



CT Medical Malpractice Report

To
Insurance and Real Estate Committee

Presented by
Connecticut Insurance Department
Andrew N. Mais, Commissioner

June 15, 2024

Pursuant to Section 14 of Public Act 05-275, the Connecticut Insurance Department has compiled the 2024 Medical Malpractice Report.

The report summarizes Connecticut medical malpractice liability closed claim data for calendar years 2019 through 2023. The report also includes 2023 rate filing activity, premium information by medical provider specialty for 2023 and industry experience over the last 10 years.

The Department compiled the report with data collected from 151 entities:

- 67 carriers licensed in Connecticut
- 32 risk retention groups (RRGs)
- 52 excess and surplus lines companies.

The two primary pieces of claims data analyzed were:

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

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

A brief summary of the data includes:

- 2,387 total closed claims over the past five years
 - ✓ 1,294 were resolved in favor of the plaintiff
 - ✓ 1,093 were resolved in favor of the defendant
- \$960,232 was the average indemnity payout to a claimant
 - ✓ \$747,434 was the average payout by a commercial insurer
 - ✓ \$1,101,368 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/consumer-resource-library/cid-reports/medical-malpractice-report>

Respectfully,



Andrew N. Mais Insurance
Commissioner

Table of Contents

Connecticut Medical Malpractice Annual Report – 2024 (Business of 2023)

- I. Introduction
- II. Background
- III. Data Collection
- IV. Description of Analysis
- V. Limitations of Analysis
- VI. Key Findings
- VII. Detailed Findings
- VIII. Rate Filings and Industry Calendar Year Data

Appendix 1 – Closed Claims Analyst Report

Appendix 2 – Calendar Year Premium and Losses

Appendix 3 – Insurance Industry Financial Data

Appendix 4 - Connecticut General Statute § 38a-395

Appendix 5 – Application Users Guide

Connecticut Medical Malpractice Closed Claim Annual Report – 2024

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 2024 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 2019 through 2023. In addition, it provides a summary of rate filing activity for 2023, premium information by medical provider specialty for 2023 and industry calendar year experience for the most recent ten years. Copies of prior year reports are available on the Department’s website at https://portal.ct.gov/cid/consumer-resource-library/cid-reports/medical-malpractice-report?language=en_US.

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 151 entities including 67 carriers licensed in Connecticut, 32 risk retention groups (RRG’s) and 52 excess and surplus lines companies. 2023 closed claims data were from 212 insuring entities, which included 156 admitted insurance companies, 18 hospitals or hospital groups that are either self-insured or insured with a captive and 38 non-hospital captives/self-insurers/risk retention groups.

While there are still some delays in providing the closed claim information, compliance with the data submission requirements by insurers was generally good. As was the case last year, some of the risk retention groups continue to assert that the Federal Liability Risk Retention Act provides them an exemption from having to report claim data to Connecticut or any other state. Fortunately, most of the RRG's have relatively small market shares, with the exception of MCIC Vermont, Inc. (MCIC), which is one of the largest writers of medical malpractice liability insurance in the state. MCIC, although continuing to assert the exemption, agreed to supply summarized claim information to the Department again this year.

IV. Description of Analysis

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

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

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

In this analysis, as displayed on the reports in **Appendix 1**, data was organized and summarized to reflect the types of medical malpractice claims, the age and size of these claims and the type of insurer. For purposes of this report, Commercial Insurer was defined to include admitted insurers and surplus lines carriers. Experience for captives, RRG's and self-insurers (Captives/Self-Insurers) was combined.

This report contains the most recent five full years of closed claim data reported from insurers to the Department. Given that Connecticut is a relatively small state, the overall statistical credibility of the data is somewhat limited and therefore, caution should be exercised in drawing any definitive conclusions at this time.

Appendix 2 includes an exhibit (Report 12) displaying full calendar year premiums and losses for 2019 through 2023. It should be noted that the losses displayed in Report 12 are not comparable to the closed claim data provided in the reports in Appendix 1. The paid losses in Report 12 include partial payments on claims that are still open and the incurred losses include reserve estimates on open cases. The Appendix 1 reports include only payments on claims that have reached final closure.

Appendix 3 provides annual financial statement data from the National Association of Commissioners (NAIC) database. For calendar years 2022 and 2023, 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 2014 - 2023 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, 2023, 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 2022, the 2023 total number of closed claims has decreased while both the number of closed claims with indemnity payment and the total indemnity payment amount (report 1) have increased. The number of closed claims with payment to defense counsel was higher in 2023 than in 2022, 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. 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 62% of claims successfully defended involved the courts.

- **Total Claims:** A total of 2,387 closed claims were reported for the five years included in the reporting period. Commercial Insurers reported 41% of the claims, or 989. Captives/Self-Insurers reported 1,398 claims.
- **Indemnity Payments:** Indemnity payments include all compensation paid to claimants or plaintiffs. About 46% of the claims had no indemnity payments, while the remaining 54% closed with an indemnity payment. The total amount paid to claimants was \$1,243 million,

with an average of \$960,232 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 reversed in 2021 and 2022. 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. However, in 2023 17 claims closed with indemnity payments over \$3 million, including 2 with payments over \$10 million. These large claims are major contributors driving up the five-year average indemnity payment amount.

- **Defense Counsel Payments:** About 46% of the claims closed with no payments to claimants, yet 75%, or 1,790, generated legal expenses to defend the claim. These expenses totaled \$232 million, an average of \$129,644 per claim. Of these, 38% (684) were for incidents that had no payments to claimants, averaging \$78,182 for legal expenses. For incidents with payments to claimants, average legal expenses are higher at \$161,470.
- **Indemnity Payments and Size of Claims:** Of all claims that have an indemnity payment, 38% (492 out of 1,294) have a payment of less than \$200,000. But million dollar plus claims, with only 28% of all claim counts, represent 79% of all indemnity payments, over \$987 million.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants increased with the age of the claim. Of the 1,294 claims that closed with an indemnity payment, 168 closed within one year of being reported and had an average paid indemnity of \$191,640. That average figure rose to \$1,569,120 for claims closing between 60 and 90 months from being reported. The average paid generally is over \$3 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 2,387 reported claims, 1,294 were resolved in favor of the claimant or plaintiff. Of the claims resolved in favor of the claimant or plaintiff, about 99% were settled, with 78% settled before trial began. The remaining 1,093 were resolved in favor of the defendant. Of the claims resolved in favor of the defendant, 96% were settled, with 85% 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 2,387 claims, 1,294, or 54% had indemnity payments to a claimant at an average value of \$960,232. Compared to Commercial Insurers, Captives/Self-Insurers had a higher percentage (56% to 52%) of claims with indemnity payments. The average indemnity payment size for Commercial Insurers (\$747,434) is lower than for Captives/Self-Insurers (\$1,101,368).

Of the total 2,387 claims, 75% 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 (\$165,645 versus \$80,628).

When other ALAE (allocated loss adjustment expenses) are included with defense counsel payments, the total of \$269 million represents the amount expended to defend and investigate claims. This represents 22% of the total indemnity. Commercial Insurers expended a lower 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 1,294 claims, 358, or 28% of claims with indemnity payments, were for amounts greater than \$1 million. Indemnity payments for these larger claims totaled \$987 million, or 79% of the total payments for all claim sizes. Claims greater than \$500,000, but less than \$1 million, represented another 225 claims (17%) with \$158 million of payments. Thus, the 583 claims greater than \$500,000, represents 45% of the claims, but 92% of the total paid indemnity.

On the other hand, 23% 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 3.21 years from the report date to close claims with indemnity payments. The average time from the date of incident to report was about 1.31 years, which suggests claims are closed, on average, about 4.52 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, 29% had defense counsel payments. For claims closing after three years, the percentage is at 91%. 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 \$7,420, while those closing five or more years after being reported averaged \$397,870. The distribution of defense counsel payments by age of claim are displayed on Report

6, Part 3 and Chart 6-3. Report 6, Part 4 displays data from injury date to report date and Report 6, Part 5 shows data from injury date to date of final closure. In Report 6, Part 5, it may be seen that 19.2% 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 1,294 claims reported as closed with an indemnity payment, 366, or 28% were due to the death of the injured party, with average paid indemnity of \$1,610,226. Injuries identified as either “major permanent” or “grave permanent” had average paid indemnity about \$2.1 million, which was more than twice the overall average indemnity payment. These types of claims include quadriplegia and brain damage cases, requiring lifelong dependent care. These 154 severe “permanent injuries” claims, when combined with the death cases, comprise about 74% 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 154 most serious non-death claims were higher than the overall average. For those claims, 143 of which had defense counsel costs, the average legal cost was \$168,615 compared to \$161,470 for all claims with defense counsel costs. The average legal costs by injury type are displayed on Report 7, Part 2 and Chart 7-2.

For claims where no indemnity payment was made, 63% had defense counsel payments that averaged \$78,182. However, for the most serious non-death permanent injury claims, 62% required legal defense at an average cost of \$176,918. 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 (96%) of the Hospitals-General claims were reported by the Captives/Self-Insurers, while the number of claims paid in the Physicians-Other category was evenly split between Commercial Insurers and Captives/Self Insurers.

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 37% of the claims, the average indemnity payment was \$1,350,690, about 41% above the overall average. It is also the highest average among all categories. The next highest average indemnity payment was the Physician - Family/Pediatric/General Practice category at \$1,172,222 with only 9 claims. Medical Group/Other Corporate Group Practice has the third highest indemnity payment size at \$1,167,526 with 68% of the 72 claims reported by commercial insurers. In reviewing the Report 8 exhibits, the reader should be aware that the volume of data is not sufficient to properly measure differences in claim costs by specialty. Four of the specialty areas have 16 or fewer claims and another six have fewer than 50 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 2,387 closed claims, 46% resulted in no payment to the plaintiff. Of these, 96% 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 four and a half years after 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 54% 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 1,294 claims were the result of court judgments for the plaintiff.
- Of the cases resolved by trial, only 28% resulted in payments to the plaintiff. For cases that were settled, 55% resulted in payments to the plaintiff.
- For claims where indemnity was paid, the average value for settled cases was \$949,094 with additional expenses for total ALAE of \$151,790 per claim on average. For cases that had court dispositions, the average payment was \$1,909,901, with \$659,940 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 33% of the 1,294 claims with an indemnity payment, that is 428, 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 82% of the payments were for non-economic damages. The average value of the claims in Report 11 was \$813,344 or approximately 15% lower than the overall average for all claims with indemnity payments of \$960,232 shown in Report 1. Commercial Insurers provided the split on 73% of the claims reported with indemnity payments and 68% of those payments were for non-economic damages. Captives/Self-Insurers provided the split on only 63% of claims reported with indemnity payments and 91% of those payments were for non-economic damages.

VIII. Rate Filings and Industry Calendar Year Data

Rate Filings

There were eighteen requests in 2023 for rate changes in Medical Malpractice. There were two rate requests for Physicians and Surgeons and three rate requests for Physician Assistants and Nurse Practitioners. There were six other rate requests for other medical malpractice professional liability practices, and seven filings for a 0% overall rate change. 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 2019 through 2023 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. Commercial insurers have between 28% and 39%, and self-insureds have about 12%. The incurred loss to earned premium ratio, as an indicator for the performance of the business, fluctuated among different business groups and over the 5 years period. The total premiums for all groups combined for 2023 has decreased by 16% compared to 2022 premiums, which is a 13% increase over 2019 premiums.

In 2021 the amounts attributable to Captives for paid and incurred loss increased dramatically. Paid losses more than tripled over the amount paid in 2020, and incurred losses were more than five times the level seen in 2020. Paid and incurred losses continued to increase at a rate that outpaced the changes for Commercial Insurers and Self Insurers. The increase is attributable to one captive, Hartford Healthcare Indemnity Services, Ltd., and the paid and incurred losses are from the data the increases for Captives are more moderate. The Connecticut Insurance

Department believes that there may have been a change to the way that Hartford Healthcare Indemnity reported paid claims. The Department will follow up to determine the reason for such an increase.

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 2023. 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 2014, the profit on insurance transactions was 1.3%. The profit on insurance transactions ratio dropped to 0.0% in 2015. The Profitability Reports for subsequent years indicated a loss on insurance transactions, and the incurred loss and loss expense ratio increased to 118.1% in 2019, leading to a 46.2% loss on insurance transactions for 2019. In 2020 the loss ratio dropped to 72.6%, and the loss on insurance transactions dropped to 1.0%, but in 2021 and 2022 there were losses on insurance transactions of 15.0% and 14.2%, respectively.

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 through 2023. For excess/surplus companies, written premiums increased steadily from 2014 to 2022, but fell off slightly in 2023. Risk retention groups written premium has increased the last eight years reaching \$146.5 million in 2023 from its 2014 low of \$53.7 million.

Exhibits 5 and 6 provide premium, loss and expense experience for 2022 and 2023 separately for the top fifteen writers. The market remains concentrated with 87.2% of the premium written in 2023 by the top 15 insurers. MCIC, VT, Inc., (an RRG covering several hospitals in Connecticut), Integris Insurance Company (formerly known as Connecticut Medical Insurance Company (CMIC)), and ProSelect Insurance Company, continue as the top three writers with 67.0% of total direct written premium for the state.

In addition, Exhibit 7 displays investment income for 2022 and 2023 for the 15 leading insurers in the state. As noted above, these companies write 87.2% 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

2019 - 2023 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>
2019	575	286	289	\$312,128,302	\$1,091,358
2020	476	255	221	\$217,161,086	\$851,612
2021	422	219	203	\$212,876,461	\$972,039
2022	479	262	217	\$193,151,047	\$737,218
2023	435	272	163	\$307,223,295	\$1,129,497
Total	2,387	1,294	1,093	\$1,242,540,191	\$960,232

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Commercial Insurers

2019 - 2023 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>
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	196	105	91	\$70,333,732	\$669,845
2023	189	120	69	\$102,495,072	\$854,126
Total	989	516	473	\$385,675,709	\$747,434

(6)=(5)/(3)

Connecticut Department of Insurance

Indemnity Payments

Captives and Self Insurers

2019 - 2023 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>
2019	332	170	162	\$209,703,478	\$1,233,550
2020	283	156	127	\$147,858,004	\$947,808
2021	254	143	111	\$171,757,462	\$1,201,101
2022	283	157	126	\$122,817,315	\$782,276
2023	246	152	94	\$204,728,223	\$1,346,896
Total	1,398	778	620	\$856,864,482	\$1,101,368

(6)=(5)/(3)

Connecticut Department of Insurance

Defense Counsel Payments

All Insurers

2019 - 2023 Aggregate

Year	Total Number of Closed Claims	Claims with Payment to Defense Counsel		Claims with Payment to Defense Counsel Only		Claims with Payment to Defense Counsel and Indemnity Payments	
		Number of Claims	Total Payment	Number of Claims	Average Payment	Number of Claims	Average Payment
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
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	422	306	\$23,915,126	127	\$50,310	179	\$97,909
2022	479	345	\$29,521,077	124	\$45,080	221	\$108,286
2023	435	361	\$40,630,800	117	\$54,457	244	\$140,407
Total	2,387	1,790	\$232,062,010	684	\$78,182	1,106	\$161,470

(3)=(5)+(7)

Connecticut Department of Insurance

Defense Counsel Payments

Commercial Insurers

2019 - 2023 Aggregate

<i>Year</i> (1)	<i>Total Number of Closed Claims</i> (2)	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i> (3)	<i>Total Payment</i> (4)	<i>Number of Claims</i> (5)	<i>Average Payment</i> (6)	<i>Number of Claims</i> (7)	<i>Average Payment</i> (8)
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	196	142	\$10,824,501	52	\$48,505	90	\$92,247
2023	189	163	\$13,885,978	56	\$50,026	107	\$103,593
Total	989	758	\$61,116,115	308	\$41,116	450	\$107,672

(3)=(5)+(7)

Connecticut Department of Insurance

Defense Counsel Payments

Captives and Self Insurers

2019 - 2023 Aggregate

<i>Year</i> (1)	<i>Total Number of Closed Claims</i> (2)	<i>Claims with Payment to Defense Counsel</i>		<i>Claims with Payment to Defense Counsel Only</i>		<i>Claims with Payment to Defense Counsel and Indemnity Payments</i>	
		<i>Number of Claims</i> (3)	<i>Total Payment</i> (4)	<i>Number of Claims</i> (5)	<i>Average Payment</i> (6)	<i>Number of Claims</i> (7)	<i>Average Payment</i> (8)
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	254	171	\$17,534,414	60	\$71,418	111	\$119,363
2022	283	203	\$18,696,576	72	\$42,607	131	\$119,304
2023	246	198	\$26,744,822	61	\$58,524	137	\$169,160
Total	1,398	1,032	\$170,945,895	376	\$108,545	656	\$198,374

(3)=(5)+(7)

Connecticut Department of Insurance

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

2019 - 2023 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>
2019	575	231	\$312,128,302	\$64,293,228	\$15,004,698	25.4%
2020	476	147	\$217,161,086	\$73,701,779	\$4,754,837	36.1%
2021	422	134	\$212,876,461	\$23,915,126	\$3,426,905	12.8%
2022	479	163	\$193,151,047	\$29,521,077	\$5,646,073	18.2%
2023	435	170	\$307,223,295	\$40,630,800	\$7,623,267	15.7%
Total	2,387	845	\$1,242,540,191	\$232,062,010	\$36,455,780	21.6%

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

Connecticut Department of Insurance

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

2019 - 2023 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>
2019	243	145	\$102,424,824	\$23,036,160	\$4,441,473	26.8%
2020	193	110	\$69,303,082	\$6,988,764	\$2,565,274	13.8%
2021	168	93	\$41,118,999	\$6,380,712	\$1,885,040	20.1%
2022	196	109	\$70,333,732	\$10,824,501	\$4,376,185	21.6%
2023	189	125	\$102,495,072	\$13,885,978	\$3,609,471	17.1%
Total	989	582	\$385,675,709	\$61,116,115	\$16,877,443	20.2%

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

Connecticut Department of Insurance

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

2019 - 2023 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>
2019	332	86	\$209,703,478	\$41,257,068	\$10,563,225	24.7%
2020	283	37	\$147,858,004	\$66,713,015	\$2,189,563	46.6%
2021	254	41	\$171,757,462	\$17,534,414	\$1,541,865	11.1%
2022	283	54	\$122,817,315	\$18,696,576	\$1,269,888	16.3%
2023	246	45	\$204,728,223	\$26,744,822	\$4,013,796	15.0%
Total	1398	263	\$856,864,482	\$170,945,895	\$19,578,337	22.2%

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

Connecticut Department of Insurance

Indemnity Payments for Claims

All Insurers

2019 - 2023 Aggregate

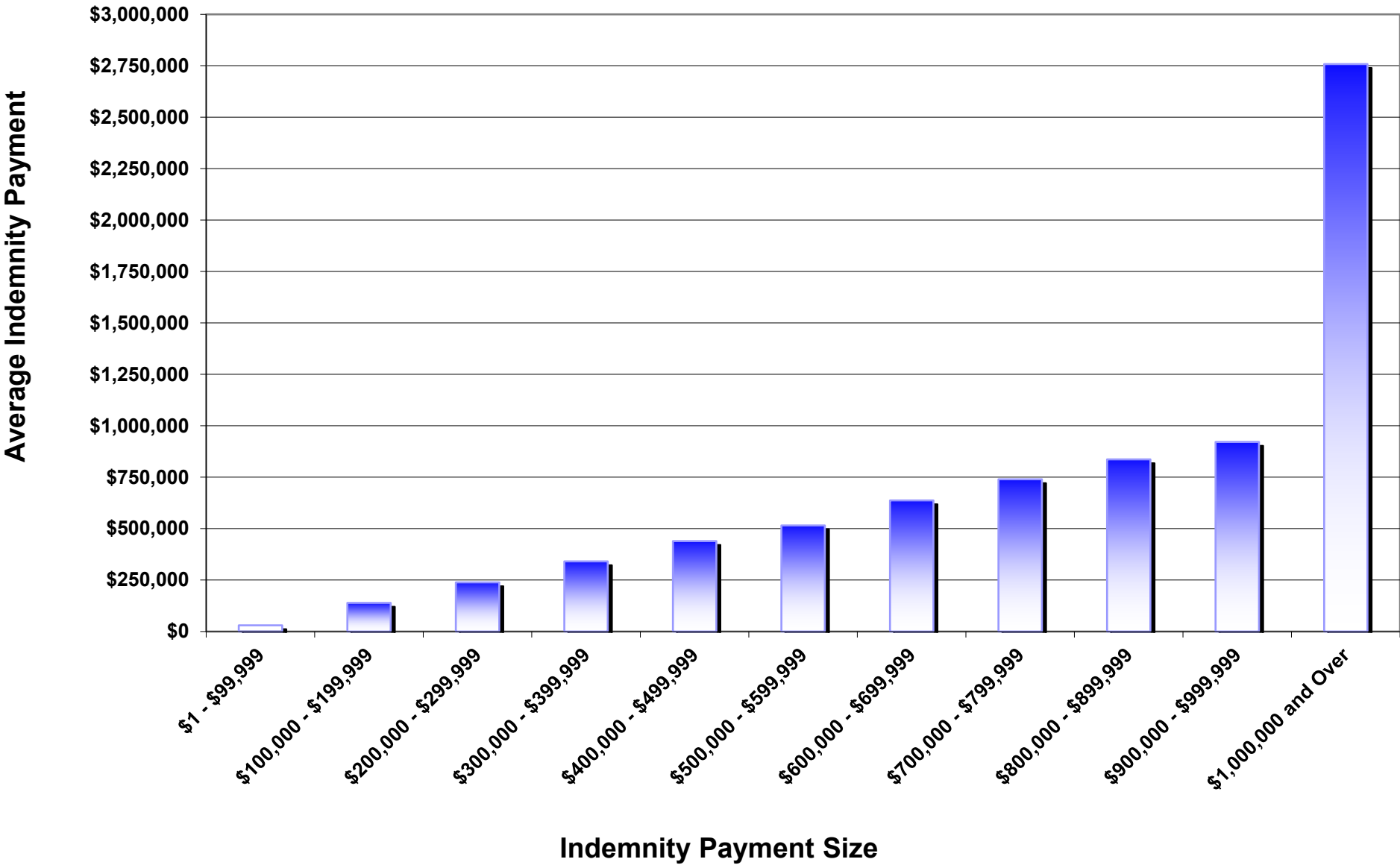
<i>Indemnity Payment</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$1 - \$99,999	380	29.4%	\$11,342,727	\$29,849	0.9%
\$100,000 - \$199,999	112	8.7%	\$15,557,001	\$138,902	1.3%
\$200,000 - \$299,999	94	7.3%	\$22,457,792	\$238,913	1.8%
\$300,000 - \$399,999	76	5.9%	\$25,900,168	\$340,792	2.1%
\$400,000 - \$499,999	49	3.8%	\$21,541,208	\$439,616	1.7%
\$500,000 - \$599,999	54	4.2%	\$27,838,750	\$515,532	2.2%
\$600,000 - \$699,999	50	3.9%	\$31,861,793	\$637,236	2.6%
\$700,000 - \$799,999	52	4.0%	\$38,459,376	\$739,603	3.1%
\$800,000 - \$899,999	40	3.1%	\$33,458,230	\$836,456	2.7%
\$900,000 - \$999,999	29	2.2%	\$26,726,381	\$921,599	2.2%
\$1,000,000 and Over	358	27.7%	\$987,396,765	\$2,758,092	79.5%
Total	1294	100.0%	\$1,242,540,191	\$960,232	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
2019 - 2023 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Indemnity Payment

All Insurers

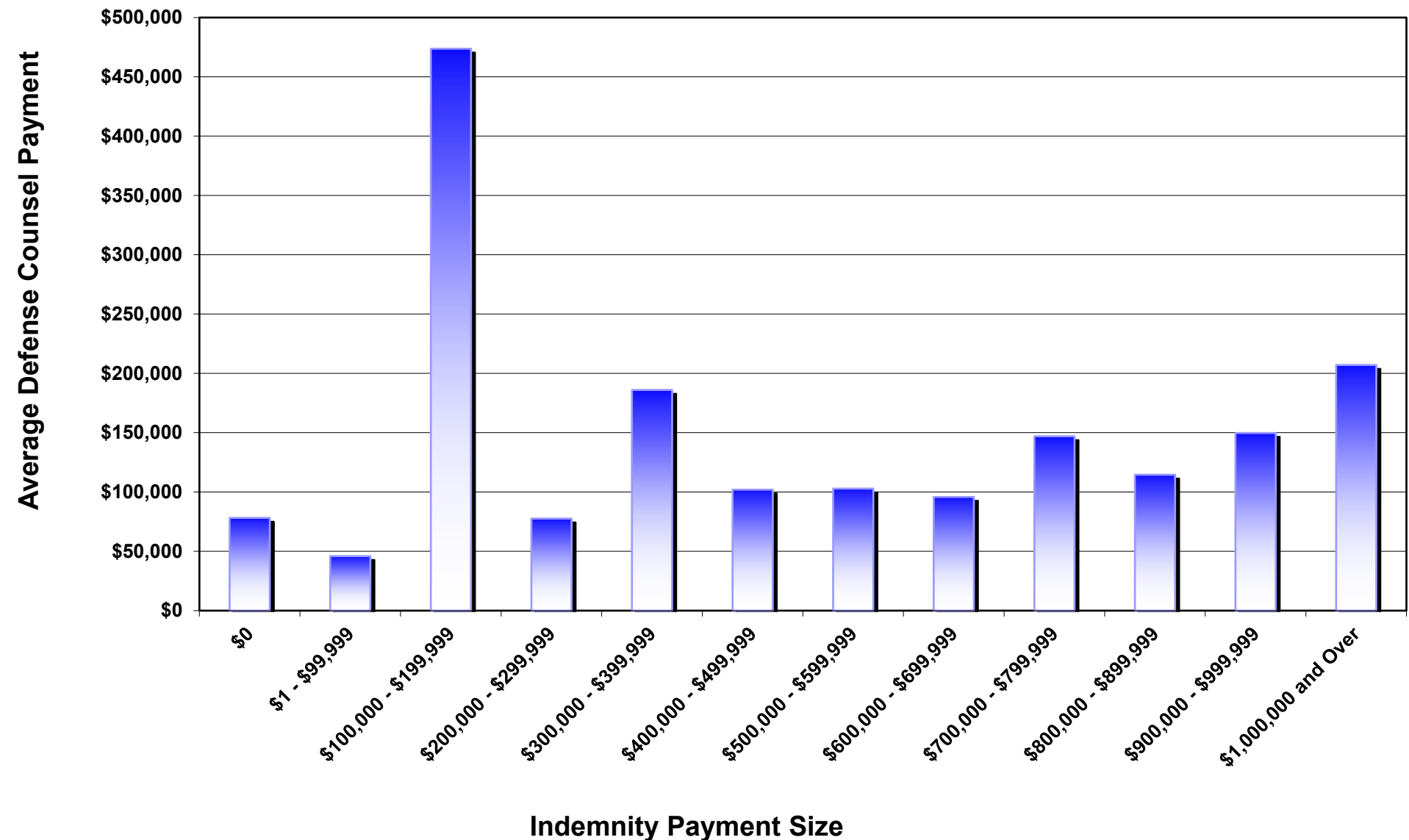
2019 - 2023 Aggregate

<i>Indemnity Payment</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Payments to Defense Counsel</i>	<i>Total Payment to Defense Counsel</i>	<i>Average Payment to Defense Counsel</i>	<i>Percent of Total Payments to Defense Counsel</i>
(1)	(2)	(3)	(4)	(5)	(6)
\$0	1093	684	\$53,476,637	\$78,182	23.0%
\$1 - \$99,999	380	249	\$11,463,153	\$46,037	4.9%
\$100,000 - \$199,999	112	97	\$45,951,543	\$473,727	19.8%
\$200,000 - \$299,999	94	88	\$6,829,643	\$77,610	2.9%
\$300,000 - \$399,999	76	73	\$13,580,341	\$186,032	5.9%
\$400,000 - \$499,999	49	48	\$4,896,376	\$102,008	2.1%
\$500,000 - \$599,999	54	49	\$5,039,986	\$102,857	2.2%
\$600,000 - \$699,999	50	43	\$4,121,390	\$95,846	1.8%
\$700,000 - \$799,999	52	51	\$7,495,015	\$146,961	3.2%
\$800,000 - \$899,999	40	39	\$4,467,746	\$114,558	1.9%
\$900,000 - \$999,999	29	29	\$4,344,661	\$149,816	1.9%
\$1,000,000 and Over	358	340	\$70,395,519	\$207,046	30.3%
Total	2387	1790	\$232,062,010	\$129,644	100.0%

(5)=(4)/(3)

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

Average Payment to Defense Counsel by Indemnity Payment Size
2019 - 2023 Aggregate



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

All Claims from All Insurers

2019 - 2023 Aggregate

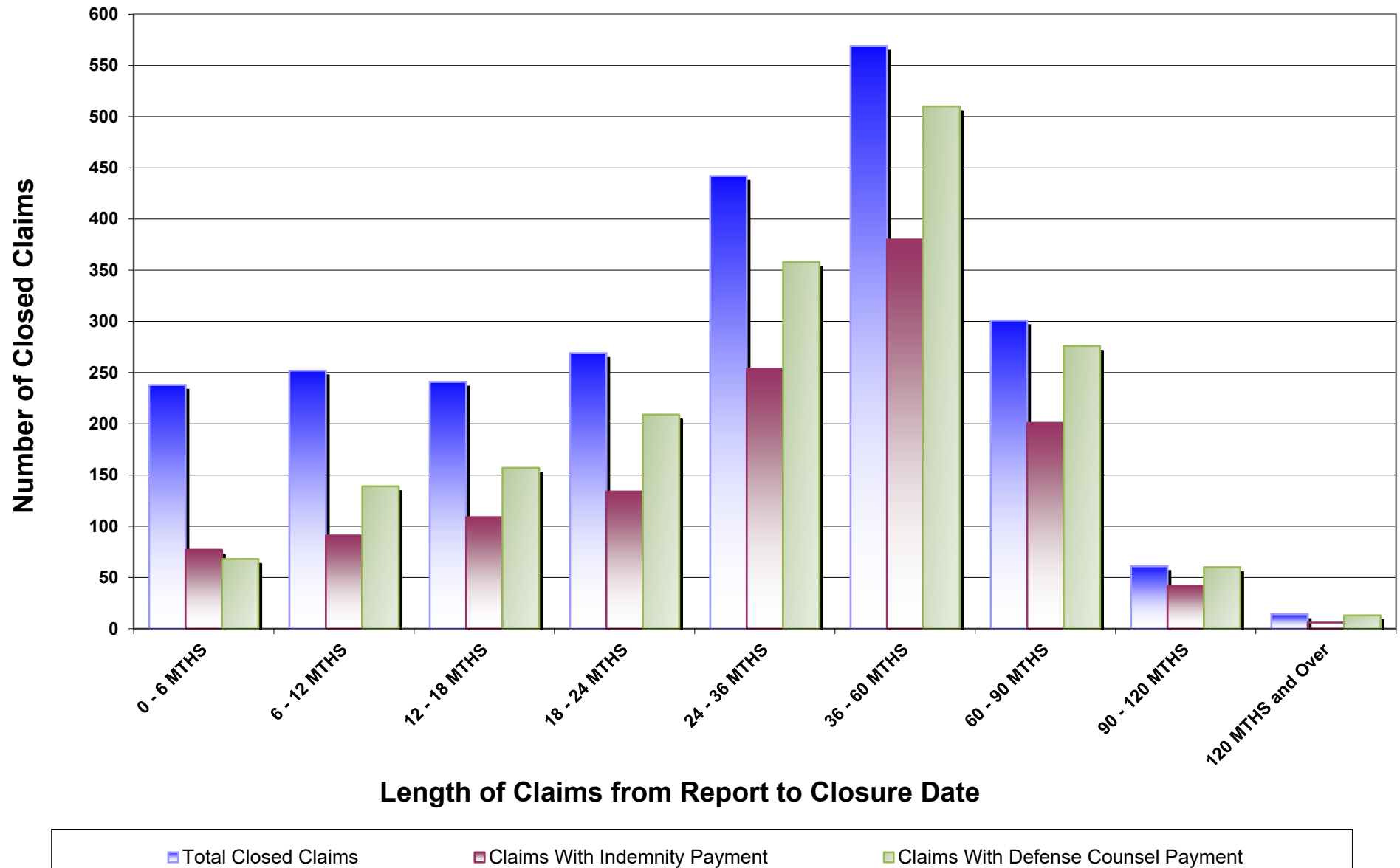
<i>Report to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Percent of Total Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Percent of Claims with Defense Counsel Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
0 - 6 Months	238	10.0%	77	6.0%	68	3.8%
6 - 12 Months	252	10.6%	91	7.0%	139	7.8%
12 - 18 Months	241	10.1%	109	8.4%	157	8.8%
18 - 24 Months	269	11.3%	134	10.4%	209	11.7%
24 - 36 Months	442	18.5%	254	19.6%	358	20.0%
36 - 60 Months	569	23.8%	380	29.4%	510	28.5%
60 - 90 Months	301	12.6%	201	15.5%	276	15.4%
90 - 120 Months	61	2.6%	42	3.2%	60	3.4%
120 Months and Over	14	0.6%	6	0.5%	13	0.7%
Total	2387	100.0%	1294	100.0%	1790	100.0%
Average Length of Claims	2.83 YEARS		3.21 YEARS		3.17 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
2019 - 2023 Aggregate**



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

Claims with Indemnity Payments - From All Insurers

2019 - 2023 Aggregate

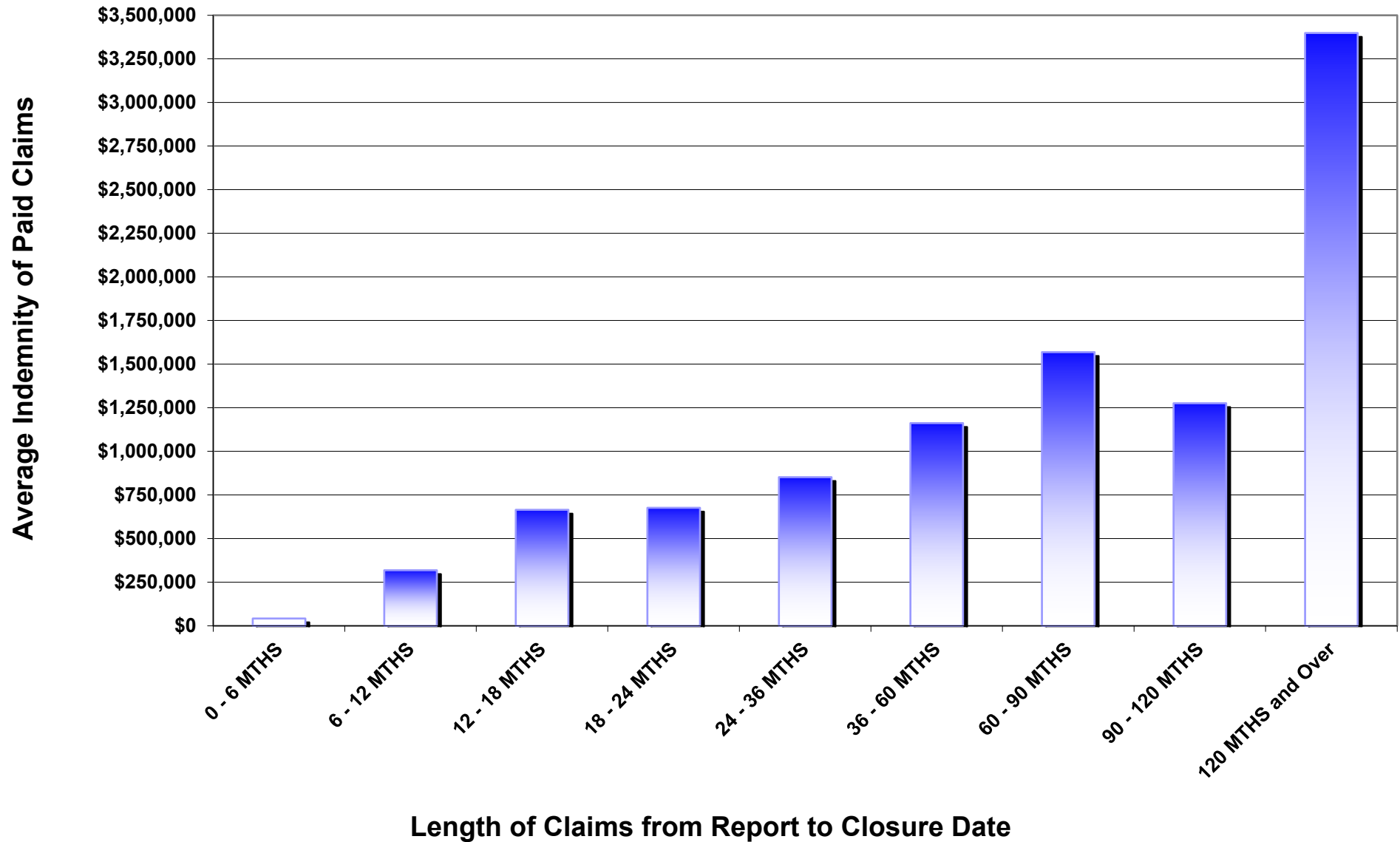
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Paid Ratio</i>	<i>Total Indemnity Payments</i>	<i>Percent of Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	238	77	32.4%	\$3,233,825	0.3%	\$41,998
6 - 12 Months	252	91	36.1%	\$28,961,739	2.3%	\$318,261
12 - 18 Months	241	109	45.2%	\$72,472,890	5.8%	\$664,889
18 - 24 Months	269	134	49.8%	\$90,646,519	7.3%	\$676,467
24 - 36 Months	442	254	57.5%	\$216,366,145	17.4%	\$851,835
36 - 60 Months	569	380	66.8%	\$441,479,236	35.5%	\$1,161,787
60 - 90 Months	301	201	66.8%	\$315,393,067	25.4%	\$1,569,120
90 - 120 Months	61	42	68.9%	\$53,598,697	4.3%	\$1,276,159
120 Months and Over	14	6	42.9%	\$20,388,073	1.6%	\$3,398,012
Total	2387	1294	54.2%	\$1,242,540,191	100.0%	\$960,232

(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
2019 - 2023 Aggregate**



Connecticut Department of Insurance

Length of Claims from Report Date to Closure Date

Claims with Defense Counsel Payments - From All Insurers

2019 - 2023 Aggregate

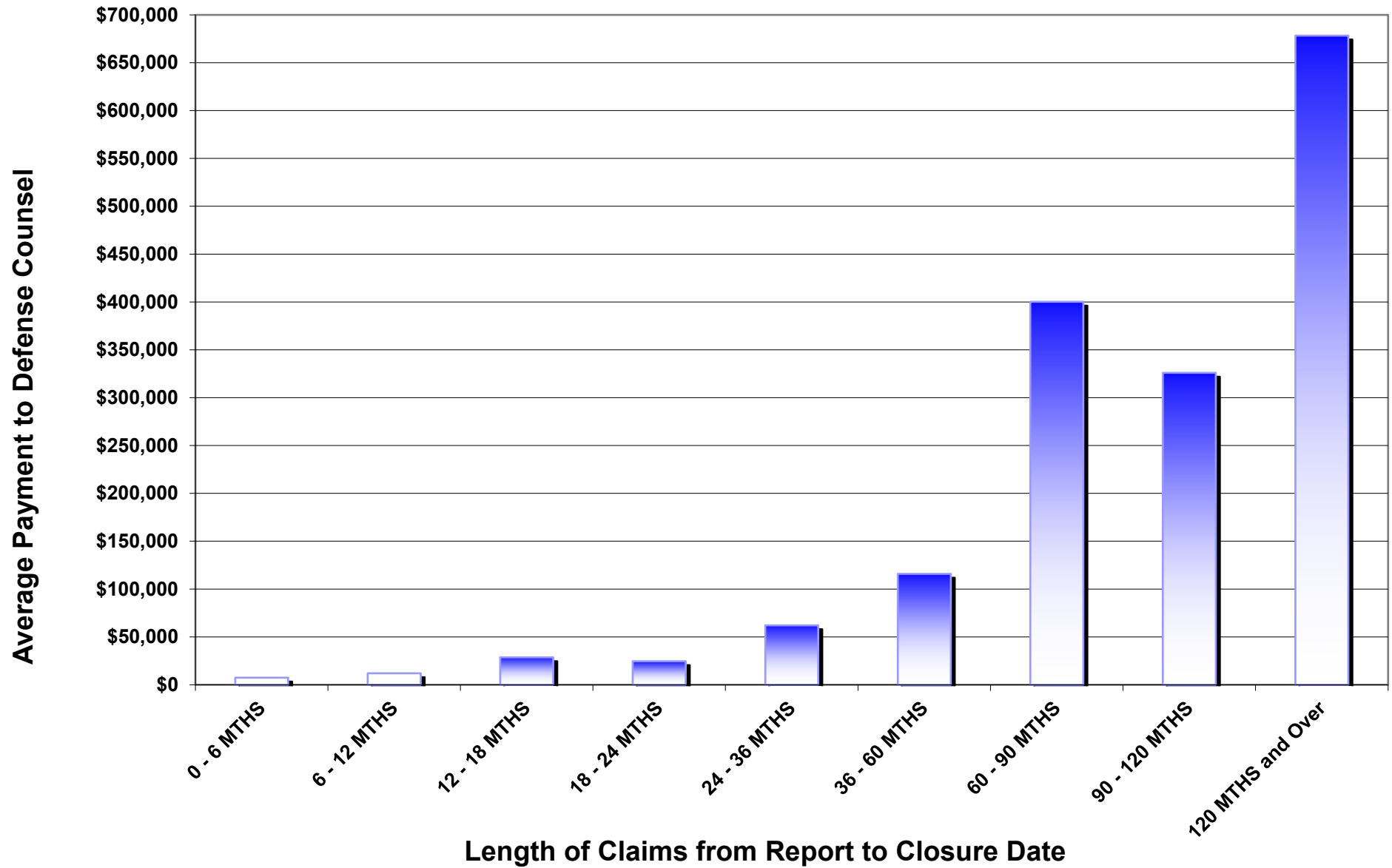
<i>Report Date to Closure Date</i>	<i>Total Number of Closed Claims</i>	<i>Number of Claims with Defense Counsel Payments</i>	<i>Paid Ratio</i>	<i>Total Defense Counsel Payments</i>	<i>Percent of Total Defense Counsel Payments</i>	<i>Average Defense Counsel Payments</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>	<i>(6)</i>	<i>(7)</i>
0 - 6 Months	238	68	28.6%	\$504,548	0.2%	\$7,420
6 - 12 Months	252	139	55.2%	\$1,669,917	0.7%	\$12,014
12 - 18 Months	241	157	65.1%	\$4,511,833	1.9%	\$28,738
18 - 24 Months	269	209	77.7%	\$5,156,053	2.2%	\$24,670
24 - 36 Months	442	358	81.0%	\$22,231,039	9.6%	\$62,098
36 - 60 Months	569	510	89.6%	\$59,131,949	25.5%	\$115,945
60 - 90 Months	301	276	91.7%	\$110,472,215	47.6%	\$400,262
90 - 120 Months	61	60	98.4%	\$19,565,725	8.4%	\$326,095
120 Months and Over	14	13	92.9%	\$8,818,730	3.8%	\$678,364
Total	2387	1790	75.0%	\$232,062,009	100.0%	\$129,644

(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
2019 - 2023 Aggregate**



Connecticut Department of Insurance

Length of Claims from Injury Date to Report Date

All Claims - From All Insurers

2019 - 2023 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>
(1)	(2)	(3)	(4)	(5)
0 - 6 Months	238	10.0%	77	6.0%
6 - 12 Months	252	10.6%	91	7.0%
12 - 18 Months	241	10.1%	109	8.4%
18 - 24 Months	269	11.3%	134	10.4%
24 - 36 Months	442	18.5%	254	19.6%
36 - 60 Months	569	23.8%	380	29.4%
60 - 90 Months	301	12.6%	201	15.5%
90 - 120 Months	61	2.6%	42	3.2%
120 Months and Over	14	0.6%	6	0.5%
Total	2387	100.0%	1294	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

2019 - 2023 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	238	10.0%	77	6.0%
6 - 12 Months	252	10.6%	91	7.0%
12 - 18 Months	241	10.1%	109	8.4%
18 - 24 Months	269	11.3%	134	10.4%
24 - 36 Months	442	18.5%	254	19.6%
36 - 60 Months	569	23.8%	380	29.4%
60 - 90 Months	301	12.6%	201	15.5%
90 - 120 Months	61	2.6%	42	3.2%
120 Months and Over	14	0.6%	6	0.5%
Total	2387	100.0%	1294	100.0%
Average Length of Claims	4.29 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

2019 - 2023 Aggregate

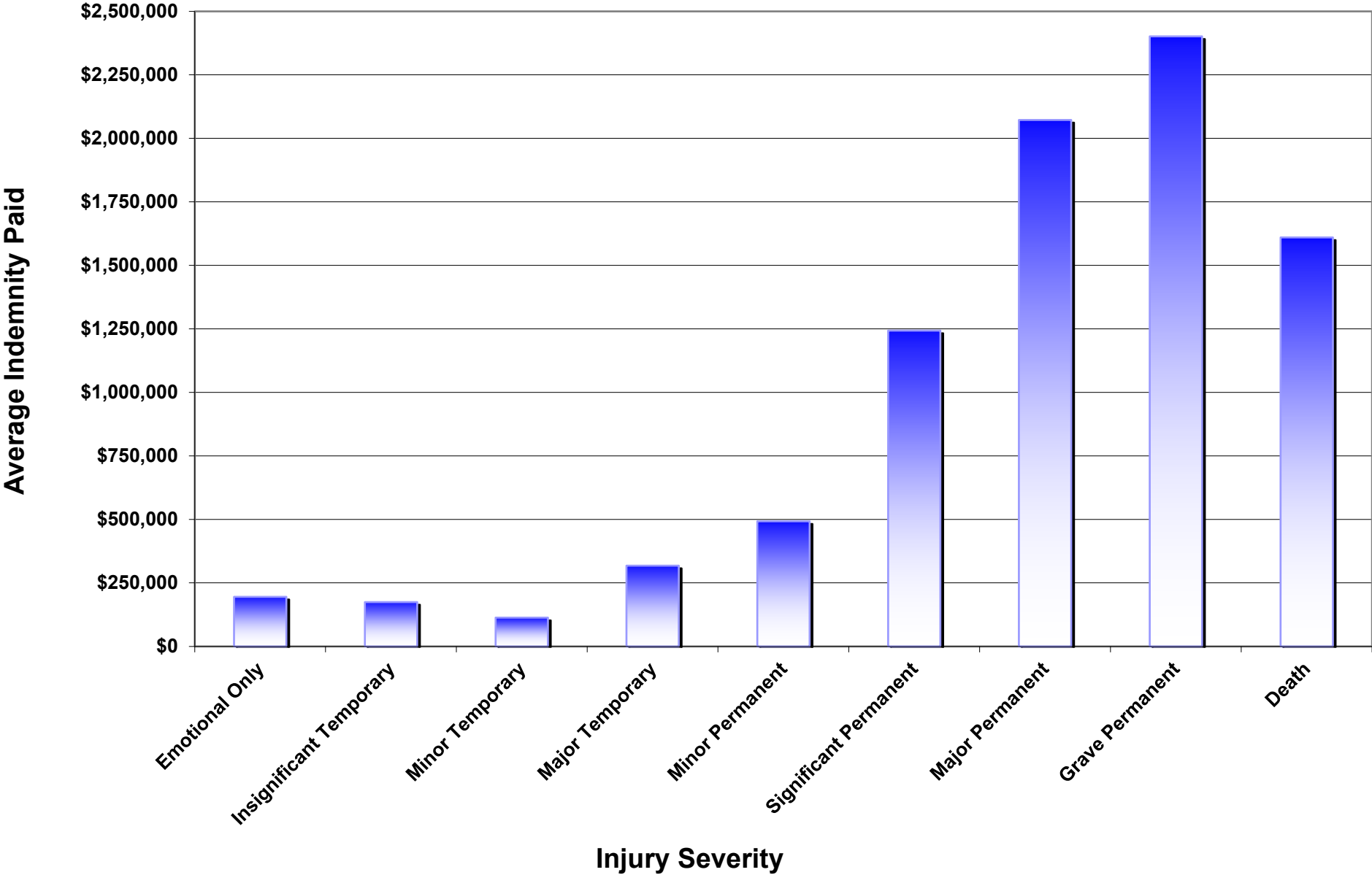
<i>Severity of Injury</i>	<i>Number of Claims with Indemnity Payments</i>	<i>Percent of Claims with Indemnity Payments</i>	<i>Total Indemnity Payments</i>	<i>Average Indemnity of Paid Claims</i>	<i>Percent of Total Indemnity Payments</i>
(1)	(2)	(3)	(4)	(5)	(6)
Emotional Only	99	7.7%	\$19,349,861	\$195,453	1.6%
Insignificant Temporary	66	5.1%	\$11,529,073	\$174,683	0.9%
Minor Temporary	195	15.1%	\$22,080,940	\$113,236	1.8%
Major Temporary	148	11.4%	\$47,049,516	\$317,902	3.8%
Minor Permanent	142	11.0%	\$69,969,143	\$492,740	5.6%
Significant Permanent	124	9.6%	\$154,170,492	\$1,243,310	12.4%
Major Permanent	124	9.6%	\$256,999,878	\$2,072,580	20.7%
Grave Permanent	30	2.3%	\$72,048,736	\$2,401,625	5.8%
Death	366	28.3%	\$589,342,552	\$1,610,226	47.4%
Total	1294	100.0%	\$1,242,540,191	\$960,232	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
2019 - 2023 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Severity of Injury

Claims with Indemnity Payments

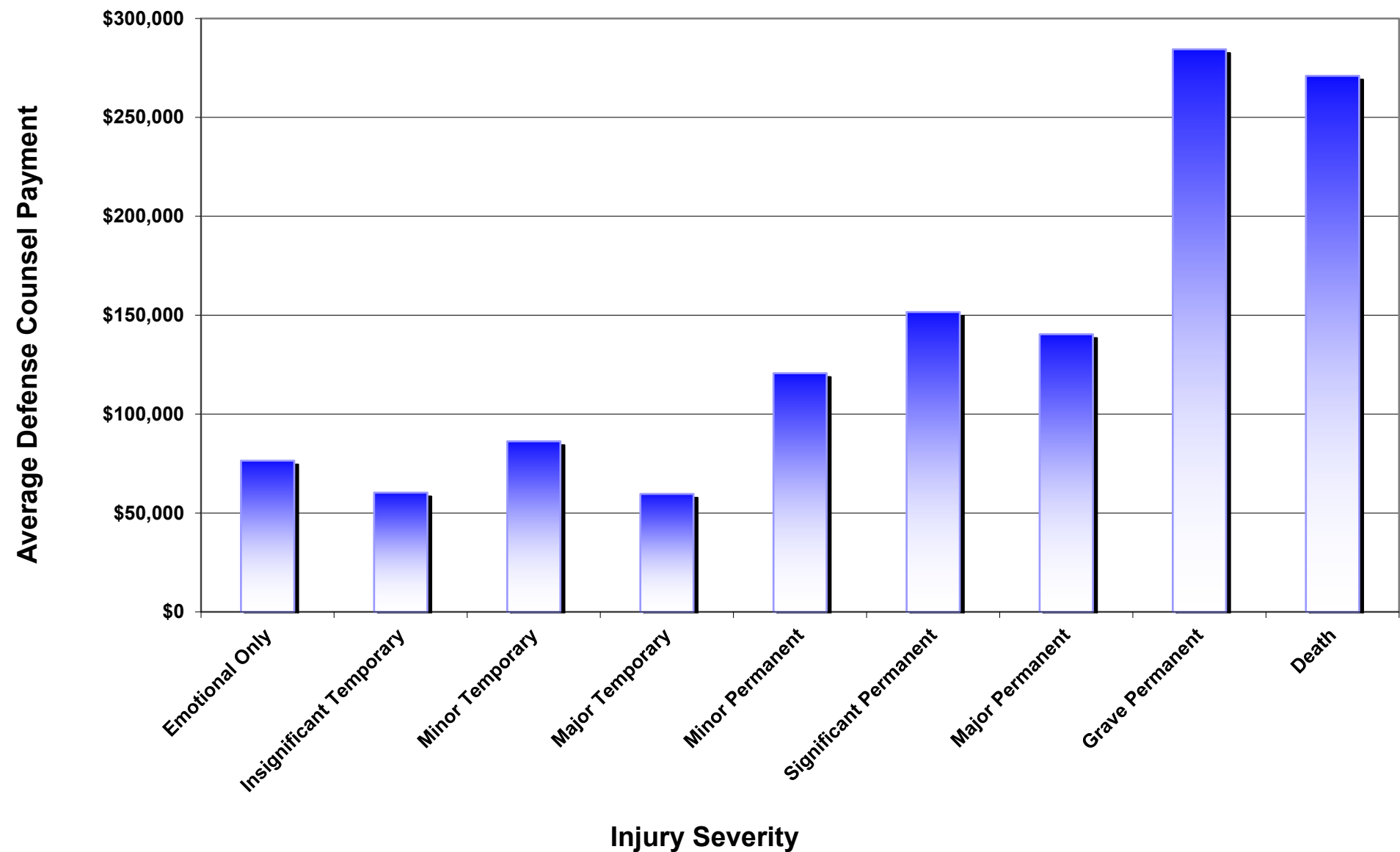
All Insurers

2019 - 2023 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	99	57	\$4,359,518	\$76,483
Insignificant Temporary	66	37	\$2,230,977	\$60,297
Minor Temporary	195	150	\$12,935,786	\$86,239
Major Temporary	148	126	\$7,520,701	\$59,688
Minor Permanent	142	130	\$15,691,367	\$120,703
Significant Permanent	124	115	\$17,432,758	\$151,589
Major Permanent	124	115	\$16,147,410	\$140,412
Grave Permanent	30	28	\$7,964,484	\$284,446
Death	366	348	\$94,302,372	\$270,984
Total	1294	1106	\$178,585,373	\$161,470

(5)=(4)/(3)

Average Payment to Defense Counsel by Severity of Injury
Claims with Indemnity Payment
2019 - 2023 Aggregate



Connecticut Department of Insurance

Defense Counsel Payments by Severity of Injury

Claims without Indemnity Payments

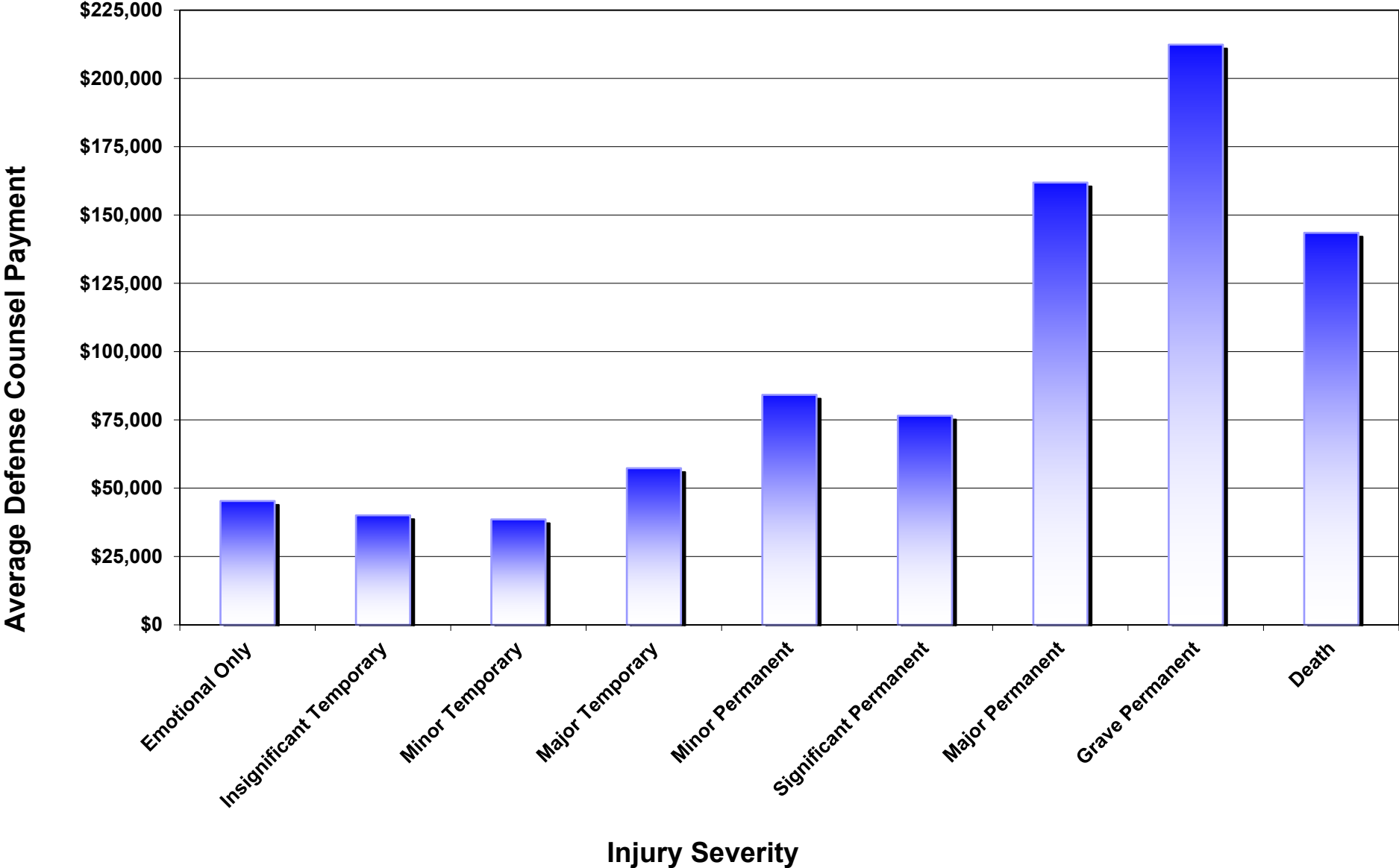
All Insurers

2019 - 2023 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	160	86	\$3,897,332	\$45,318
Insignificant Temporary	121	58	\$2,324,632	\$40,080
Minor Temporary	259	168	\$6,485,819	\$38,606
Major Temporary	125	89	\$5,102,958	\$57,337
Minor Permanent	97	67	\$5,641,537	\$84,202
Significant Permanent	53	38	\$2,908,050	\$76,528
Major Permanent	57	33	\$5,342,098	\$161,882
Grave Permanent	19	14	\$2,973,032	\$212,359
Death	202	131	\$18,801,179	\$143,520
Total	1093	684	\$53,476,637	\$78,182

(5)=(4)/(3)

Average Payment to Defense Counsel by Severity of Injury
Claims Without Indemnity Payment
2019 - 2023 Aggregate



Connecticut Department of Insurance

Indemnity Payments by Type of Medical Provider Specialty

All Insurers

2019 - 2023 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	38	\$20,370,840	\$536,075	1.64%
APRN/RN	52	\$31,235,604	\$600,685	2.51%
Chiropractor	25	\$10,001,994	\$400,080	0.80%
Dentist	68	\$12,306,550	\$180,979	0.99%
Emergency Services/Call Center/Ambulance Service	45	\$34,858,901	\$774,642	2.81%
Freestanding Surgical Center/Rehab Hospital	19	\$11,567,200	\$608,800	0.93%
Gynecology/OB-GYN	75	\$75,892,016	\$1,011,894	6.11%
Hospital - General	473	\$638,876,255	\$1,350,690	51.42%
Hospital - Others	14	\$4,846,043	\$346,146	0.39%
Medical Group/Other Corporate Group Practice	72	\$84,061,860	\$1,167,526	6.77%
Orthopedics	39	\$18,061,141	\$463,106	1.45%
Physician - Family/Pediatric/General Practice	9	\$10,550,000	\$1,172,222	0.85%
Physicians - Others	236	\$222,626,619	\$943,333	17.92%
Physicians Assistant	9	\$4,585,000	\$509,444	0.37%
Psychiatry	15	\$3,907,500	\$260,500	0.31%
Radiology/Imaging Center	37	\$41,381,750	\$1,118,426	3.33%
Other	68	\$17,410,918	\$256,043	1.40%
Total	1294	\$1,242,540,191	\$960,232	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

2019 - 2023 Aggregate

<i>Medical Provider Specialty</i>	<i>Base Premium in 2023</i>	<i>Number of Medical Providers in 2023</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	\$173,986	141	13	\$11,251,109	\$865,470	2.92%
APRN/RN	\$7,706,020	16509	33	\$17,423,020	\$527,970	4.52%
Chiropractor	\$2,206,021	2708	21	\$6,701,994	\$319,143	1.74%
Dentist	\$5,442,254	3994	67	\$12,254,400	\$182,901	3.18%
Emergency Services/Call Center/Ambulance Service	\$1,714,840	97	18	\$9,910,833	\$550,602	2.57%
Freestanding Surgical Center/Rehab Hospital	\$406,327	385	14	\$3,702,200	\$264,443	0.96%
Gynecology/OB-GYN	\$2,150,007	79	23	\$28,340,685	\$1,232,204	7.35%
Hospital - General	\$6,154,257	35	19	\$58,231,304	\$3,064,805	15.10%
Hospital - Others	\$1,058,657	78	8	\$3,185,666	\$398,208	0.83%
Medical Group/Other Corporate Group Practice	\$12,456,561	1084	49	\$52,356,852	\$1,068,507	13.58%
Orthopedics	\$1,376,428	270	29	\$14,139,261	\$487,561	3.67%
Physician - Family/Pediatric/General Practice	\$1,982,672	267	7	\$6,450,000	\$921,429	1.67%
Physicians - Others	\$16,292,490	2918	119	\$109,619,092	\$921,169	28.42%
Physicians Assistant	\$729,513	256	4	\$2,460,000	\$615,000	0.64%
Psychiatry	\$2,427,785	5282	12	\$3,712,500	\$309,375	0.96%
Radiology/Imaging Center	\$732,105	85	22	\$30,514,500	\$1,387,023	7.91%
Other	\$5,825,606	3825	58	\$15,422,293	\$265,902	4.00%
Total	\$68,835,529	38,013	516	\$385,675,709	\$747,434	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

2019 - 2023 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	25	\$9,119,731	\$364,789	1.06%
APRN/RN	19	\$13,812,584	\$726,978	1.61%
Chiropractor	4	\$3,300,000	\$825,000	0.39%
Dentist	1	\$52,150	\$52,150	0.01%
Emergency Services/Call Center/Ambulance Service	27	\$24,948,068	\$924,003	2.91%
Freestanding Surgical Center/Rehab Hospital	5	\$7,865,000	\$1,573,000	0.92%
Gynecology/OB-GYN	52	\$47,551,331	\$914,449	5.55%
Hospital - General	454	\$580,644,951	\$1,278,954	67.76%
Hospital - Others	6	\$1,660,377	\$276,730	0.19%
Medical Group/Other Corporate Group Practice	23	\$31,705,008	\$1,378,479	3.70%
Orthopedics	10	\$3,921,880	\$392,188	0.46%
Physician - Family/Pediatric/General Practice	2	\$4,100,000	\$2,050,000	0.48%
Physicians - Others	117	\$113,007,527	\$965,876	13.19%
Physicians Assistant	5	\$2,125,000	\$425,000	0.25%
Psychiatry	3	\$195,000	\$65,000	0.02%
Radiology/Imaging Center	15	\$10,867,250	\$724,483	1.27%
Other	10	\$1,988,625	\$198,863	0.23%
Total	778	\$856,864,482	\$1,101,368	100.0%

(4)=(3)/(2)

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

Connecticut Department of Insurance

Disposition of Claims For All Insurers

2019 - 2023 Aggregate

	Claim Reports		Average Months		Average	Average paid	
Disposition	Number	Percent	Incident to Report	Incident to Disposition	Severity of Injury Rating	Indemnity	ALAE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
In Favor of Plaintiff							
Claims Settled Before Litigation	230	17.8%	6	19	4	\$308,651	\$16,239
Claims Settled Before Trial	780	60.3%	18	64	6	\$950,383	\$203,175
Claims Settled During Trial	76	5.9%	18	58	7	\$2,396,035	\$155,788
Claims Settled After Trial	193	14.9%	16	54	6	\$1,137,330	\$104,087
Total Settled	1279	98.8%	15	54	6	\$949,094	\$151,790
Judgement for Plaintiff	13	1.0%	22	88	6	\$1,875,194	\$735,720
Judgement for Plaintiff On Appeal	2	0.2%	10	80	4	\$2,135,500	\$167,373
Total Court Dispositions	15	1.2%	20	87	5	\$1,909,901	\$659,940
Total	1294	100.0%	16	55	6	\$960,232	\$157,681
In Favor of Defendant							
Claims Closed Before Litigation	416	38.1%	12	28	3		\$3,650
Claims Closed Before Trial	517	47.3%	25	61	5		\$71,876
Claims Closed During Trial	36	3.3%	27	65	6		\$262,022
Claims Closed After Trial	85	7.8%	17	47	5		\$50,107
Total Settled	1054	96.4%	19	47	5		\$49,687
Judgement for Defendant	35	3.2%	23	108	5		\$295,884
Judgement for Defendant On Appeal	4	0.4%	18	133	5		\$438,115
Total Court Dispositions	39	3.6%	23	111	5		\$310,472
Total	1093	100.0%	19	49	5		\$58,992

(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

2019 - 2023 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)
2019	575	\$62,425,219	\$108,566	\$235,159,920	\$408,974	\$391,426,228	\$680,741
2020	476	\$68,163,291	\$143,200	\$160,079,238	\$336,301	\$295,617,702	\$621,046
2021	422	\$48,314,028	\$114,488	\$291,982,457	\$691,902	\$240,218,492	\$569,238
2022	479	\$51,501,070	\$107,518	\$151,370,350	\$316,013	\$228,318,197	\$476,656
2023	435	\$56,800,638	\$130,576	\$194,876,323	\$447,992	\$355,477,362	\$817,189
Total	2387	\$287,204,246	\$120,320	\$1,033,468,288	\$432,957	\$1,511,057,981	\$633,036

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Commercial Insurers

2019 - 2023 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)
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	196	\$17,646,002	\$90,031	\$74,877,483	\$382,028	\$85,534,418	\$436,400
2023	189	\$19,592,530	\$103,664	\$92,880,374	\$491,431	\$119,990,521	\$634,870
Total	989	\$91,168,562	\$92,183	\$417,964,932	\$422,614	\$463,669,267	\$468,826

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Reserves

Captives and Self Insurers

2019 - 2023 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)
2019	332	\$37,548,706	\$113,099	\$117,664,665	\$354,412	\$261,523,771	\$787,722
2020	283	\$50,898,808	\$179,854	\$78,757,494	\$278,295	\$216,760,582	\$765,938
2021	254	\$36,524,994	\$143,799	\$240,592,381	\$947,214	\$190,833,741	\$751,314
2022	283	\$33,855,068	\$119,629	\$76,492,867	\$270,293	\$142,783,779	\$504,536
2023	246	\$37,208,108	\$151,252	\$101,995,949	\$414,618	\$235,486,841	\$957,264
Total	1398	\$196,035,684	\$140,226	\$615,503,356	\$440,274	\$1,047,388,714	\$749,205

(4)=(3)/(2)

(6)=(5)/(2)

(8)=(7)/(2)

Connecticut Department of Insurance

Yearly Information Report

All Insurers

2019 - 2023 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>
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
2023	194	\$196,330,150	\$31,783,565	\$164,546,585
Total	866	\$704,355,606	\$123,990,027	\$580,365,579

(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

2019 - 2023 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)
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
2023	97	\$82,892,572	\$27,392,103	\$55,500,469
Total	376	\$263,561,654	\$84,308,311	\$179,253,343

(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

2019 - 2023 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)
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
2023	97	\$113,437,578	\$4,391,462	\$109,046,116
Total	490	\$440,793,952	\$39,681,716	\$401,112,236

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

Appendix 2

Calendar Year Premium and Losses

Connecticut Department of Insurance

Yearly Information Report - All Insurers

(3) and (4) include all ALAE

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

<i>Type</i> <i>(1)</i>	<i>Earned Premium</i> <i>(2)</i>	<i>Paid Losses</i> <i>(3)</i>	<i>Incurred Losses</i> <i>(4)</i>
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
2023			
Commercial Insurers	\$90,975,876	\$78,537,797	\$74,985,692
Captives	\$189,459,945	\$701,281,478	\$821,963,150
Self Insurers	\$40,487,601	\$31,415,333	\$41,689,127
Totals	\$320,923,422	\$811,234,608	\$938,637,969

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			
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
2023	\$245,358,560	\$188,055,633	\$252,583,191	\$194,843,488	\$37,434,373	\$194,413	\$13,390,539	\$7,653,611

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
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%	-33.9%	-14.2%
2023	77.1%	14.8%	8.4%		

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

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
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
2023	\$68,621,283	\$68,990,081	\$75,597,141	\$49,919,234	\$6,933,876	\$42,787	\$7,070,414	\$1,739,867

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2023	91.3%	66.0%	9.2%	11.7%

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
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
2023	\$30,216,986	\$16,261,812	\$31,533,334	\$18,113,400	\$2,686,855	\$0	\$5,112,074	\$6,782

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%
2023	51.6%	57.4%	8.5%	16.2%

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

Year	Premium Written	Direct Losses Paid	Premium Earned	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Dividends	Comssion and Brokerage Expense	Taxes and Fees
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
2023	\$146,520,291	\$102,803,740	\$145,452,716	\$126,810,854	\$27,813,642	\$151,626	\$1,208,051	\$5,906,962

% of Earned Premium				
Year	Direct Losses Paid	Direct Losses Incurred	Defense & Cost Containment Expenses Incurred	Other Underwriting Expenses
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%	4.1%
2019	73.5%	166.4%	12.4%	4.6%
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%
2023	70.7%	87.2%	19.1%	5.0%

Top 15 in 2023 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	126,221,349	126,221,349	-	-	89,056,939	110,372,407	398,822,431	10,418,249	23,467,533	48,802,604	250,926	5,132,142
Integrus Ins Co	CT	21,972,228	23,466,918	-	8,877,857	20,614,006	16,832,532	50,335,793	1,989,536	2,543,292	11,877,753	1,239,633	781,953
Proselect Ins Co	NE	16,305,458	21,608,420	-	8,472,752	30,629,809	7,595,963	48,694,397	3,780,081	2,838,299	16,494,001	1,588,644	281,947
Continental Cas Co	IL	8,109,052	8,109,052	-	37,022	8,170,081	8,751,444	21,910,507	1,446,161	(1,866,866)	1,741,699	44,414	185,055
National Fire & Marine Ins Co	NE	7,460,350	7,758,580	-	3,538,202	225,000	4,662,665	20,491,685	502,870	949,410	3,473,550	1,889,414	-
Ironshore Specialty Ins Co	AZ	6,503,807	6,009,219	-	2,584,846	7,125,315	3,835,490	6,612,965	257,172	470,027	853,729	523,028	-
MedPro RRG RRG	DC	5,424,899	5,418,106	-	1,919,195	8,766,667	9,421,846	16,220,509	673,034	1,598,944	5,317,648	556,922	216,427
American Cas Co Of Reading PA	PA	4,858,364	4,815,896	-	2,113,788	408,278	1,226,915	4,877,369	198,154	537,847	2,552,561	1,811,676	130,394
Health Care Industry Liab Recip Ins	DC	3,765,575	3,405,597	-	1,627,912	1,424,678	1,740,260	5,486,287	76,658	745,825	1,806,205	-	151,076
Medical Protective Co	IN	2,782,594	2,576,480	-	1,679,868	1,070,000	604,399	5,248,361	457,376	143,307	2,229,819	562,832	48,852
MdAdvantage Ins Co of NJ	NJ	2,531,508	3,783,235	-	515,722	(115,000)	2,538,414	9,816,387	159,454	671,128	2,356,925	267,564	24,524
Clinician Assur Inc RRG	VT	2,432,233	2,074,204	-	1,825,840	-	1,179,907	2,036,479	1,140	546,638	1,071,719	4,715	82,968
Columbia Cas Co	IL	2,410,219	1,769,378	-	1,648,236	1,950,000	2,597,914	3,019,946	91,177	342,919	1,038,856	352,610	86
TDC Specialty Ins Co	DC	1,729,674	2,148,555	-	1,049,163	(71,138)	813,652	4,132,452	121,168	542,675	2,495,533	312,636	231
Doctors Co An Interins Exch	CA	1,545,735	1,576,433	-	857,583	904,261	2,140,298	2,692,259	287,328	394,436	1,612,451	150,958	34,027

Top 15 Total 214,053,045 = 87.2% of total Direct Premiums Written of \$245,358,560

Top 3 Total 164,499,035 = 67.0% of total Direct Premiums Written of \$245,358,560

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 = 92.9% of total Direct Premiums Written of \$236,536,063

Top 3 Total 169,503,466 = 71.7% of total Direct Premiums Written of \$236,536,063

Investment Income * – 15 Leading Writers

<u>COMPANY NAME</u>	<u>2023</u>	<u>2022</u>
MCIC VT a Recip RRG	\$97,859,577	-\$47,413,759
Integrus Ins Co	\$14,461,133	\$13,663,418
Proselect Ins Co	(\$228,972)	\$901,831
Continental Cas Co	\$1,956,831,349	\$1,828,263,435
National Fire & Marine Ins Co	\$602,969,515	\$1,522,064,019
Ironshore Specialty Ins Co	\$16,656,178	\$9,744,618
MedPro RRG RRG	\$2,069,850	\$757,423
American Cas Co Of Reading PA	\$3,192,059	\$7,482,439
Health Care Industry Liab Recip Ins	\$390,245	\$316,015
Medical Protective Co	(\$20,110,019)	\$237,411,346
MdAdvantage Ins Co of NJ	(\$9,479,075)	-\$12,070,171
Clinician Assur Inc RRG	\$2,959,021	\$896,797
Columbia Cas Co	\$9,163,156	\$8,724,768
TDC Specialty Ins Co	\$4,191,608	\$3,466,463
Doctors Co An Interins Exch	\$148,360,847	\$246,053,929

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



Medical Malpractice

Login

Email *



Password *

Login

[Request a User ID](#)

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2. Enter the User Information



Medical Malpractice

Request User ID

Please fill all of the information and submit. We will contact you when your application has been accepted.

User Information

E-Mail *

Password *

Re-Password *

First Name *

MI

Last Name *

Phone *

(e.g. 123-456-7890)

Submit

Cancel

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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 *

– Select 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 *

Submit

Cancel

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.



Medical Malpractice

What do you want to do now?

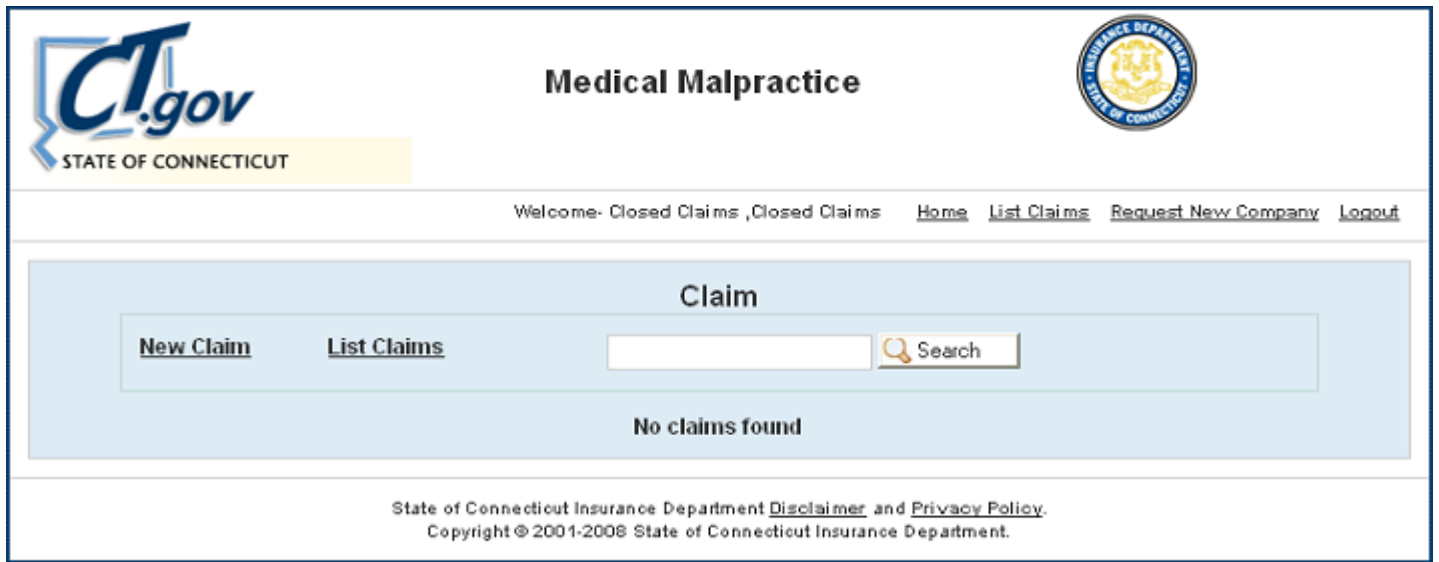
Add New Company

Finish User Registration

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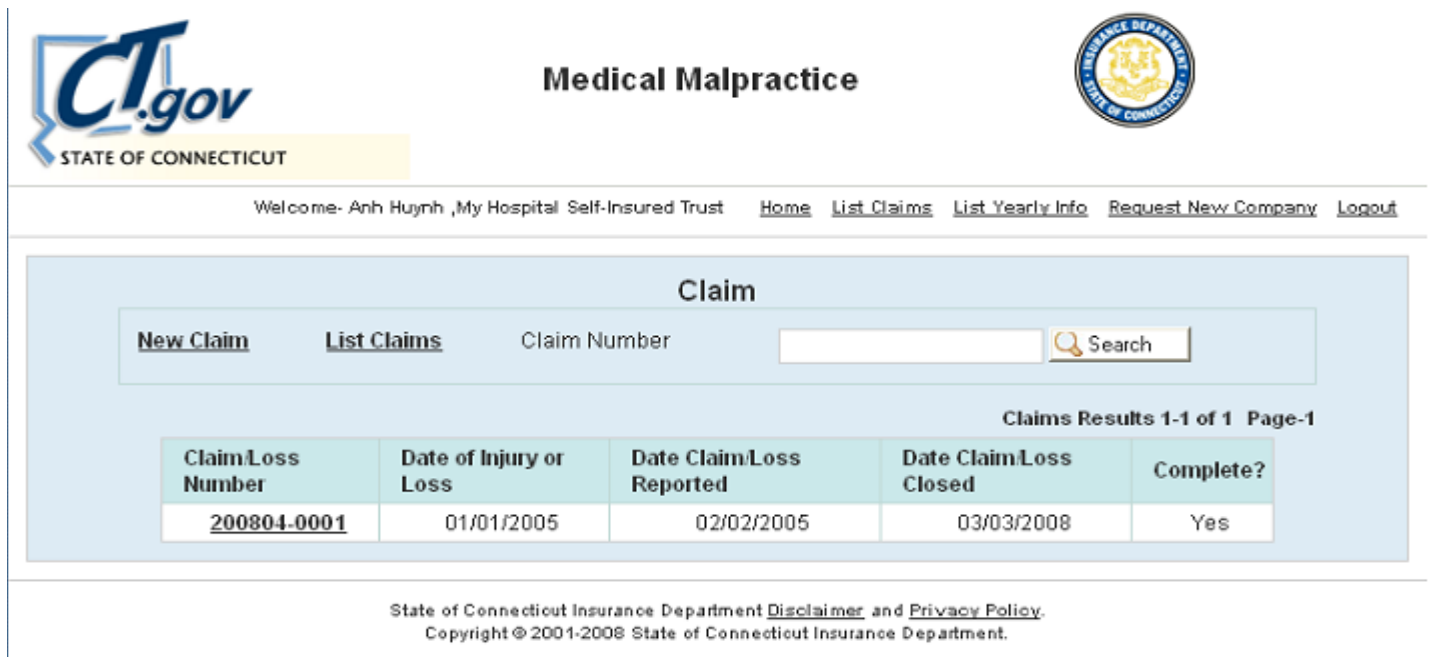
Closed Claim reporting

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



The screenshot shows the CT.gov Medical Malpractice portal. The header includes the CT.gov logo, the title 'Medical Malpractice', and the State of Connecticut seal. The navigation bar contains links: 'Welcome- Closed Claims ,Closed Claims', 'Home', 'List Claims', 'Request New Company', and 'Logout'. The main content area is titled 'Claim' and contains links for 'New Claim' and 'List Claims', a search input field, and a 'Search' button. Below the search area, it displays 'No claims found'. At the bottom, there is a disclaimer and copyright notice: 'State of Connecticut Insurance Department Disclaimer and Privacy Policy. Copyright © 2001-2008 State of Connecticut Insurance Department.'

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



The screenshot shows the CT.gov Medical Malpractice portal with a list of claims. The header and navigation bar are the same as the previous screenshot. The main content area is titled 'Claim' and contains links for 'New Claim' and 'List Claims', a 'Claim Number' input field, and a 'Search' button. Below the search area, it displays 'Claims Results 1-1 of 1 Page-1'. A table shows the following claim:

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

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- 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 *

—Select County—

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 *

—Select AgeGroup—

Gender *

☐ Male

☐ Female

Injury Details

Name of institution where loss/injury occurred *

Type of Location where loss/injury occurred *

—Select Location—

Act or Omission Type *

—Select Act/Omission Type—

Act or Omission Description *

—Select Act/Omission Desc—

Severity rating(NAIC) *

—Select Severity—

Attorney *

and/or

Attorneys Law Firm *

Proceed >>

Cancel

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)

[Proceed >>](#)

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"/>

[Proceed >>](#)

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

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

Insured/Policy Holder Information

Insured/Entity Details

Name of Entity *

Address1 *

Address2

City *

State *

Connecticut

▼

Zip Code *

Policy Number *

Specialty *

–Select Specialty–

▼

Insured Policy Limits *

–Select Insured Policy Limits–

▼

Initial Indemnity and Expense Reserve *

Final Indemnity and Expense Reserve *

Loss Adjustment Expenses paid to Defense Counsel *

All Other Allocated Loss Adjustment Expenses Paid *

Close Date

Is Insured/Entity *

☐ Primary

☐ Excess

Occurrence/Claim *

☐ Occurrence

☐ Claim-Made

<< Back

Proceed >>

Cancel

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.

The screenshot shows a light blue form titled "Judgment/Settlement Information". Under the "Outcome Information" section, the "Settlement" radio button is selected. The "Withdrawn" and "Abandon" options are also visible but unselected. At the bottom right, there are two buttons: "Proceed >>" and "Cancel".

This screenshot shows the same "Judgment/Settlement Information" form, but with more fields visible. The "Settlement" radio button is selected. Below the outcome section is the "Settlement Information" section, which includes:

- "Date of Settlement *": A text input field with a calendar icon.
- "Settlement Code *": A dropdown menu with "Settlement Without Award" selected. A list of options is shown: "Settlement Without Award", "Settlement Without Award", and "Settlement Before Litigation".
- "Were Other Companies Involved *": Radio buttons for "No" and "Yes".

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

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.

The screenshot shows the "Judgment/Settlement Information" form. Under the "Outcome Information" section, the "Judgment" radio button is selected. The "Settlement", "Withdrawn", and "Abandon" options are also visible but unselected. Below this is the "Were Other Companies Involved *" section with "No" and "Yes" radio buttons. At the bottom right, there are three buttons: "<< Back", "Proceed >>", and "Cancel".

- 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 *

Submit

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) *

Submit

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/dismissed 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 web form titled "Judgment/Settlement Information". It has two main sections: "Outcome Information" and "Trial Information". In the "Outcome Information" section, the "Judgment" radio button is selected, and "Were Other Companies Involved" is set to "No". In the "Trial Information" section, the "Withdrawn" radio button is selected. 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

<< Back Proceed >> 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.

This screenshot shows the same "Judgment/Settlement Information" form, but with "Judgment by Jury" selected in the "Trial Information" section. The "Outcome Information" section remains the same. A new "Date Withdrawn" field with a calendar icon has appeared below the "Trial Information" section. The navigation buttons at the bottom are the same.

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

Date Withdrawn

<< Back Proceed >> 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	
<input checked="" type="radio"/> Judgment <input type="radio"/> Settlement <input type="radio"/> Withdrawn <input type="radio"/> Abandon	
Were Other Companies Involved * <input checked="" type="radio"/> No <input type="radio"/> Yes	
Trial Information	
<input checked="" type="radio"/> Judgment by Jury <input type="radio"/> Judgment by Court <input type="radio"/> Withdrawn <input type="radio"/> Dismissed	
Trial Date From *	<input type="text"/>
Trial Date To *	<input type="text"/>
Award Information	
Date Award Decided *	<input type="text"/>
Lawsuit Outcome *	<input type="text" value="-Select Outcome-"/>
Appeal Filed	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
Date Appeal Filed *	<input type="text"/>
Date Appeal Decided *	<input type="text"/>
Appeal Outcome *	<input type="text" value="-Select Appeal Outcome-"/>
<div><div>-Select Appeal Outcome-</div><div>Judgment for Plaintiff on Appeal</div><div>Judgment for Defendant on Appeal</div></div>	
<div><div><< Back</div><div>Proceed >></div><div>Cancel</div></div>	

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 *

1.a Reduction by Court *

1.b Addition by Court *

1.c Final Amount *

2. Interest Awarded (Due to failure to accept an offer or judgment) *

3. Total Award Paid to Injured Party (Line 1.c. plus line 2) *

4. Amount of Line 3 allocated to Economic Damages *

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

Submit

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 *

2. Interest Awarded (Due to a failure to accept an offer or judgment) *

3. Total Award Paid to Injured Party (line 1 plus line 2)

4. Amount of Line 3 allocated to Economic Damages *

5. Amount of Line 3 allocated to Non-economic Damages *

Submit

11. Claim Detail screen

- Mark the claim as complete by clicking the “Mark as Complete” button
- Add any new claim by clicking the “New Claim” button
- To Add/Correct/Delete any part of the claim: click on the Injured Party, Insured Party, Award Detail tabs, or the Delete tab to delete that information of the claim. If you do chose to delete part of a claim, you will see a new tab appear prompting you to re-fill that information in.

**** You can add another *Insured Party* here by clicking the “Add Insured” on the right side of the Injured Party. It will eliminate from entering the injured information all over again.**

New Claim
Mark as Completed

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

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

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

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

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

Yearly Information Report

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

Yearly Information	
New Yearly Information	List of Yearly Information
Commercial Insurer	
Year	2007
Base Premium *	<input type="text"/>
Earned Premium *	<input type="text"/>
Paid Losses (Including ALAE) *	<input type="text"/>
Incurred Losses (Including ALAE) *	<input type="text"/>
Specialty (Please Choose the Closest One) *	--Select Specialty--
Number of Providers in Specialty	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

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"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

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 *

Submit

Cancel