301	100.0%	1817	100.0%
Average Length of Claims	2.74 YEARS		3.16 YEARS		3.10 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 2018 - 2022 Aggregate



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

2018 - 2022 Aggregate

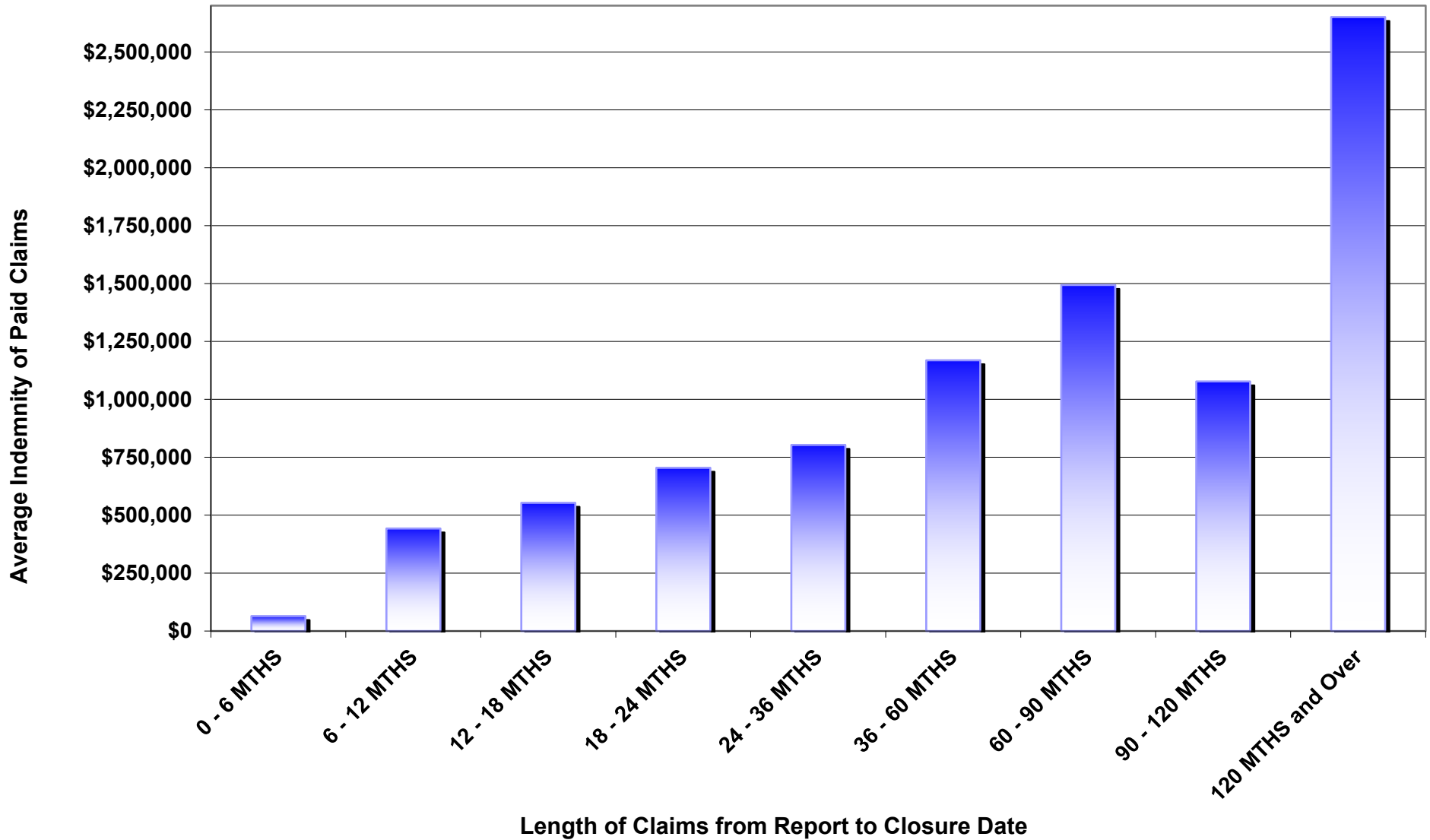
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	268	88	32.8%	\$5,683,714	0.5%	\$64,588
6 - 12 Months	270	91	33.7%	\$40,286,887	3.4%	\$442,713
12 - 18 Months	246	98	39.8%	\$54,257,224	4.5%	\$553,645
18 - 24 Months	297	146	49.2%	\$102,873,144	8.6%	\$704,611
24 - 36 Months	482	272	56.4%	\$218,529,478	18.3%	\$803,417
36 - 60 Months	585	383	65.5%	\$447,672,633	37.5%	\$1,168,858
60 - 90 Months	284	179	63.0%	\$267,459,645	22.4%	\$1,494,188
90 - 120 Months	56	37	66.1%	\$39,865,854	3.3%	\$1,077,456
120 Months and Over	15	7	46.7%	\$18,556,364	1.6%	\$2,650,909
Total	2503	1301	52.0%	\$1,195,184,943	100.0%	\$918,666

(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
2018 - 2022 Aggregate**



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

Claims with Defense Counsel Payments - From All Insurers

2018 - 2022 Aggregate

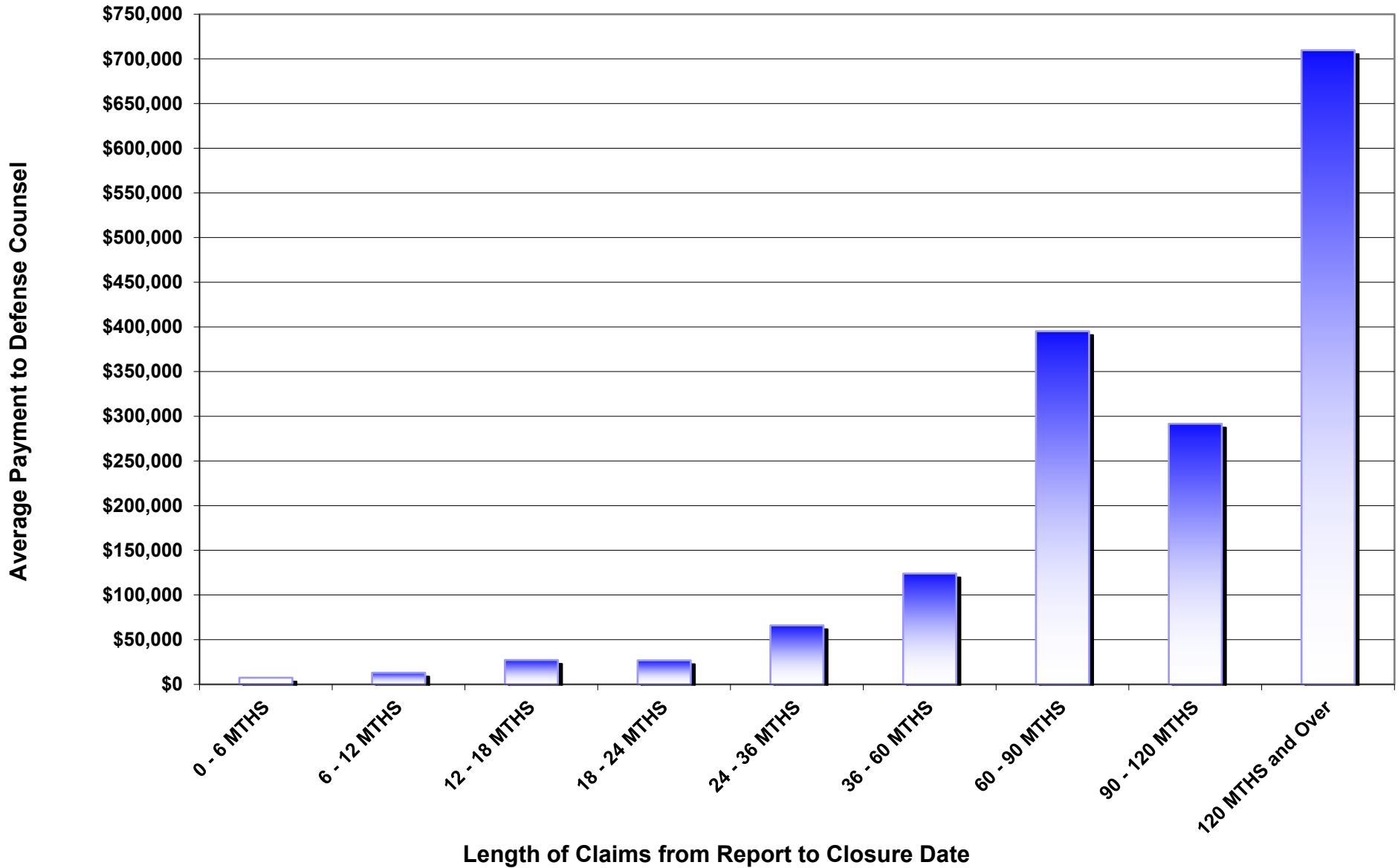
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	268	71	26.5%	\$528,147	0.2%	\$7,439
6 - 12 Months	270	150	55.6%	\$1,958,327	0.9%	\$13,056
12 - 18 Months	246	150	61.0%	\$4,089,431	1.8%	\$27,263
18 - 24 Months	297	226	76.1%	\$6,079,055	2.7%	\$26,898
24 - 36 Months	482	389	80.7%	\$25,678,623	11.3%	\$66,012
36 - 60 Months	585	512	87.5%	\$63,505,899	28.0%	\$124,035
60 - 90 Months	284	252	88.7%	\$99,586,710	44.0%	\$395,185
90 - 120 Months	56	54	96.4%	\$15,754,728	7.0%	\$291,754
120 Months and Over	15	13	86.7%	\$9,226,200	4.1%	\$709,708
Total	2503	1817	72.6%	\$226,407,120	100.0%	\$124,605

(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
2018 - 2022 Aggregate**



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

2018 - 2022 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	268	10.7%	88	6.8%
6 - 12 Months	270	10.8%	91	7.0%
12 - 18 Months	246	9.8%	98	7.5%
18 - 24 Months	297	11.9%	146	11.2%
24 - 36 Months	482	19.3%	272	20.9%
36 - 60 Months	585	23.4%	383	29.4%
60 - 90 Months	284	11.3%	179	13.8%
90 - 120 Months	56	2.2%	37	2.8%
120 Months and Over	15	0.6%	7	0.5%
Total	2503	100.0%	1301	100.0%
Average Length of Claims	1.46 YEARS		1.31 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

2018 - 2022 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	268	10.7%	88	6.8%
6 - 12 Months	270	10.8%	91	7.0%
12 - 18 Months	246	9.8%	98	7.5%
18 - 24 Months	297	11.9%	146	11.2%
24 - 36 Months	482	19.3%	272	20.9%
36 - 60 Months	585	23.4%	383	29.4%
60 - 90 Months	284	11.3%	179	13.8%
90 - 120 Months	56	2.2%	37	2.8%
120 Months and Over	15	0.6%	7	0.5%
Total	2503	100.0%	1301	100.0%
Average Length of Claims	4.25 YEARS		4.52 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

2018 - 2022 Aggregate

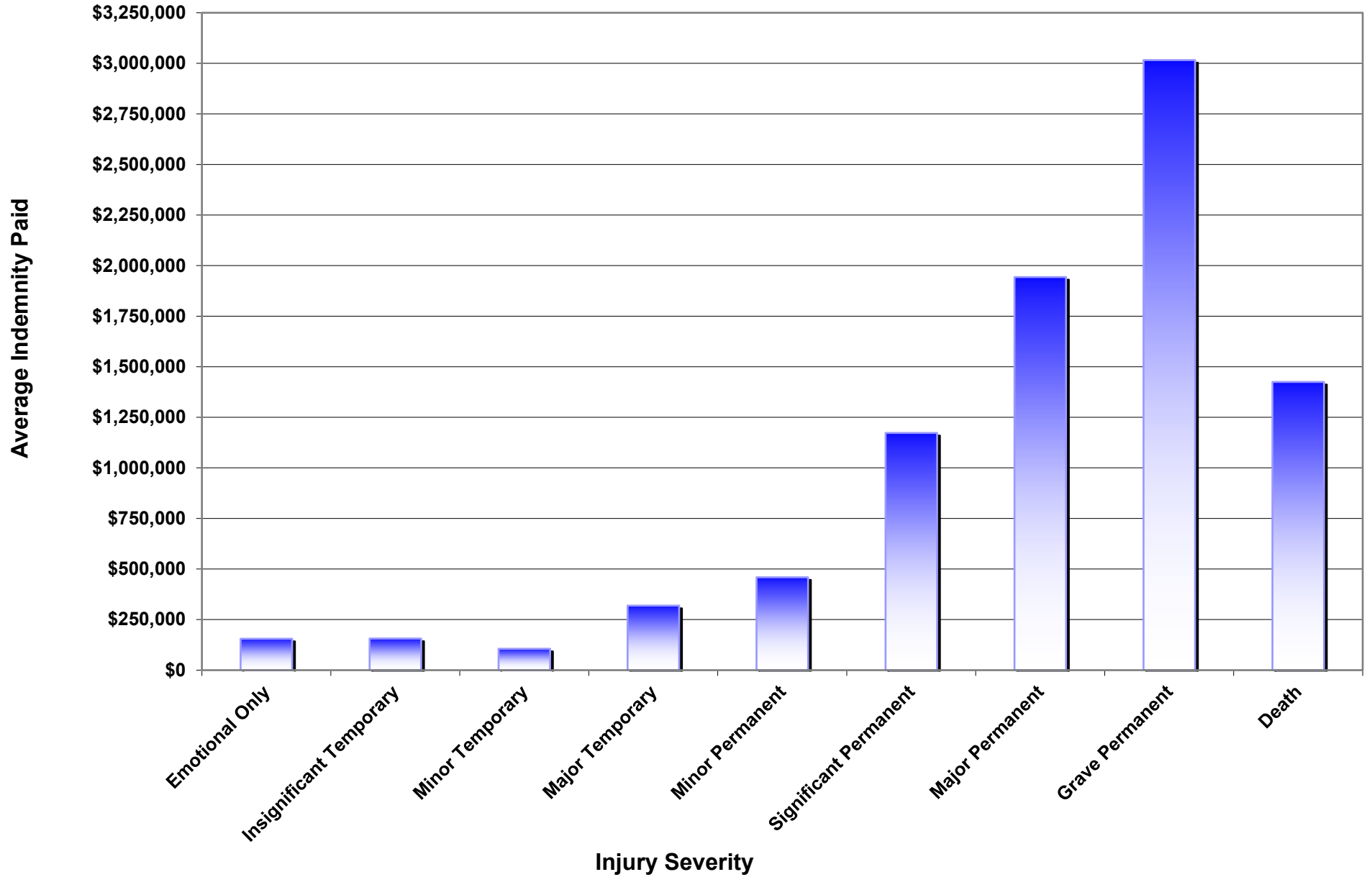
<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>
Emotional Only	89	6.8%	\$13,841,931	\$155,527	1.2%
Insignificant Temporary	58	4.5%	\$9,067,507	\$156,336	0.8%
Minor Temporary	199	15.3%	\$21,104,100	\$106,051	1.8%
Major Temporary	147	11.3%	\$46,910,366	\$319,118	3.9%
Minor Permanent	147	11.3%	\$67,559,536	\$459,589	5.7%
Significant Permanent	119	9.1%	\$139,568,065	\$1,172,841	11.7%
Major Permanent	127	9.8%	\$246,836,733	\$1,943,596	20.7%
Grave Permanent	37	2.8%	\$111,611,095	\$3,016,516	9.3%
Death	378	29.1%	\$538,685,610	\$1,425,094	45.1%
Total	1301	100.0%	\$1,195,184,943	\$918,666	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
2018 - 2022 Aggregate**



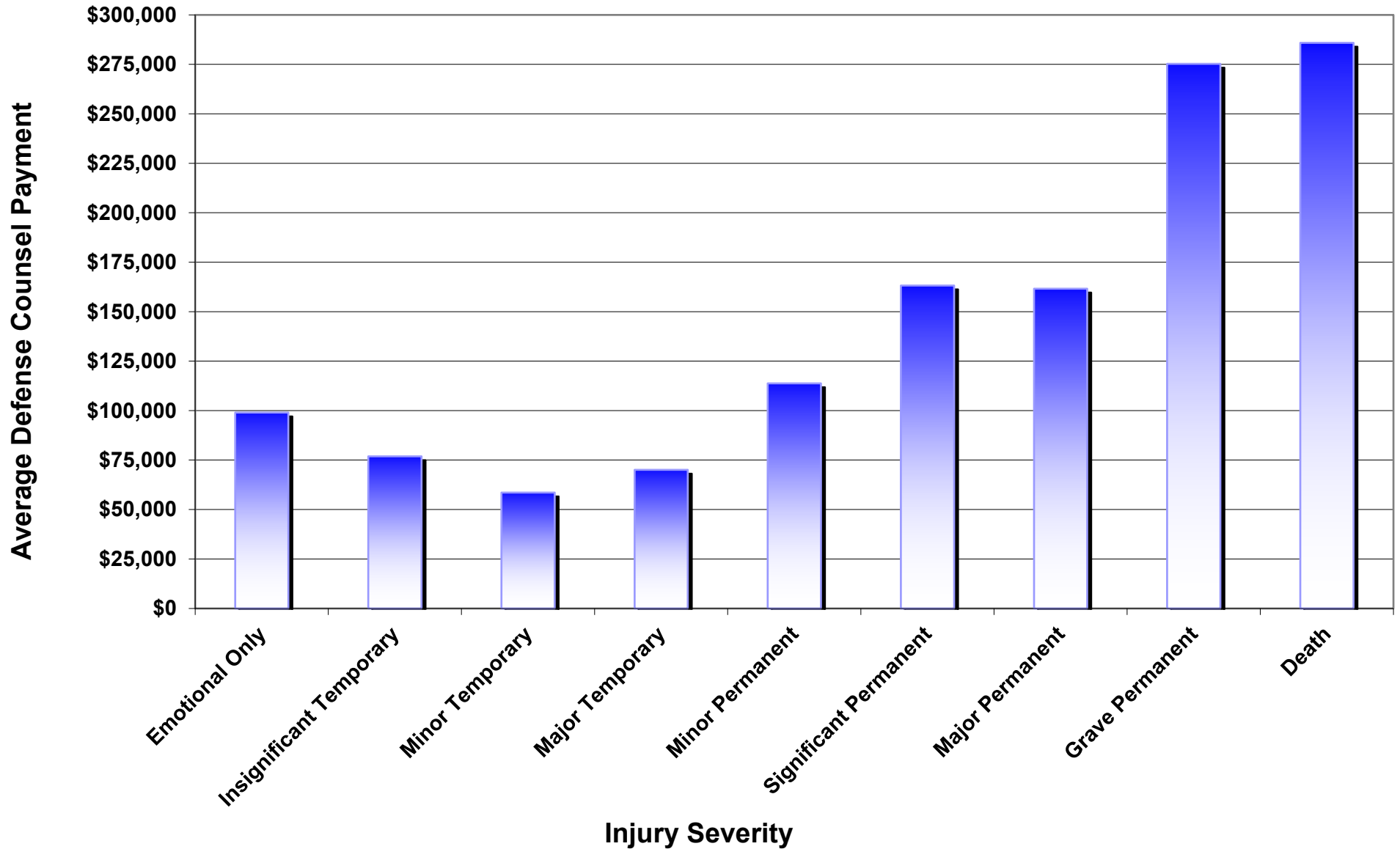
Connecticut Department of Insurance
Defense Counsel Payments by Severity of Injury
Claims with Indemnity Payments
All Insurers

2018 - 2022 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	89	47	\$4,652,903	\$98,998
Insignificant Temporary	58	32	\$2,461,067	\$76,908
Minor Temporary	199	140	\$8,203,613	\$58,597
Major Temporary	147	120	\$8,410,883	\$70,091
Minor Permanent	147	129	\$14,676,898	\$113,774
Significant Permanent	119	111	\$18,119,071	\$163,235
Major Permanent	127	115	\$18,583,611	\$161,597
Grave Permanent	37	33	\$9,085,154	\$275,308
Death	378	357	\$102,056,556	\$285,873
Total	1301	1084	\$186,249,756	\$171,817

(5)=(4)/(3)

**Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2018 - 2022 Aggregate**



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

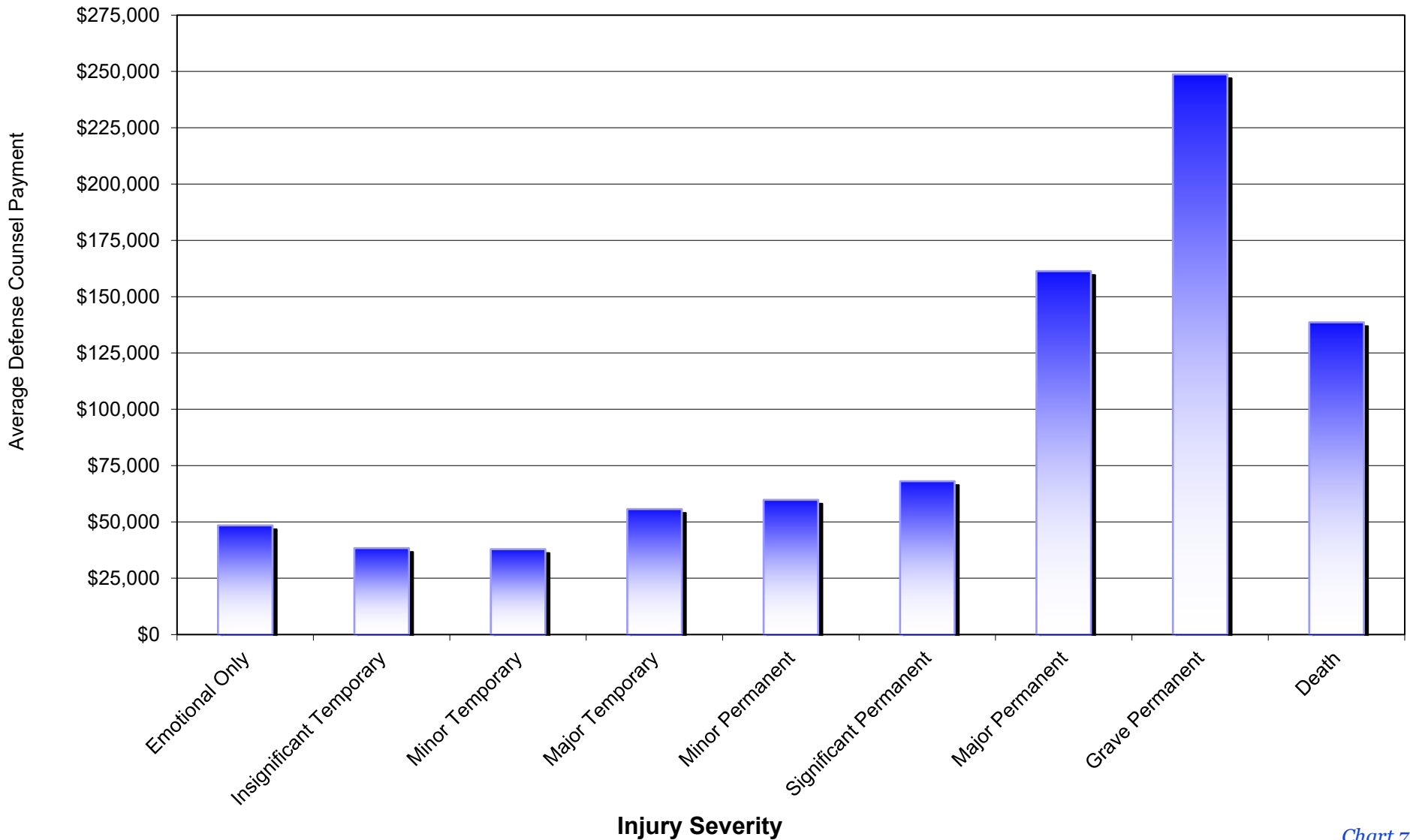
2018 - 2022 Aggregate

<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	156	74	\$3,584,727	\$48,442
Insignificant Temporary	124	56	\$2,147,785	\$38,353
Minor Temporary	285	180	\$6,823,110	\$37,906
Major Temporary	149	95	\$5,293,761	\$55,724
Minor Permanent	124	88	\$5,263,227	\$59,809
Significant Permanent	67	51	\$3,473,628	\$68,110
Major Permanent	61	35	\$5,647,257	\$161,350
Grave Permanent	18	11	\$2,735,687	\$248,699
Death	218	143	\$19,826,620	\$138,648
Total	1202	733	\$54,795,802	\$74,756

(5)=(4)/(3)

Connecticut Department of Insurance

Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2018 - 2022 Aggregate



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2018 - 2022 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	35	\$16,222,760	\$463,507	1.36%
APRN/RN	41	\$24,720,354	\$602,935	2.07%
Chiropractor	24	\$7,477,369	\$311,557	0.63%
Dentist	75	\$14,490,025	\$193,200	1.21%
Emergency Services/Call Center/Ambulance Service	39	\$20,796,631	\$533,247	1.74%
Freestanding Surgical Center/Rehab Hospital	14	\$9,496,200	\$678,300	0.79%
Gynecology/OB-GYN	72	\$69,524,831	\$965,623	5.82%
Hospital - General	496	\$666,859,568	\$1,344,475	55.80%
Hospital - Others	15	\$3,781,531	\$252,102	0.32%
Medical Group/Other Corporate Group Practice	63	\$66,660,190	\$1,058,098	5.58%
Orthopedics	38	\$22,513,641	\$592,464	1.88%
Physician - Family/Pediatric/General Practice	7	\$8,600,000	\$1,228,571	0.72%
Physicians - Others	257	\$203,379,575	\$791,360	17.02%
Physicians Assistant	11	\$6,360,000	\$578,182	0.53%
Psychiatry	16	\$3,132,500	\$195,781	0.26%
Radiology/Imaging Center	35	\$36,039,750	\$1,029,707	3.02%
Other	63	\$15,130,018	\$240,159	1.27%
Total	1301	\$1,195,184,943	\$918,666	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

2018 - 2022 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in 2022</i>	<i>Number of Medical Providers in 2022</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	\$121,972	230	13	\$7,253,609	\$557,970	1.86%
APRN/RN	\$8,510,482	17212	28	\$16,157,020	\$577,036	4.14%
Chiropractor	\$3,198,838	2871	22	\$6,552,369	\$297,835	1.68%
Dentist	\$5,299,484	4145	73	\$14,417,875	\$197,505	3.70%
Emergency Services/Call Center/Ambulance Service	\$993,654	34	20	\$9,460,833	\$473,042	2.43%
Freestanding Surgical Center/Rehab Hospital	\$219,612	723	7	\$2,731,200	\$390,171	0.70%
Gynecology/OB-GYN	\$3,043,104	125	21	\$25,065,000	\$1,193,571	6.43%
Hospital - General	\$7,593,988	55	30	\$76,290,194	\$2,543,006	19.56%
Hospital - Others	\$954,606	167	8	\$3,285,666	\$410,708	0.84%
Medical Group/Other Corporate Group Practice	\$63,185,236	1082	42	\$42,854,182	\$1,020,338	10.99%
Orthopedics	\$2,118,690	310	29	\$17,634,261	\$608,078	4.52%
Physician - Family/Pediatric/General Practice	\$1,872,357	373	5	\$4,500,000	\$900,000	1.15%
Physicians - Others	\$17,524,331	3180	142	\$113,661,147	\$800,431	29.14%
Physicians Assistant	\$622,200	422	7	\$4,560,000	\$651,429	1.17%
Psychiatry	\$2,929,752	5038	13	\$2,937,500	\$225,962	0.75%
Radiology/Imaging Center	\$1,101,727	127	24	\$29,044,500	\$1,210,188	7.45%
Other	\$6,226,752	3968	55	\$13,601,393	\$247,298	3.49%
Total	\$125,516,785	40,062	539	\$390,006,749	\$723,575	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

2018 - 2022 Aggregate

<i>Medical Provider Specialty</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Indemnity Payment</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
Anesthesiology	22	\$8,969,151	\$407,689	1.11%
APRN/RN	13	\$8,563,334	\$658,718	1.06%
Chiropractor	2	\$925,000	\$462,500	0.11%
Dentist	2	\$72,150	\$36,075	0.01%
Emergency Services/Call Center/Ambulance Service	19	\$11,335,798	\$596,621	1.41%
Freestanding Surgical Center/Rehab Hospital	7	\$6,765,000	\$966,429	0.84%
Gynecology/OB-GYN	51	\$44,459,831	\$871,761	5.52%
Hospital - General	466	\$590,569,374	\$1,267,316	73.35%
Hospital - Others	7	\$495,865	\$70,838	0.06%
Medical Group/Other Corporate Group Practice	21	\$23,806,008	\$1,133,619	2.96%
Orthopedics	9	\$4,879,380	\$542,153	0.61%
Physician - Family/Pediatric/General Practice	2	\$4,100,000	\$2,050,000	0.51%
Physicians - Others	115	\$89,718,428	\$780,160	11.14%
Physicians Assistant	4	\$1,800,000	\$450,000	0.22%
Psychiatry	3	\$195,000	\$65,000	0.02%
Radiology/Imaging Center	11	\$6,995,250	\$635,932	0.87%
Other	8	\$1,528,625	\$191,078	0.19%
Total	762	\$805,178,194	\$1,056,664	100.0%

(4)=(3)/(2)

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

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2018 - 2022 Aggregate

<i>Disposition</i>	<i>Claim Reports</i>		<i>Average Months</i>		<i>Average Severity of Injury Rating</i>	<i>Average paid</i>	
	<i>Number</i>	<i>Percent</i>	<i>Incident to Report</i>	<i>Incident to Disposition</i>		<i>Indemnity</i>	<i>ALAE</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>	<i>(8)</i>
In Favor of Plaintiff							
Claims Settled Before Litigation	233	17.9%	5	18	4	\$299,429	\$11,151
Claims Settled Before Trial	781	60.0%	18	63	6	\$908,739	\$190,339
Claims Settled During Trial	71	5.5%	18	58	7	\$2,644,178	\$169,057
Claims Settled After Trial	201	15.4%	17	56	6	\$1,070,699	\$121,240
Total Settled	1286	98.8%	16	54	6	\$919,471	\$145,898
Judgement for Plaintiff	12	0.9%	21	81	5	\$699,552	\$620,516
Judgement for Plaintiff On Appeal	3	0.2%	20	109	8	\$1,450,243	\$154,047
Total Court Dispositions	15	1.2%	20	87	6	\$849,691	\$527,222
Total	1301	100.0%	16	54	6	\$918,666	\$150,295
In Favor of Defendant							
Claims Closed Before Litigation	436	36.3%	12	28	3		\$4,207
Claims Closed Before Trial	565	47.0%	24	60	5		\$68,918
Claims Closed During Trial	31	2.6%	31	69	5		\$298,151
Claims Closed After Trial	96	8.0%	17	51	5		\$44,598
Total Settled	1128	93.8%	19	47	5		\$48,136
Judgement for Defendant	69	5.7%	22	52	5		\$162,656
Judgement for Defendant On Appeal	5	0.4%	15	117	5		\$405,654
Total Court Dispositions	74	6.2%	21	57	5		\$179,075
Total	1202	100.0%	19	48	5		\$56,197

(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

2018 - 2022 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)
2018	552	\$50,338,287	\$91,193	\$155,192,231	\$281,145	\$302,433,627	\$547,887
2019	575	\$60,280,219	\$104,835	\$235,159,920	\$408,974	\$391,426,228	\$680,741
2020	476	\$66,252,521	\$139,186	\$160,079,238	\$336,301	\$295,617,702	\$621,046
2021	423	\$42,924,028	\$101,475	\$291,982,457	\$690,266	\$240,227,640	\$567,914
2022	477	\$52,984,409	\$111,078	\$151,865,350	\$318,376	\$228,561,674	\$479,165
Total	2503	\$272,779,464	\$108,981	\$994,279,196	\$397,235	\$1,458,266,871	\$582,608

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

2018 - 2022 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)
2018	282	\$30,190,914	\$107,060	\$102,932,509	\$365,009	\$123,708,035	\$438,681
2019	243	\$24,876,513	\$102,372	\$117,495,255	\$483,520	\$129,902,457	\$534,578
2020	193	\$17,264,483	\$89,453	\$81,321,744	\$421,356	\$78,857,120	\$408,586
2021	168	\$11,789,034	\$70,173	\$51,390,076	\$305,893	\$49,384,751	\$293,957
2022	197	\$17,696,002	\$89,827	\$75,372,483	\$382,601	\$86,074,838	\$436,928
Total	1083	\$101,816,946	\$94,014	\$428,512,067	\$395,671	\$467,927,201	\$432,066

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

2018 - 2022 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)
2018	270	\$20,147,373	\$74,620	\$52,259,722	\$193,555	\$178,725,592	\$661,947
2019	332	\$35,403,706	\$106,638	\$117,664,665	\$354,412	\$261,523,771	\$787,722
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
2022	280	\$35,288,407	\$126,030	\$76,492,867	\$273,189	\$142,486,836	\$508,882
Total	1420	\$170,962,518	\$120,396	\$565,767,129	\$398,428	\$990,339,670	\$697,422

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

2018 - 2022 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)
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
2022	198	\$126,143,517	\$18,014,866	\$108,128,651
Total	827	\$622,574,779	\$125,855,766	\$496,719,013

(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

2018 - 2022 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>
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
2022	75	\$38,697,164	\$7,380,111	\$31,317,053
Total	381	\$256,862,861	\$83,895,988	\$172,966,873

(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

2018 - 2022 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>
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
2022	123	\$87,446,353	\$10,634,755	\$76,811,598
Total	446	\$365,711,918	\$41,959,778	\$323,752,140

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

Appendix 2

Calendar Year Premium and Losses

Connecticut Department of Insurance

Yearly Information Report - All Insurers

(3) and (4) include all ALAE

(4) does not include Incurred but not Reported (IBNR) reserves

<i>Type</i> (1)	<i>Earned Premium</i> (2)	<i>Paid Losses</i> (3)	<i>Incurred Losses</i> (4)
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	\$176,469,789	\$550,503,854	\$716,210,733
Self Insurers	\$32,927,119	\$31,585,855	\$24,683,068
Totals	\$304,144,685	\$640,710,229	\$814,440,757
2022			
Commercial Insurers	\$149,248,634	\$78,091,892	\$85,907,184
Captives	\$182,930,512	\$598,809,707	\$777,557,583
Self Insurers	\$49,503,357	\$23,253,717	\$17,975,695
Totals	\$381,682,503	\$700,155,316	\$881,440,462

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			
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
2022	\$253,051,556	\$140,349,460	\$251,023,097	\$224,954,393	\$40,217,312	\$193,503	\$14,729,404	\$7,339,899

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
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%	-33.4%	-15.0%
2022	89.6%	16.0%	8.9%		

* 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
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
2022	\$70,325,656	\$67,194,117	\$70,707,208	\$50,421,718	\$10,305,592	\$50,817	\$7,160,441	\$1,425,948

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2022	95.0%	71.3%	14.6%	12.2%

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
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
2022	\$37,911,872	\$11,447,732	\$36,428,548	\$25,085,205	\$7,829,185	\$0	\$6,245,568	\$120,773

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2022	31.4%	68.9%	21.5%	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	Comsion and Brokerage Expense	Taxes and Fees
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
2022	\$144,814,028	\$61,707,611	\$143,887,341	\$149,447,470	\$22,082,535	\$142,686	\$1,323,395	\$5,793,178

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%	4.3%
2018	99.6%	101.7%	15.5%	4.6%
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%
2022	42.9%	103.9%	15.3%	5.0%

Top 15 in 2022 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	129,217,129	129,222,346	-	824	53,202,460	130,115,040	377,506,963	9,736,396	16,422,726	35,753,320	260,839	5,255,209
Integrus Ins Co	CT	21,211,356	19,407,300	-	10,372,547	9,943,600	11,550,714	54,126,265	2,108,770	3,565,816	11,323,238	1,022,705	500,857
Proselect Ins Co	NE	19,074,981	21,031,554	-	13,375,716	26,924,068	24,322,658	71,728,242	4,039,683	2,931,087	17,435,783	1,823,613	285,348
Continental Cas Co	IL	7,371,349	7,371,354	-	37,022	8,327,461	7,155,114	21,329,144	1,161,952	1,400,658	5,054,726	46,446	157,655
National Fire & Marine Ins Co	NE	6,814,846	6,312,812	-	3,836,432	1,804,022	7,614,511	16,054,020	401,425	752,963	3,027,010	1,935,289	-
Coverys Specialty Ins Co	NJ	5,832,066	5,058,880	-	1,493,794	479,000	5,503,748	9,251,802	658,375	3,016,319	4,025,480	829,000	-
MedPro RRG RRG	DC	4,933,429	4,955,209	-	1,912,401	53,600	7,341,136	15,565,330	514,653	2,233,973	4,391,737	498,457	198,343
Ironshore Specialty Ins Co	AZ	4,827,791	5,203,342	-	2,090,257	142,500	2,664,334	9,902,788	318,495	309,336	640,873	492,446	-
American Cas Co Of Reading PA	PA	4,787,650	4,764,716	-	2,071,320	3,642,975	1,475,523	4,058,733	544,055	736,080	2,212,869	1,786,398	99,047
MdAdvantage Ins Co of NJ	NJ	3,787,241	3,690,684	-	1,767,449	1,000,000	2,913,015	7,162,973	210,325	769,644	1,845,252	400,390	57,529
TDC Specialty Ins Co	DC	3,327,576	2,956,124	-	1,468,044	40,000	1,040,183	3,247,662	67,764	741,471	2,074,026	429,907	222
StarStone Specialty Ins Co	DE	2,472,594	2,282,164	-	866,916	-	1,000,594	1,949,754	67,931	185,748	223,780	457,377	-
Medical Protective Co	IN	2,258,050	2,601,254	-	1,473,753	2,475,685	(137,824)	5,713,961	435,131	(19,424)	2,543,888	450,048	38,765
Clinician Assur Inc RRG	VT	1,957,082	1,344,806	-	1,467,811	2,000	537,188	856,572	-	329,243	526,221	2,760	53,792
Columbia Cas Co	IL	1,853,450	1,886,637	-	1,007,394	315,000	312,941	2,372,030	102,270	156,497	787,114	280,074	70

Top 15 Total 219,726,590 = 86.8% of total Direct Premiums Written of \$253,051,556

Top 3 Total 169,503,466 = 67.0% of total Direct Premiums Written of \$253,051,556

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 Direct Premiums Written of \$236,536,063

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

Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2022</u>	<u>2021</u>
MCIC VT a Recip RRG	(\$47,413,759)	\$162,508,255
Integris Ins Co	\$13,663,418	\$18,369,689
Proselect Ins Co	\$901,831	\$641,330
Continental Cas Co	\$1,828,263,435	\$2,134,635,341
National Fire & Marine Ins Co	\$1,522,064,019	\$157,220,422
Coverys Specialty Ins Co	\$1,626,600	\$1,511,362
MedPro RRG RRG	\$757,423	\$12,686
Ironshore Specialty Ins Co	\$9,744,618	\$9,090,723
American Cas Co Of Reading PA	\$7,482,439	\$8,076,530
MdAdvantage Ins Co of NJ	(\$12,070,171)	\$8,142,305
TDC Specialty Ins Co	\$3,466,463	\$8,948,320
StarStone Specialty Ins Co	\$12,806,055	\$2,989,405
Medical Protective Co	\$237,411,346	\$112,802,413
Clinician Assur Inc RRG	\$896,797	\$82,267
Columbia Cas Co	\$8,724,768	\$9,674,812

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:

<https://portal.ct.gov/-/media/CID/Notice-PC-MM0725.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:

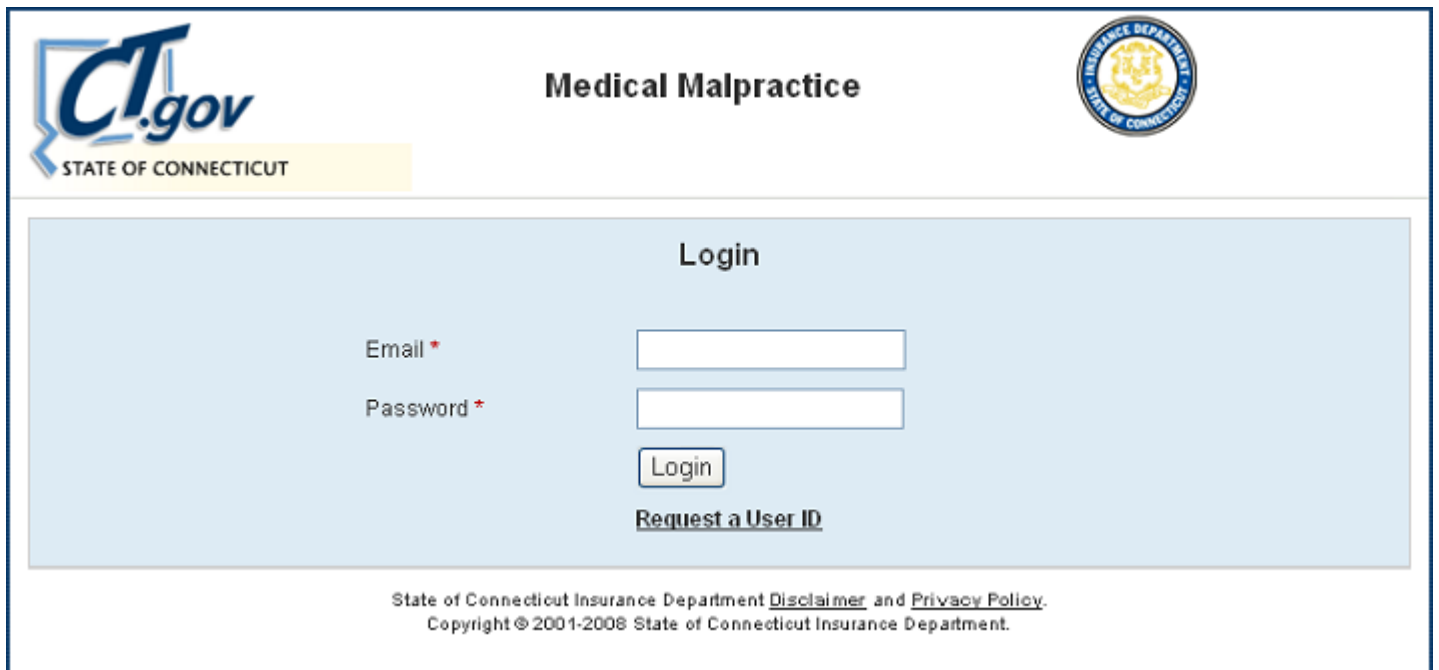
https://cidonline.ct.gov/mmdc/Login_input.action

To Bookmark this page:

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

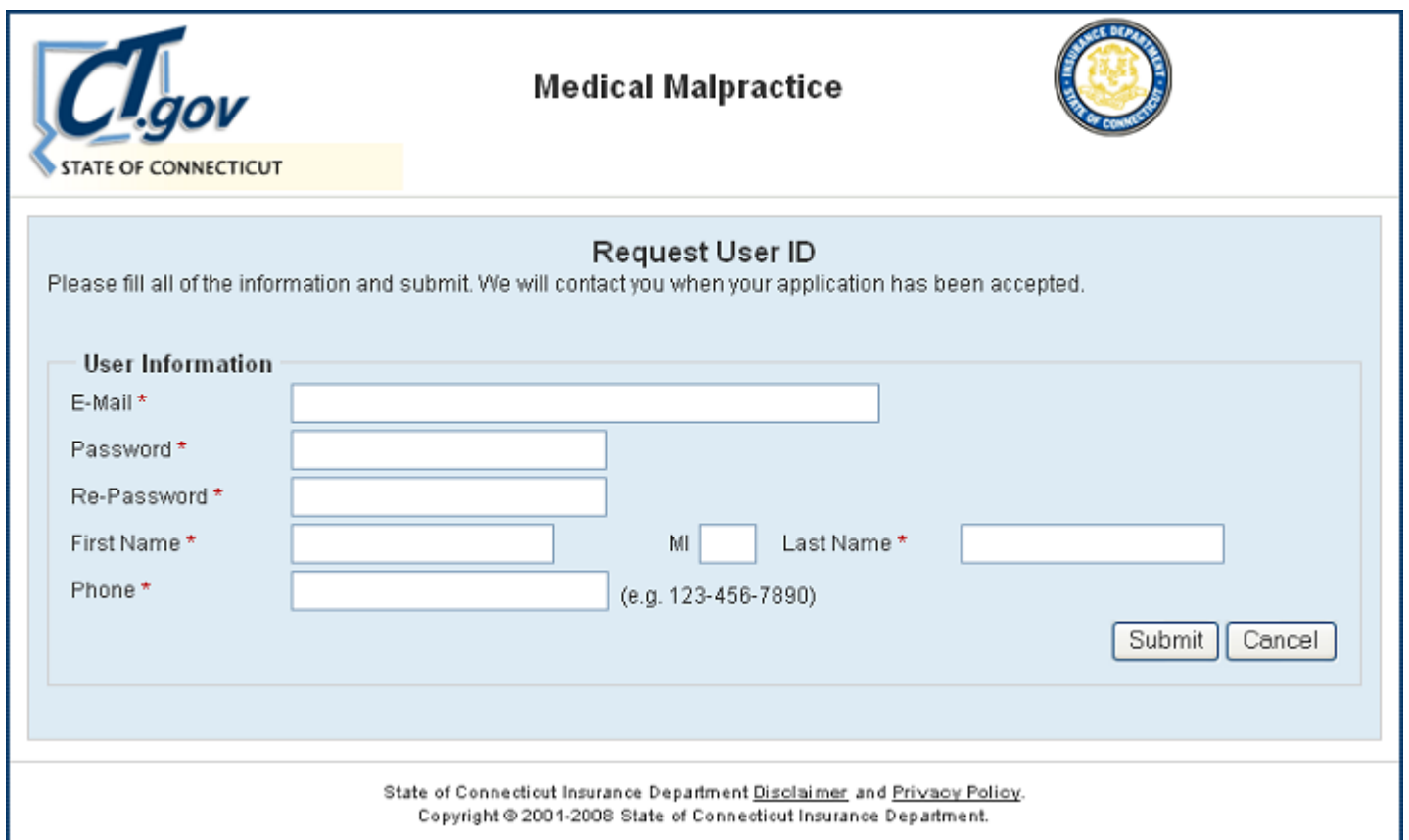
Request a User ID

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



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

2. Enter the User Information



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

3. Enter the Company Information

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

Request a Company

Please enter the information of the company to register

Business Type *

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

Name of Self-Insured *

What Information do you require to access?

Yearly Information Closed Claims

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

Yes No

Contact person for questions regarding data

First Name * MI Last Name *

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

E-mail *

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



STATE OF CONNECTICUT

Medical Malpractice



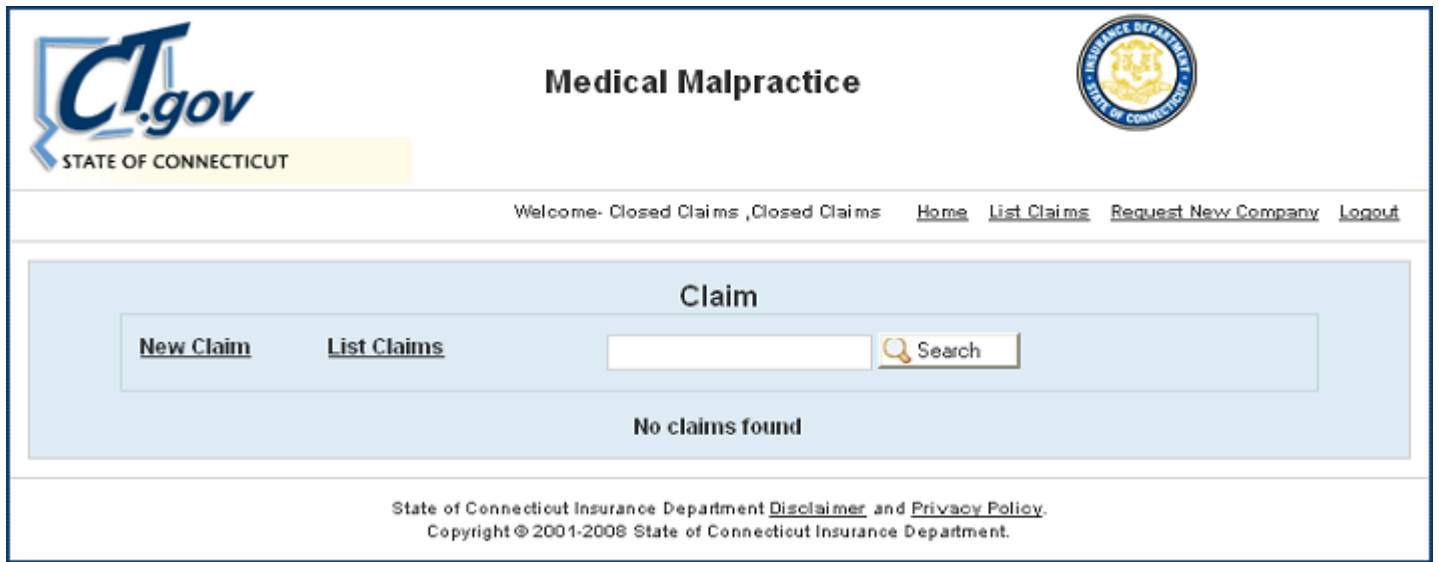
What do you want to do now?

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

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

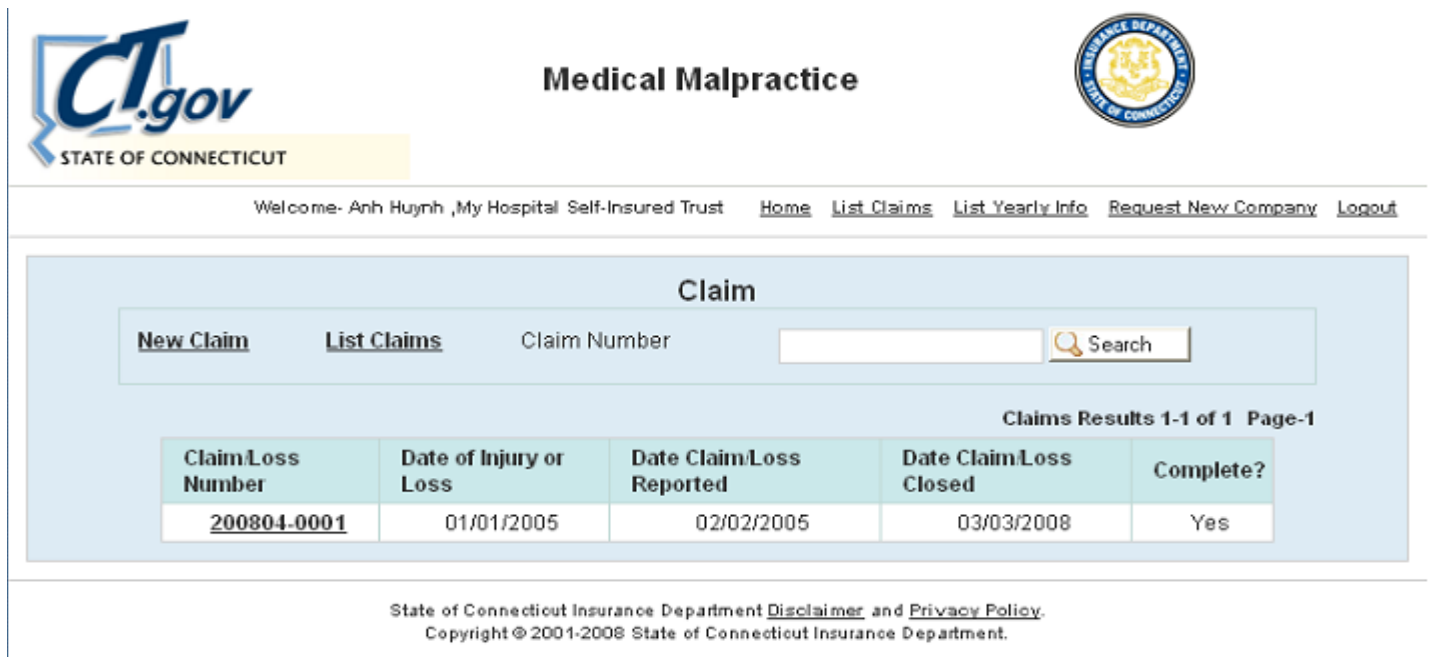
Closed Claim reporting

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



The screenshot shows the CT.gov Medical Malpractice portal. The header includes the CT.gov logo and the State of Connecticut seal. The main navigation bar contains links for Home, List Claims, Request New Company, and Logout. The 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?
200804-0001	01/01/2005	02/02/2005	03/03/2008	Yes

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

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

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

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

Injured Party Information

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

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

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

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

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

Lawsuit Information

Lawsuit Information

Was a Suit filed? Yes No

Date Suit Filed *

Name of Court Suit Filed in *

Docket Number *
(N/A if Unavailable)

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

Insured/Policy Holder Information

Search Insured/Policy Holder

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

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

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

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

Insured/Policy Holder Information

Insured/Entity Details

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

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

Is Insured/Entity *
 Primary Excess

Occurrence/Claim *
 Occurrence Claim-Made

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

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Judgment/Settlement Information

Outcome Information

Settlement
 Withdrawn
 Abandon

Settlement Information

Date of Settlement *

Settlement Code *

Were Other Companies Involved * No Yes

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

Judgment/Settlement Information

Outcome Information

Judgment
 Settlement
 Withdrawn
 Abandon

Were Other Companies Involved * No Yes

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

7. Settlement Award Detail screen

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *

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

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

Settlement Award

Settlement Information

Structured Settlement *

No Yes

1. Total Settlement Paid to Injured Party *

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

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

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

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

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

Outcome Information:

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

Trial Information:

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

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

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

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

Outcome Information:

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

Trial Information:

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

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

Judgment/Settlement Information

Outcome Information

Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes

Trial Information

Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From *

Trial Date To *

Award Information

Date Award Decided *

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

Appeal Filed

Yes No

<< Back

Proceed >>

Cancel

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

Judgment/Settlement Information


Outcome Information


Judgment Settlement Withdrawn Abandon

Were Other Companies Involved * No Yes


Trial Information


Judgment by Jury Judgment by Court Withdrawn Dismissed

Trial Date From * 

Trial Date To * 


Award Information


Date Award Decided * 


Lawsuit Outcome * 

Appeal Filed

Yes No

Date Appeal Filed * 

Date Appeal Decided * 

Appeal Outcome * 

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-- <input type="button" value="v"/>
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 *